

**TECHNICAL GUIDANCE MATERIALS**

**VOLUME 2**

**PART I**

**PERSONNEL LICENSING INSPECTOR HANDBOOK**



# **TECHNICAL GUIDANCE MATERIAL**

## **Introduction**

**Technical Guidance Material includes Inspector Manual for Civil Aviation Operations, Airworthiness and Personnel Licensing Inspectorate Personnel.**

**These Manuals provide mandatory directions, information and procedures to the Authority's inspectors and officers in the certification, surveillance, audit and regulation enforcement duties. The Manuals are publicly available in the interests of transparency and to provide further advice to industry in its dealings with the Authority.**

**For ease of use the Inspector Manuals are grouped in four areas general and those relating to each specialty (i.e. Personnel Licensing, Aeromedical, Operations and Airworthiness). The general Manual are those cutting across specialties and provides information of a general nature relating to all.**



# **TECHNICAL GUIDANCE MATERIAL**

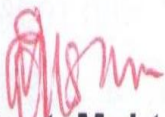
## **PREFACE**

This manual is one in the set of manuals forming the Nigerian Civil Aviation Authority's, Directorate of personnel licensing internal documentation set. This manual is produced to provide the information, policy and procedures needed to perform the tasks as required by the Civil Aviation Act and the Nigeria Civil Aviation Regulations.

This volume of the manual has been prepared for the use and guidance of Personnel licensing Aviation Safety Inspectors in the performance of their duties. I require all staff to use this manual in the performance of their duties. However, it is emphasized that all matters pertaining to an inspector's duties and responsibilities cannot be covered in this manual. Inspectors are expected to use good judgment in matters where specific guidance has not been given.

The manual is dynamic documents. As a result of experience, changes in legislation and within the industry, as well as new technology, there may be the need for amendments. I encourage the contribution of comments and recommendations for revision/amendment action to this publication for the improvement of its content.

The Director General, identified in the footer of this manual, is accountable for approving the contents and amendments of this manual.



**Capt. Muhtar Usman**  
**Director General, NCAA**



**LIST OF EFFECTIVE PAGES**

**PERSONNEL LICENSING HANDBOOK**

CHAPTER ONE	PAGE	EFFECTIVE DATE
	1 OF 5	26th April 2010
	2 OF 5	26th April 2010
	3 OF 5	26th April 2010
	4 OF 5	26th April 2010
	5 OF 5	26th April 2010

CHAPTER TWO	PAGE	EFFECTIVE DATE
	1 OF 10	26th April 2010
	2 OF 10	26th April 2010
	3 OF 10	26th April 2010
	4 OF 10	26th April 2010
	5 OF 10	26th April 2010
	6 OF 10	26th April 2010
	7 OF 10	26th April 2010
	8 OF 10	26th April 2010
	9 OF 10	26th April 2010
	10 OF 10	26th April 2010

CHAPTER THREE	PAGE	EFFECTIVE DATE
	1 OF 10	26th April 2010
	2 OF 10	26th April 2010
	3 OF 10	26th April 2010
	4 OF 10	26th April 2010
	5 OF 10	26th April 2010
	6 OF 10	26th April 2010
	7 OF 10	26th April 2010
	8 OF 10	26th April 2010
	9 OF 10	26th April 2010
	10 OF 10	26th April 2010

CHAPTER FOUR	PAGE	EFFECTIVE DATE
	1 OF 9	26th April 2010
	2 OF 9	26th April 2010
	3 OF 9	26th April 2010
	4 OF 9	26th April 2010
	5 OF 9	26th April 2010
	6 OF 9	26th April 2010
	7 OF 9	26th April 2010
	8 OF 9	26th April 2010
	9 OF 9	26th April 2010

CHAPTER FIVE	PAGE	EFFECTIVE DATE
	1 OF 5	26th April 2010
	2 OF 5	26th April 2010
	3 OF 5	26th April 2010
	4 OF 5	26th April 2010
	5 OF 5	26th April 2010

CHAPTER SIX	PAGE	EFFECTIVE DATE
	1 OF 5	26th April 2010
	2 OF 5	26th April 2010
	3 OF 5	26th April 2010
	4 OF 5	26th April 2010
	5 OF 5	26th April 2010

CHAPTER SEVEN	PAGE	EFFECTIVE DATE
	1 OF 6	15th Dec 2016
	2 OF 6	15th Dec 2016
	3 OF 6	15th Dec 2016
	4 OF 6	15th Dec 2016
	5 OF 6	15th Dec 2016
	6 OF 6	15th Dec 2016



CHAPTER EIGHT	PAGE	EFFECTIVE DATE
	1 OF 7	15th Dec 2016
	2 OF 7	15th Dec 2016
	3 OF 7	15th Dec 2016
	4 OF 7	15th Dec 2016
	5 OF 7	15th Dec 2016
	6 OF 7	15th Dec 2016
	7 OF 7	15th Dec 2016

CHAPTER TWELVE	PAGE	EFFECTIVE DATE
	1 OF 9	26th April 2010
	2 OF 9	26th April 2010
	3 OF 9	26th April 2010
	4 OF 9	26th April 2010
	5 OF 9	26th April 2010
	6 OF 9	26th April 2010
	7 OF 9	26th April 2010
	8 OF 9	26th April 2010
	9 OF 9	26th April 2010

CHAPTER NINE	PAGE	EFFECTIVE DATE
	1 OF 8	26th April 2010
	2 OF 8	26th April 2010
	3 OF 8	26th April 2010
	4 OF 8	26th April 2010
	5 OF 8	26th April 2010
	6 OF 8	26th April 2010
	7 OF 8	26th April 2010
	8 OF 8	26th April 2010

CHAPTER THIRTEEN	PAGE	EFFECTIVE DATE
	1 OF 7	15th Dec 2016
	2 OF 7	15th Dec 2016
	3 OF 7	15th Dec 2016
	4 OF 7	15th Dec 2016
	5 OF 7	15th Dec 2016
	6 OF 7	15th Dec 2016
	7 OF 7	15th Dec 2016

CHAPTER TEN	PAGE	EFFECTIVE DATE
	1 OF 7	15th Dec 2016
	2 OF 7	15th Dec 2016
	3 OF 7	15th Dec 2016
	4 OF 7	15th Dec 2016
	5 OF 7	15th Dec 2016
	6 OF 7	15th Dec 2016
	7 OF 7	15th Dec 2016

