

APPLICATION FOR DGR INSTRUCTOR APPROVAL

Initial Renewal

1. APPLICANT DETAILS (To be completed by the Applicant)

Full Name of the Applicant:.....

Date of Birth (dd/mm/yyyy): Nationality

Permanent / Postal Address:.....

.....

Contact Numbers: Mobile:..... Office:

(incl. area code) Fax No.: Email:

Instructor's Course completed on: at

Previous Experience:

- 1)
- 2)
- 3)
- 4)
- 5)

Qualification:

- 1)
- 2)
- 3)
- 4)
- 5)

2. DECLARATION OF APPLICANT

I declare that the information provided on this form is true to the best of my knowledge and belief and have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant: _____ Date: _____

3. DECLARATION OF EMPLOYER

(To be completed by the Organization Authorized Person)

I am hereby certified that the applicant is an employee of _____ and has authorized to conduct instructions on Dangerous Goods Regulations Courses. The applicant has completed satisfactorily all the necessary requirements and has attained professional skill necessary to hold the authorization.

Authorized Person: _____ **Date:** _____
(Name, Signature & Stamp)

DGCA USE ONLY

Remarks (If any):

Documents are in order and valid

The application is Accepted Rejected

DGR Inspector
Stamp & Signature:

Date:

Approved by
Aviation Safety Director:

Date: