



APPLICATION FOR AN AVIATION SAFETY INSPECTOR'S CREDENTIALS

1. Applicant's Name			
2. Function			
3. Section Manager			
4. Type of Request	<input type="checkbox"/> Initial	<input type="checkbox"/> Suspension	<input type="checkbox"/> Cancellation
	<input type="checkbox"/> Renewal	ASI No:.....	Validity:.....
5. Type of Credential	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporal (specify).....		
6. Specialty	<input type="checkbox"/> Operations <input type="checkbox"/> Airworthiness <input type="checkbox"/> Aerodrome <input type="checkbox"/> Air Navigation		
7. Eligibility	Completed Courses (list or attach ITRAQS printout):		
	a.		
	b.		
	c.		
	d.		
	e.		
	OJT Tasks Completed (list or attach ITRAQS printout):		
	i.		
	ii.		
	iii.		
iv.			
v.			
8. Applicant's Signature		Date:.....
9. Supervisor's Comments	<input type="checkbox"/> Recommend Issuance	<input type="checkbox"/> Justification:	
	<input type="checkbox"/> Not Recommend	Signature:..... Date:.....	
10. FSD Decision	<input type="checkbox"/> Supported	<input type="checkbox"/> Justification:	
	<input type="checkbox"/> Not Supported	Signature:..... Date:.....	
11. Director General	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved: Signature:..... Date:.....		
12. PEL	<input type="checkbox"/> Permanent	ASI No. (Assigned):.....	
	<input type="checkbox"/> Temporal	Validity:.....	