CHAPTER FOURTEEN	PAGE	EFFECTIVE DATE
	1 OF 5	26 Oct. 2017
	2 OF 5	26 Oct. 2017
	3 OF 5	26 Oct. 2017
	4 OF 5	26 Oct. 2017
	5 OF 5	26 Oct. 2017

CHAPTER ELEVEN	PAGE	EFFECTIVE DATE
	1 OF 7	26 Oct. 2017
	2 OF 7	26 Oct. 2017
	3 OF 7	26 Oct. 2017
	4 OF 7	26 Oct. 2017
	5 OF 7	26 Oct. 2017
	6 OF 7	26 Oct. 2017
	7 OF 7	26 Oct. 2017

CHAPTER FIFTEEN	PAGE	EFFECTIVE DATE
	1 OF 6	15th Dec 2016
	2 OF 6	15th Dec 2016
	3 OF 6	15th Dec 2016
	4 OF 6	15th Dec 2016
	5 OF 6	15th Dec 2016
	6 OF 6	15th Dec 2016





CHAPTER SIXTEEN	PAGE	EFFECTIVE DATE
	1 OF 7	15th Dec 2016
	2 OF 7	15th Dec 2016
	3 OF 7	15th Dec 2016
	4 OF 7	15th Dec 2016
	5 OF 7	15th Dec 2016
	6 OF 7	15th Dec 2016
	7 OF 7	15th Dec 2016

CHAPTER SEVENTEEN	PAGE	EFFECTIVE DATE
	1 OF 5	15th Dec 2016
	2 OF 5	15th Dec 2016
	3 OF 5	15th Dec 2016
	4 OF 5	15th Dec 2016
	5 OF 5	15th Dec 2016

CHAPTER EIGHTEEN	PAGE	EFFECTIVE DATE
	1 OF 2	26th April 2010
	2 OF 2	26th April 2010

CHAPTER NINETEEN	PAGE	EFFECTIVE DATE
	1 OF 3	15TH DEC 2015
	2 OF 3	15TH DEC 2015
	3 OF 3	15TH DEC 2015

CHAPTER TWENTY	PAGE	EFFECTIVE DATE
	1 OF 13	26th April 2010
	2 OF 13	26th April 2010
	3 OF 13	15TH DEC 2015
	4 OF 13	15TH DEC 2015
	5 OF 13	15TH DEC 2015
	6 OF 13	15TH DEC 2015
	7 OF 13	15TH DEC 2015
	8 OF 13	15TH DEC 2015
	9 OF 13	15TH DEC 2015
	10 OF 13	15TH DEC 2015
	11 OF 13	15TH DEC 2015
	12 OF 13	15TH DEC 2015
	13 OF 13	15TH DEC 2015

CHAPTER TWENTY ONE	PAGE	EFFECTIVE DATE
	1 OF 8	26 Oct. 2017
	2 OF 8	26 Oct. 2017
	3 OF 8	26 Oct. 2017
	4 OF 8	26 Oct. 2017
	5 OF 8	26 Oct. 2017
	6 OF 8	26 Oct. 2017
	7 OF 8	26 Oct. 2017
	8 OF 8	26 Oct. 2017

CHAPTER TWENTY TWO	PAGE	EFFECTIVE DATE
	1 OF 12	15th Dec 2016
	2 OF 12	15th Dec 2016
	3 OF 12	15th Dec 2016
	4 OF 12	15th Dec 2016
	5 OF 12	15th Dec 2016
	6 OF 12	15th Dec 2016
	7 OF 12	15th Dec 2016
	8 OF 12	15th Dec 2016
	9 OF 12	15th Dec 2016
	10 OF 12	15th Dec 2016
	11 OF 12	15th Dec 2016
	12 OF 12	15th Dec 2016

CHAPTER TWENTY THREE	PAGE	EFFECTIVE DATE
	1 OF 1	26th April 2010

CHAPTER TWENTY FOUR	PAGE	EFFECTIVE DATE
	1 OF 3	26th April 2010
	2 OF 3	26th April 2010
	3 OF 3	26th April 2010

CHAPTER TWENTY FIVE	PAGE	EFFECTIVE DATE
	1 OF 3	15th Dec 2016
	2 OF 3	15th Dec 2016
	3 OF 3	15th Dec 2016



CHAPTER TWENTY SIX	PAGE	EFFECTIVE DATE
	1 OF 10	26 Oct. 2017
	2 OF 10	26 Oct. 2017
	3 OF 10	26 Oct. 2017
	4 OF 10	26 Oct. 2017
	5 OF 10	26 Oct. 2017
	6 OF 10	26 Oct. 2017
	7 OF 10	26 Oct. 2017
	8 OF 10	26 Oct. 2017
	9 OF 10	26 Oct. 2017
	10 OF 10	26 Oct. 2017

CHAPTER THIRTY	PAGE	EFFECTIVE DATE
	1 OF 4	15th Dec 2016
	2 OF 4	15th Dec 2016
	3 OF 4	15th Dec 2016
	4 OF 4	15th Dec 2016

CHAPTER THIRTY ONE	PAGE	EFFECTIVE DATE
	1 OF 3	15th Dec 2016
	2 OF 3	15th Dec 2016
	3 OF 3	15th Dec 2016

CHAPTER TWENTY SEVEN	PAGE	EFFECTIVE DATE
	1 OF 6	26 Oct. 2017
	2 OF 6	26 Oct. 2017
	3 OF 6	26 Oct. 2017
	4 OF 6	26 Oct. 2017
	5 OF 6	26 Oct. 2017
	6 OF 6	26 Oct. 2017

CHAPTER THIRTY TWO	PAGE	EFFECTIVE DATE
	1 OF 5	15th Dec 2016
	2 OF 5	15th Dec 2016
	3 OF 5	15th Dec 2016
	4 OF 5	15th Dec 2016
	5 OF 5	15th Dec 2016

CHAPTER TWENTY EIGHT	PAGE	EFFECTIVE DATE
	1 OF 6	26 Oct. 2017
	2 OF 6	26 Oct. 2017
	3 OF 6	26 Oct. 2017
	4 OF 6	26 Oct. 2017
	5 OF 6	26 Oct. 2017
	6 OF 6	26 Oct. 2017

CHAPTER THIRTY THREE	PAGE	EFFECTIVE DATE
	1 OF 3	26 Oct. 2017
	2 OF 3	26 Oct. 2017
	3 OF 3	26 Oct. 2017

CHAPTER TWENTY NINE	PAGE	EFFECTIVE DATE
	1 OF 5	15th Dec 2016
	2 OF 5	15th Dec 2016
	3 OF 5	15th Dec 2016
	4 OF 5	15th Dec 2016
	5 OF 5	15th Dec 2016





