A. FOR APPLICANT USE ONLY

1	Operator Name	

2	Nominated Quality Manager Name	

3	*Qualifications	

4	*Work Experience	

5	Training Relevant to Quality System	

6	Nominated Quality Manager. I hereby declare that the information given in this form is true, correct & completed.		
	Name	**Signature**	**Date**

7	Accountable Manager. I hereby declare that the applicant is nominated as Quality Manager		
	Name	**Signature**	**Date**

B. FOR CARC USE ONLY

1	Quality Manager Requirements	YES	NO
a	Practical experience and expertise in the application of aviation safety standards and safe operating practices		
b	Three years aeronautical industry work experience of which at least one year should be in aviation training organization		
c	Has received quality training covering:		
	• An introduction to the concept of the Quality System		
	• Quality management		
	• The concept of Quality Assurance		
	• Quality manuals		
	• Audit techniques		
	• Reporting and recording		
	• The way in which the Quality System will function in the company		
d	Familiarity with knowledge of:		
	• JCAR-FCL 2 and any associated requirements and procedures		
	• Organization Operations Manual		
	• Organization Training Manual		
	• Safety Management System		
e	Comprehensive knowledge of aviation training organization Quality System & Quality Manual, to include		
	• Quality policy and strategy		
	• Quality system responsibilities		
	• Purpose of the Quality System		
	• The primary role of the Quality Manager		
	• Quality system scope operations		
	• Quality system feedback system		
	• Quality Assurance Program		
	• Quality Assurance Responsibility for Sub-Contractors		
	• Quality System Training		

2	Nominated Quality Manager Approval	☐ Accepted	☐ Rejected
• **Remarks** (if rejected only).			
Approving Flight Crew Licensing Inspector Name		**Signature**	**Date**

*Attach copy of relevant certificate