**PERSONNEL LICENSING CHECKLIST**

CL:O-PEL002	Page 1	26th April 2010
CL:O-PEL003	Page 4	26th April 2010
CL:O-PEL004	Page 6	26th April 2010
CL:O-PEL004C	Page 7	4th February 2014
CL:O-PEL005	Page 10	26th April 2010
CL:O-PEL005A	Page 12	26th April 2010
CL:O-PEL005B	Page 14	26th April 2010
CL:O-PEL005C	Page 16	15th DECEMBER 2015
CL:O-PEL005D	Page 18	15th DECEMBER 2015
CL:O-PEL005E	Page 20	15th DECEMBER 2015
CL:O-PEL005F	Page 22	15th DECEMBER 2015
CL:O-PEL006	Page 26	15th DECEMBER 2016
CL: O-PEL007	Page 30	15th DECEMBER 2016
CL: O-PEL007A	Page 35	15th DECEMBER 2015
CL: O-PEL007B	Page 40	11th May 2011
CL: O-PEL008A	Page 50	15th DECEMBER 2016
CL: O-PEL008B	Page 55	15th DECEMBER 2016
CL: O-PEL009	Page 59	11th May 2011
CL: O-PEL010	Page 67	15th DECEMBER 2016
CL: O-PEL011	Page 72	11th May 2011
CL: O-PEL012	Page 74	15th DECEMBER 2016
CL: O-PEL022	Page 79	4th February 2014
CL: O-PEL022A	Page 83	15th DECEMBER 2016
CL: O-PEL026	Page 87	15th AUGUST 2017
CL: O-PEL027	Page 90	15th DECEMBER 2016
CL: O-PEL028	Page 93	15th DECEMBER 2016
CL: O-PEL029	Page 98	15th DECEMBER 2016

**PERSONNEL LICENSING FORMS**

FORM O-PEL-000	Page 1	26th April 2010
FORM O-PEL-001	Page 2	4th February 2014
FORM O-PEL-002	Page 6	4th February 2014
FORM O-PEL-03A	Page 10	15th DECEMBER 2016
FORM O-PEL-03B	Page 14	15th DECEMBER 2016
FORM O-PEL-004		
FORM O-PEL-005	Page 19	15th DECEMBER 2016
FORM O-PEL-006	Page 24	15th DECEMBER 2016
FORM O-PEL-06A	Page 27	15th DECEMBER 2016
FORM O-PEL-007	Page 29	15th DECEMBER 2016
FORM O-PEL-07A	Page 31	15th DECEMBER 2016
FORM O-PEL-008	Page 33	26th April 2010
FORM O-PEL-012	Page 36	26th April 2010
FORM O-PEL-013	Page 39	4th February 2014
FORM O-PEL-014	Page 42	4th February 2014
FORM O-PEL-017	Page 45	15th DECEMBER 2016
FORM O-PEL-018	Page 47	26th April 2010
FORM O-PEL-019	Page 48	15th AUGUST 2017
FORM O-PEL-020	Page 50	15th AUGUST 2017
FORM O-PEL-021	Page 52	15th AUGUST 2017
FORM O-PEL-022	Page 53	15th DECEMBER 2016
FORM O-PEL-023	Page 55	4th February 2014
FORM O-PEL-024	Page 57	4th February 2014
FORM O-PEL-024A	Page 59	4th February 2014
FORM O-PEL-026	Page 61	15th DECEMBER 2016
FORM O-PEL-026A	Page 63	15th DECEMBER 2016
FORM O-PEL-026B	Page 65	15th DECEMBER 2016
FORM O-PEL-057	Page 67	4th February 2014



## TABLE OF CONTENT

### PERSONNEL LICENSING HANDBOOK

#### CHAPTER 1

##### ISSUE, RENEWAL AAND RE-ISSUE OF A STUDENT PILOT AUTHORISATION

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	3
5.0	FUTURE ACTIVITIES	3

#### CHAPTER 2

##### ISSUE, RENEWAL AND RE-ISSUE OF A PRIVATE PILOT LICENCE INCLUDING ADDITIONAL CATEGORY, AIRCRAFT TYPE AND CLASS RATING

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	8
5.0	FUTURE ACTIVITIES	8

#### CHAPTER 3

##### ISSUE, RENEWAL AND RE-ISSUE, COMMERCIAL PILOT LICENCE, CATEGORY, CLASS AND TYPE RATING

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	8
5.0	FUTURE ACTIVITIES	8

#### CHAPTER 4

##### ISSUE, RENEWAL AND RE-ISSUE OF AN AIRLINE TRANSPORT PILOT LICENCE INCLUDING CATEGORY, CLASS AND TYPE RATING

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7



## CHAPTER 5

---

### VALIDATION AND CONVERSION OF A FOREIGN FLIGHT CREW MEMBER LICENCE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	5
5.0	FUTURE ACTIVITIES	5

## CHAPTER 6

---

### ISSUE OF A PILOT LICENCE AND/OR RATING BASED ON MILITARY QUALIFICATIONS

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	5
5.0	FUTURE ACTIVITIES	5

## CHAPTER 7

---

### ISSUE AND RENEWAL OF AN INSTRUMENT RATING

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	6
5.0	FUTURE ACTIVITIES	6

## CHAPTER 8

---

### ISSUE, RENEWAL AND RE-ISSUE OF A FLIGHT INSTRUCTOR RATING/LICENCE, ADDITIONAL CLASS AND TYPE RATING/LICENCE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7

## CHAPTER 9

---

### ISSUE, RENEWAL OR RE-ISSUE OF A FLIGHT ENGINEER LICENCE INCLUDING AIRCRAFT TYPE RATING

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	8
5.0	FUTURE ACTIVITIES	8





## CHAPTER 10

### ISSUE, RENEWAL AND RE-ISSUE OF A FLIGHT ENGINEER (FE) INSTRUCTOR AUTHORIZATION INCLUDING ADDITIONAL TYPE RATINGS

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7

## CHAPTER 11

### ISSUE AND RENEWAL OF A FLIGHT ENGINEER EXAMINER AUTHORIZATION

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7

## CHAPTER 12

### ISSUE, RENEWAL AND RE-ISSUE OF AN AIR TRAFFIC CONTROLLER LICENCE INCLUDING ADDITIONAL RATINGS

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7
	APPENDIX	8

## CHAPTER 13

### ISSUE, RENEWAL AND RE-ISSUE OF A FLIGHT DISPATCHER LICENCE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	5
5.0	FUTURE ACTIVITIES	5

## CHAPTER 14

### ISSUE, RENEWAL AND RE-ISSUE OF AN AIRCRAFT MAINTENANCE ENGINEER'S LICENCE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	ISSUE, EXTEND OR RENEW THE LICENCE	2
5.0	ACTIONS TAKEN BY PEL OFFICE	2



## CHAPTER 15

---

### ISSUE, RENEWAL AND RE-ISSUE OF AN AERONAUTICAL STATION OPERATOR LICENCE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	4
5.0	FUTURE ACTIVITIES	4

## CHAPTER 16

---

### ISSUE, RENEWAL OR RE-ISSUE OF CABIN CREW LICENCE

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	5
5.0	FUTURE ACTIVITIES	5

## CHAPTER 17

---

### ISSUE, RENEWAL OR RE-ISSUE OF AIR TRAFFIC SAFETY ELECTRONIC PERSONNEL LICENCE

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	1
5.0	FUTURE ACTIVITIES	3

## CHAPTER 18

---

### DFC798I F9G: CF: =@`A5B5; 9A9BH

1.0	FILE MANAGEMENT	1
2.0	FILE ARCHIVING	2

## CHAPTER 1-

---

### KNOWLEDGE TEST DEVELOPMENT

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURE	1



## CHAPTER 8

### KNOWLEDGE TESTING FOR A LICENCE CERTIFICATE OR RATING

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	13
5.0	FUTURE ACTIVITIES	13

## CHAPTER 9

### AUTHORISATION OF DESIGNATED PILOT EXAMINER

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	8
5.0	FUTURE ACTIVITIES	8

## CHAPTER 10

### AVIATION LANGUAGE PROFICIENCY TESTING FOR LICENCE ENDORSEMENT

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	BACKGROUND	1
4.0	TEST INSTRUMENT	2
5.0	TESTING PROCEDURES	2
6.0	QUALIFICATIONS, TRAINING AND EXPERIENCE REQUIREMENTS TO TESTING/RATER TEAM	6
7.0	PRINCIPLES TO BE OBSERVED BY LANGUAGE EXAMINERS	8
8.0	ORGANIZATIONAL INFORMATION AND INFRASTRUCTURE	9

## CHAPTER 11

### SKILL TEST STANDARDS

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1

## CHAPTER 12

### LICENSING STANDARDS FLIGHT PROGRAM. CURRENCY PROCEDURES.

1.0	FLIGHT PROGRAM PARTICIPANTS MUST MEET THE REQUIREMENTS OF THIS CHAPTER	1
2.0	ASSIGNMENT OF PILOT EVALUATING, TESTING AND CHECKING FUNCTIONS.	1
3.0	CURRENCY REQUIRED TO PERFORM PILOT EVALUATING, TESTING AND CHECKING	1
4.0	ASSIGNMENT OF INSPECTOR TO GROUPS, AIRCRAFT CATEGORIES, CLASS AND TYPE	2
5.0	CREW COMPLIMENT FOR EACH FLIGHT	2
6.0	ELIGIBILITY TO CONDUCT PILOT EVALUATING, TESTING AND CHECKING FUNCTIONS	2
7.0	CHECK PILOT	3



---

## **CHAPTER 25**

### **AUTHORIZATION FOR FLIGHT INSTRUCTOR, GROUND INSTRUCTOR AND SUBJECT MATTER INSTRUCTOR"**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	3
5.0	FUTURE ACTIVITIES	3

---

## **CHAPTER 26**

### **APPROVE TRAINING ORGANISATION CERTIFICATION PROCEDURE**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
	APPENDIX	6

---

## **CHAPTER 27**

### **AUTHORIZATION OF DESIGNATED AIRCRAFT MAINTENANCE ENGINEER EXAMINER**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1

---

## **CHAPTER 28**

### **AUTHORIZATION OF DESIGNATED FLIGHT DISPATCHER EXAMINER**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	5



---

## **CHAPTER 29**

---

### **VALIDATION AND CONVERSION OF A FOREIGN FLIGHT DISPATCHER LICENCE**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	6
5.0	FUTURE ACTIVITIES	6

---

## **CHAPTER 30**

---

### **VALIDATION AND CONVERSION OF A FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	5
5.0	FUTURE ACTIVITIES	5

---

## **CHAPTER 31**

---

### **APPEAL REVIEW PROCEDURE**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	4
5.0	FUTURE ACTIVITIES	4

---

## **CHAPTER 32**

---

### **AUTHORIZATION OF DESIGNATED AIR TRAFFIC CONTROLLER EXAMINERS**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1



---

## **CHAPTER 33**

### **CONTINUING SURVEILLANCE**

1.0	PURPOSE	1
2.0	REFERENCE	1
3.0	GUIDANCE AND PROCEDURES	1





---

## **PERSONNEL LICENSING CHECKLISTS**

---

<b>CL: O-PEL002</b> AERONAUTICAL EXPERIENCE REQUIREMENTS FOR PPL LICENCE	1
<b>CL: O-PEL003</b> AERONAUTICAL EXPERIENCE REQUIREMENTS FOR COMMERCIAL PILOT LICENCE (CPL) LIGHTER THAN AIR	4
<b>CL: O-PEL004</b> AERONAUTICAL EXPERIENCE REQUIREMENTS FOR AIRLINE TRANSPORT PILOT LICENCE (ATPL). AEROPLANE; HELICOPTER	6
<b>CL: O-PEL004C</b> ISSUE /RENEWAL/CONVERSION/VALIDATION CHECKLIST	7
<b>CL: O-PEL005</b> CHECKLIST FOR THE CONVERSION OF A FOREIGN PILOT LICENCE	10
<b>CL: O-PEL005A</b> CHECK LIST FOR THE VALIDATION OF FOREIGN FLIGHT CREW LICENCE AND RATINGS	12
<b>CL: O-PEL005B</b> CHECK LIST FOR THE CONVERSION OF A FOREIGN FLIGHT ENGINEER LICENCE	14
<b>CL: O-PEL005C</b> CHECKLIST FOR THE CONVERSION OF A FOREIGN FLIGHT DISPATCHER LICENCE	16
<b>CL: O-PEL005D</b> CHECKLIST FOR THE VALIDATION OF FOREIGN FLIGHT DISPATCHER LICENCE AND RATINGS	18
<b>CL: O-PEL005E</b> CHECK LIST FOR THE CONVERSION OF A FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE	20
<b>CL: O-PEL005F</b> CHECK LIST FOR THE VALIDATION OF FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE AND RATINGS	22
<b>CL: O-PEL006</b> DESIGNATED PILOT EXAMINER (DPE) SKILL TEST	26
<b>CL: O-PEL007</b> ATO INITIAL MANUAL REVIEW GUIDE	30



<b>CL: O-PEL007A</b>	EVALUATION OF APPROVED TRAINING ORGANISATION PROCEDURES MANUAL (FLYING SCHOOL)	35
<b>CL: O-PEL007B</b>	EVALUATION OF APPROVED TRAINING ORGANISATION PROCEDURES MANUAL (NON-FLYING SCHOOL)	40
<b>CL: O-PEL008A</b>	EVALUATION OF ATO'S TRAINING MANUAL (FLYING SCHOOL)	50
<b>CL: O-PEL008B</b>	EVALUATION OF ATO'S TRAINING MANUAL (NON-FLYING SCHOOL)	55
<b>CL: O-PEL009</b>	EVALUATION OF ATO'S QUALITY MANUAL	59
<b>CL: O-PEL0010</b>	APPROVED TRAINING ORGANIZATION (ATO) AUDIT/INSPECTION CHECKLIST	67
<b>CL: O-PEL011</b>	EVALUATION OF APPROVED TRAINING ORGANISATION SAFETY MANAGEMENT SYSTEM (SMS) MANUAL	72
<b>CL: O-PEL012</b>	APPROVED TRAINING ORGANISATION CERTIFICATION CHECKLIST AND SCHEDULE OF EVENTS	74
<b>CL: O-PEL022</b>	AVIATION ENGLISH TESTING CENTRE/TRAINING INSPECTION REPORT	79
<b>CL: O-PEL022A</b>	CHECKLIST FOR AVIATION LANGUAGE TESTING	83
<b>CL: O-PEL026</b>	APPROVED TRAINING ORGANIZATION (ATO) JOB-AID	87
<b>CL: O-PEL027</b>	DESIGNATED AIRCRAFT MAINTENANCE ENGINEER EXAMINER (DAME) SKILL TEST CHECKLIST	90
<b>CL: O-PEL028</b>	CABIN CREW TRAINING INSPECTION	93
<b>CL: O-PEL029</b>	APPROVED TRAINING ORGANIZATION (ATO) JOB-AID	98





## **PERSONNEL LICENSING FORMS**

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<b>FORM O-PEL-000</b> APPLICATION FOR REPLACEMENT OF LICENCE	1
<b>FORM O-PEL-001</b> APPLICATION FOR STUDENT PILOT AUTHORISATI	2
<b>FORM O-PEL-002</b> APPLICATION FOR ISSUE OR RENEWAL OF A PRIVATE PILOT LICENCE (PPL)	6
<b>FORM O-PEL-003A</b> APPLICATION FOR ISSUE OR RENEWAL OF COMMERCIAL PILOT LICENCE (CPL)	10
<b>FORM O-PEL-003B</b> APPLICATION FOR ISSUE OR RENEWAL OF AN AIRLINE TRANSPORT PILOT LICENCE (ATPL)	14
<b>FORM O-PEL-004</b> RESERVED	
<b>FORM O-PEL-005</b> APPLICATION FOR THE INCLUSION OF RATING ON A PILOT'S LICENCE (FLYING MACHINE)	19
<b>FORM O-PEL-006</b> APPLICATION FOR ISSUE/RENEWAL OF CABIN CREW LICENCE	24
<b>FORM O-PEL-006A</b> APPLICATION FOR THE INCLUSION OF AIRCRAFT TYPE ON CABIN CREW LICENCE	27
<b>FORM O-PEL-007</b> APPLICATION FOR ISSUE OF A FLIGHT ENGINEER LICENCE (FLYING MACHINES)	29
<b>FORM O-PEL-007A</b> APPLICATION FOR THE RENEWAL OF FLIGHT ENGINEER	31
<b>FORM O-PEL-008</b> INSTRUMENT RATING RENEWAL	33
<b>FORM O-PEL-012</b> APPLICATION FOR ISSUE/RENEWAL OF FLIGHT DISPATCHERS LICENCE	36
<b>FORM O-PEL-013</b> LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION FOR AIR TRAFFIC CONTROLLER	39



<b>FORM O-PEL-014</b> LICENSE,RATING,AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION FOR AERONAUTICAL STATION OPERATOR	42
<b>FORM O-PEL-017</b> KNOWLEDGE TEST APPLICATION FOR AIR TRAFFIC SAFETY ELECTRONIC PERSONNEL LICENCE	45
<b>FORM O-PEL-018</b> APPLICATION FOR PILOTS TECHNICAL EXAMINATION	47
<b>FORM O-PEL-019</b> APPLICATION FOR RENEWAL OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE	48
<b>FORM O-PEL-020</b> AIRCRAFT MAINTENANCE ENGINEER'S LICENCE (APPLICATION FOR GRANT,ISSUE AND EXTENSION)	50
<b>FORM O-PEL-021</b> APPLICATION FOR VALIDATION OF AIRCRAFT MAINTENANCE ENGINEER LICENCE	52
<b>FORM O-PEL-022</b> APPLICATION FOR ISSUE/RENEWAL OF LANGUAGE PROFICIENCY ENDORSEMENT / AUTHORISATION	53
<b>FORM O-PEL-023</b> NOTIFICATION OF ACCESS TO AIRCRAFT	55
<b>FORM O-PEL-024</b> PPL/CPL/IR SKILL TEST (AEROPLANE)	57
<b>FORM O-PEL-024A</b> PPL/CPL/IR SKILL TEST (HELICOPTER)	59
<b>FORM O-PEL-026</b> PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)	61
<b>FORM O-PEL-026A</b> APPLICATION FOR AN APPROVED TRAINING ORGANISATION CERTIFICATE	63
<b>FORM O-PEL-026B</b> MANAGEMENT PERSONNEL BIOGRAPHICAL DATA	65
<b>FORM O-PEL-057</b> INITIAL INSTRUMENT FLIGHT TET	67



## CHAPTER 1

### Issue, Renewal and Re-Issue of a Student Pilot Licence

---

#### 1.0 PURPOSE

---

This Chapter is issued to guide Personnel Licensing Officers in determining an applicant's eligibility for a Student Pilot Licence (SPL) under Part 2 of the Nigeria Civil Aviation Regulations. Successful Completion of this task results in the issue or denial of a Student Pilot Licence.

#### 2.0 REFERENCES

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- 2.1 REGULATIONS 2.3.3 OF THE NIGERIA CIVIL AVIATION REGULATIONS;
- 2.2 THE PRESCRIBED APPLICATION FORMS: [FORM O-PEL001](#)
- 2.3 STUDENT PILOT LICENCE CARD; AND
- 2.4 A NOTICE OF DENIAL.

#### 3.0 GUIDANCE AND PROCEDURES

---

##### 3.1 Application Requirements

- 3.1.1 Advise the applicant to bring the following documents attached to the application form on applying for the licence:
  - a) A properly completed prescribed application Form;
  - b) a photo identification card or passport;
  - c) two recent passport size photographs (full face);
  - d) A Class 2 medical certificate from a designated medical examiner;

##### 3.1.2 Applicant Arrives to Apply for the Licence

Collect the documents and records listed above in 3.1.1

- 3.1.3 **Reviewing The Application** - Check the Application Form for accuracy, using the instructions attached to the form.



### 3.1.4 Verify the Applicant's Identity

- a) Compare information on the applicant's identification with the personal information provided on the prescribed application form.
- b) Determine if the applicant's physical presence agrees with the photo-identification submitted. Return the applicant's identification, after making and certifying the photocopy.
- c) If the applicant's identity can be verified, proceed to issue the Licence.
- d) If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Instruct the applicant to return with appropriate identification to reapply.
- e) If the applicant's identification appears to be different from the information supplied on the prescribed application form or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Head of the Personnel Licensing Office for further action.

### 3.1.5 Establish Eligibility for Issue of the Licence - Determine if the applicant meets the eligibility requirements under Regulation 3.3 of Part 2 of the Nigeria Civil Aviation Regulations;

- a) **Age:** Ensure that the applicant is at least 17 years of age;
- b) **Medical fitness:** Ensure that a Class 2 medical certificate is valid.

### 3.1.6 Aircraft Category - Confirm aircraft category and class the applicant intends to fly.

### 3.1.7 Issue and Re-Issue of the Licence - If the applicant meets all of the requirements for a student pilot licence -

- a) Ensure the prescribed fees for the licence is paid;
- b) Prepare the licence, allocate a number in sequence and record in the register for the issued licences;
- c) Enter the operating limitations (when appropriate) on the space provided on the student pilot licence;
- d) Make a copy of the licence for the file;
- e) Alert the applicant of the expiry dates of the licence, as entered on the licence;
- f) Release the original Licence to the applicant;
- g) Forward the file to the flight crew records office;



### **3.1.8 Renewal Requirements and the Renewal Process**

Upon expiration of a Student Pilot Authorisation see (Nig CARs), the applicant may apply for renewal.

- a) The renewal process is the same as for the initial issue of the licence.
- b) Ensure that the applicant has:-
  - (i) completed the renewal prescribed form;
  - (ii) The original licence bearing any endorsements that remain valid and a valid Class 2 medical certificate; and
  - (iii) paid the prescribed fees for the licence;
  - (iv) The allotted space for renewal and if it is full issue a second Student Pilot Licence following the same procedure as for initial issue.

### **3.1.9 Discrepancies and Ineligibility**

- a) If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons for ineligibility and explain how the applicant may correct the discrepancies.
- b) If the applicant is not eligible for the licence inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence.

## **4.0 RESULTS**

---

### **4.1 Completion of this task results in one of the following:**

#### **4.1.1 Issue or renewal of a Student Pilot Licence;**

#### **4.1.2 Notice of denial.**

## **5.0 FUTURE ACTIVITIES**

---

### **5.1 A SPL holder may return for:-**

#### **5.1.1 An additional category or class rating;**

#### **5.1.2 A Private Pilot Licence or**

#### **5.1.3 Renewal or re-issue of the licence**



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
On the date shown, you failed the examination indicated below: Theoretical knowledge <input type="checkbox"/> Skill <input type="checkbox"/>	
Upon reapplication you will be re-examined on the following:	
I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought	
Date of examination	
Signature of examiner	Examiners Licence No. Date: .....



## CHAPTER 2

### Issue, Renewal and Re-Issue of a Private Pilot Licence Including Additional Category, Aircraft Type and Class Rating

---

#### 1.0 PURPOSE

---

This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of a private pilot licence (PPL) or of an additional rating under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulation [2.3.4](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms: [Form O-PEL002](#)
- 2.3 Letter of Discontinuance;
- 2.4 Notice of Disapproval; and
- 2.5 A PPL Licence card and a Renewal Certificate.
- 2.6 Checklist: [CL: O-PEL002](#)

#### 3.0 GUIDANCE AND PROCEDURES

---

##### 3.1 Categories, Types and Classes

**3.1.1.1 Category ratings** - The following category rating must be placed on the private pilot licence. A separate licence must be issued for each category

- a) Aeroplane;
- b) Rotorcraft;
- c) Glider; or
- d) Lighter than air

**3.1.1.2 Class ratings** - The following class ratings are issued or added to commercial pilot licences:

- a) Single-engine land;





- b) Single-engine Sea;
- c) Multi-engine land;
- d) Multi-engine sea;

3.1.2 **Type ratings** - The following type ratings may be placed on the private pilot licence:

- a) Each type of helicopter;
- b) Any type of aeroplane above 5700 Kg;
- c) Any aircraft type considered necessary by the Authority.

*NOTE. When an applicant is seeking a multi-engine rating on the PPL, the Applicant is required to meet the requirements of Regulation 3.2 of Part 2 of the Nigeria Civil Aviation Regulations (Class Rating) and should have demonstrated in a test, the PPL knowledge on the basis of the requirements listed for a PPL practical (skill) test .*

### 3.2 Application Requirements

3.2.1 Advise the applicant to bring the following documents attached to the application form on applying for the licence:

- a) A properly completed prescribed Application Form;
- b) A valid SPL for an initial issue of a PPL
- b) A private pilot licence (for an additional category or class rating);
- c) A Class 2 medical certificate;
- d) A knowledge test report (if applicable);
- e) A practical test report;
- f) ATO graduation certificate (if applicable);
- g) Two (2) recent passport size photographs (full face);
- h) A photo Identification Card or Passport;
- i) Personal logbook or other records substantiating the flight experience or training shown on the Application Form; and
- j) The prescribed fees.

3.3 **Applicant Arrives to apply for the Licence** - Collect and evaluate the documents and records listed above.



### 3.4 Review the Application

- 3.4.1 Check the Application Form for accuracy, using the instructions attached to the form.
- 3.4.2 Ensure that the flight instructor and/or the ATO has provided the required endorsements.

### 3.5 Verify Applicant's Identity

- 3.5.1 Inspect the acceptable form of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application form; and if the applicant's identity can be verified, proceed with the task.
- 3.5.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.5.3 If the applicant's identity appears to be different from the information supplied on the application form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### 3.6 Establish Eligibility for Issue of the Licence.

- 3.6.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for licensing as a private pilot as per Part 2 of the Nigeria Civil Aviation Regulations.
- 3.6.2 The following list expounds on the basic requirements:
  - a) **Age:** Ensure that applicant is at least 17 years of age.
  - b) **Knowledge:** Request and examine the knowledge test report as acceptable evidence of having passed the knowledge test requirements under Regulation 3.4.1 (c) of Part 2 of the Nigeria Civil Aviation Regulations.
  - c) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the Licence and rating sought under Regulation 3.4.1 (e) of Part 2 of the Nigeria Civil Aviation Regulations. Use an acceptable logbook or other reliable record.
  - d) **Instructors Recommendation:-**An applicant must present the Instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
    - (ii) The endorsement can be provided in the relevant prescribed application Form or



- (iii) In a letter to the Authority.
- e) **Skill:** Check the application form to determine if the applicant has passed the private pilot practical test. The practical test is conducted by either an inspector of the Authority or an examiner authorized and designated by the Authority.
- f) Check and confirm that the applicant has obtained the necessary instruction in an ATO under Part 3 of the Nigeria Civil Aviation Regulations.
- g) **Medical fitness:** Ensure that a Class 2 medical certificate is valid.
- h) **Language proficiency:** Check whether the applicant has been checked on English language proficiency as required by Regulation 2.2 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.7 Requirements for Additional Category, Class and Aircraft Type Rating

The eligibility requirements are the same as in paragraph 3.6 above. Check the documents presented and confirm that the applicant has met the eligibility requirements.

### 3.8 The Skill (practical) Test

- 3.8.1 After determining the applicant is eligible and meets all prerequisites required, the Licensing Officer will book the applicant for the skill test and the inspector or an examiner will conduct the skill test
  - a) The examiner will use the procedures and manoeuvres outlined in IS 3.4.3, 3.4.5, 3.4.7, 3.4.9, 3.4.11 and 3.4.13 of Part 2 of the Nigeria Civil Aviation Regulations for the category and type of aircraft for which a licence or rating is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill test, provided the previous test was conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas. Refer to Regulation 2.5 of Part 2 of the Nigeria Civil Aviation Regulations;
  - b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, pilot illness etc. the examiner shall:
    - i) Issue the applicant a Letter of Discontinuance .
    - ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance.
    - iii) Explain how the applicant may complete the test at a later date and reschedule the test.
    - iv) Forward a copy of the letter of discontinuance to the PEL office;



**3.8.2 Unsatisfactory Performance** - If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:

- a) Prepare a Notice of Disapproval
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this licence or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) forward the test report to the PEL office; and
- f) explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) return all submitted documents not forwarded to the PEL Office, to the applicant

**3.8.3 Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the skill test or proficiency check, the examiner shall:-

- a) Prepare the practical (skill) test report form in triplicate -
  - i) Original for the PEL Office;
  - ii) copy for the applicant; and
  - iii) copy for the examiner.
  - iv) Enter the correct limitations (when appropriate) in the space provided for.
  - v) Remove the limitations when the applicant presents satisfactory evidence that he has met the pertinent regulatory requirements.
  - vi) Complete the examiner section and sign the form.
  - vii) Forward the completed form to the PEL Office.
  - viii) Return all submitted documents not forwarded to the PEL Office to the applicant.



### 3.9 Requirements for Renewal and the Renewal Process

3.9.1 Check the documents presented and confirm that the applicant meets the renewal requirements under Regulation 3.4 of Part 2 of the Nigeria Civil Aviation Regulations and has:-

- a) completed the prescribed renewal application form;
- b) provided a current Class 2 medical certificate;
- c) completed the prescribed summary of the flying experience form;
- d) presented a certified logbook or other flight record to substantiate the five PIC hours required for renewal. The log book is to be certified by the instructor or the chief pilot, who will certify the relevant log book entries by endorsing his signature and licence number, indicating what he is certifying.

3.9.2 Make copy of the relevant log book pages for the licensing file.

3.9.3 Applicants whose medical examination is conducted within 45 days before the pilot's licence current expiry date will use the licence expiry date as the start date of the new validity period. Applicants whose medical examinations conducted after the current expiry date or earlier than 45 days before licence expiry date will use the date of the medical examination as the start date of the new validity period.

3.9.4 **For a Licence With the following Ratings** - Check whether the applicant complies with the following:

- a) **For the renewal of a licence with single-engine class rating**  
The applicant has completed 5 hours as pilot in command within the preceding 12 months in a single-engine type of aeroplane.
- b) **For the renewal of a licence with multi-engine class rating**  
The applicant has completed 5 hours as pilot in command within the preceding 12 months in a multi-engine type of aeroplane.
- c) **For renewal of a licence with an aircraft type rating**  
The applicant has completed 5 hours as pilot in command or a PPL Skill test within the preceding 12 months in the aircraft type.
- d) The applicant must present at least a Class 2 medical certificate.
- e) The applicant must present the logbook or other acceptable.
- f) Other acceptable record for the flight time required.



### 3.10 Renewal of a Lapsed Private Pilot Licence

3.10.1 Where a licence has not been renewed by the date of expiry, the validity of the licence standards are lapsed.

3.10.2 To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:

- a) **Not more than six months** and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- b) **More than six (6) months but not more than two (2) years:**
  - (i) pass a written examination in Air Law or Regulations ;
  - (ii) pass a type rating practical check-out on an aircraft type endorsed or on the type rating sought ;and
  - (iii) meet the renewal requirements
- c) **More than two (2) years but not more than 10 years:**
  - (i) undertake a refresher course in an ATO in preparation for the practical and knowledge tests which should include ten (10) hours as PIC.
  - (ii) pass a PPL practical test on the class or aircraft type rating sought ;
  - (iii) pass a PPL composite knowledge examination and
- d) More than ten (10) years, an applicant shall meet all requirements for the initial issue of a PPL.

### 3.11 Discrepancies and Ineligibility

3.11.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons for ineligibility and explain how the applicant may correct the discrepancies.

3.11.2 If the applicant is not eligible for the licence and/or rating sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence and/or rating.

### 3.12 Issue, Renewal or Re-issue of the Licence or Additional Rating

3.12.1 When applicant has satisfactorily met all requirements for the licence and/or rating sought, and the prescribed application Form has been completed, the licence and/or rating will be issued or renewed.

- a) Ensure the prescribed fees for the licence is paid.
- b) Prepare a new licence.
- c) Prepare the licence renewal certificate.
- d) Complete all blocks including allocation of the licence number



- e) When a rating needs to be added, enter additional rating on the new licence.
- f) Make a copy of the licence for the licensing file
- g) Provide applicant with a completed licence or renewal certificate
- (h) File all documents on the pilots licensing file.

#### **4.0 RESULTS**

---

4.1 Completion of this task results in the issuance of one of the following:

4.1.1 A PPL Licence or renewal certificate

4.1.2 Letter of Discontinuance;

4.1.3 Notice of Disapproval

#### **5.0 FUTURE ACTIVITIES**

---

**Applicant may return for:-**

5.1.1 an additional class or aircraft type rating;

5.1.2 renewal of the Licence;

5.1.3 an upgraded licence.





**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,





Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
On the date shown, you failed the examination indicated below: Theoretical knowledge <input type="checkbox"/> Skill <input type="checkbox"/>	
Upon reapplication you will be re-examined on the following:	
I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought	
Date of examination	
Signature of examiner	Examiners Licence No. Date: .....



## CHAPTER 3

### Issue, Renewal and Re-Issue, Commercial Pilot Licence, Category, Class and Type Rating

---

#### 1.0 PURPOSE

---

This chapter is issued to guide Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of a commercial pilot licence including the class and/or type rating(s) or of an additional rating to the Commercial Pilot Licence (CPL) under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

---

- 2.1 Regulation [2.3.5](#) Of the Nigeria Civil Aviation Regulations.;
- 2.2 The prescribed Application Forms: [Form O-PEL-003A](#)
- 2.3 Letter of Discontinuance;
- 2.4 Notice of Disapproval; and
- 2.5 A CPL Licence and a Renewal Certificate.
- 2.6 Checklist: [CL:O-PEL003](#)

#### 3.0 GUIDANCE AND PROCEDURES

---

##### 3.1 Category, Class and Type Ratings

**3.1.1 Category ratings** – A category rating, specified hereunder, must be placed on the commercial pilot licence. A separate licence must be issued for each category.

- a) Aeroplane;
- b) Rotorcraft;
- c) Glider; or
- d) Lighter than air.

**3.1.2 Class ratings** – The following class ratings are issued or added to commercial pilot licences:

- a) Single-engine land;



- b) Single-engine Sea;
- c) Multi-engine land;
- d) Multi-engine sea;
- e) A class rating may be issued for gyroplane operations.

**3.1.3 Type ratings – A** type rating shall be required for each aircraft operated on a commercial pilot licence.

### **3.2 Application Requirements**

**3.2.1** Advise the applicant to bring the following documents attached to the application form on applying for the licence:

- a) A properly completed prescribed application Form;
- b) A valid PPL for the initial issue of a CPL;
- b) A commercial pilot licence (if for an additional, class or type rating or for a proficiency check);
- c) A Class 1 medical certificate;
- d) A knowledge test report (if applicable);
- e) An ATO graduation certificate (if applicable);
- f) Personal logbooks or other records substantiating the flight experience shown on the Application Form;
- g) Two (2) recent passport size photographs (full face);
- h) A photo Identification Card or Passport and
- i) The prescribed fees.

**3.3 Applicant arrives to apply for the Licence –** Collect the documents and records listed above.

### **3.4 Review Application**

**3.4.1** Check the Application Form for accuracy using the instructions attached to the form; and

**3.4.2** Ensure that the flight instructor and/or the ATO has provided the required endorsements and reports.

### **3.5 Verify applicant's identity**



- 3.5.1** Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form and if the applicant's identity can be verified, proceed with the task.
- 3.5.2** If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.5.3** If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.
- 3.6 Establish eligibility for Issue of the Licence**
- 3.6.1** Determine if the applicant meets the specific eligibility, knowledge, and competency and experience requirements for licensing as a commercial pilot specified in Regulation 3.5 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.6.2 The following list expounds on the basic requirements:**
- (i) **Age:** Ensure that the applicant is at least 18 years of age.
  - (ii) **Knowledge:** Request and evaluate the knowledge test report to confirm that the knowledge test is passed.
  - (iii) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable logbook or other reliable record that conforms to Regulations 3.5.2, 3.5.4, 3.5.6, 3.5.8, 3.5.10 and 3.5.12 requirements of Part 2 of the Nigeria Civil Aviation Regulations..
  - (iv) **Instructors Recommendation:-** An applicant should present the Instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
    - (i) The endorsement can be provided in the relevant prescribed application form or
    - (ii) in a letter to the Authority.
  - (v) **For a type rating –** check if the applicant has obtained the necessary instruction in an ATO (if applicable);
  - (vi) **Skill:** Check and evaluate the prescribed application form to determine if the applicant has passed the commercial pilot practical (skill) test. The skill tests and the proficiency checks



will be conducted by either an inspector of the Authority or an examiner authorized and designated by the Authority.

- (vii) **Language proficiency:** Check whether the pilot has been checked on English language proficiency under the Regulation 2.2 of Part 2 of the Nigeria Civil Aviation Regulations.
- (viii) **Medical fitness:** Ensure that a Class 1 medical certificate is valid.
- (ix) **Graduate of an integrated approved course from an ATO –** An applicant that presents an appropriate graduation certificate of an integrated approved course from an approved ATO, is considered to have met the Aeronautical experience required for the issue of a CPL under Regulation 3.5.1 (e) of Part 2 of the Nigeria Civil Aviation Regulations..

### 3.7 Requirements for Category, Class and Type Rating

**3.7.1 Category rating –** check if the applicant has obtained the necessary instruction and has passed the necessary knowledge test.

**3.7.2 Additional class or type rating in the same category –** determine if the applicant has the minimum experience required for the class and type rating sought and that the applicant has obtained the necessary instructions in an ATO (if applicable).

### 3.8 Requirements for the Aircraft Type Rating Currency

**3.8.1** To maintain the aircraft type rating currency an applicant is required to have not less than 3 hours PIC within the preceding twelve months, short of which the type rating is considered expired. An Applicant must present the logbook or other record to show the flight time.

#### 3.8.2 For the type rating re-currency the applicant shall:

- a) Have received refresher training from an authorized instructor with an endorsement that the person is prepared for the flight check-out on the specified type of aircraft; and
- b) Pass the required flight check-out on the type specified in (a) above.
- c) The applicant must present proof of the refresher training as endorsed in the personal logbook.

### 3.9 The Skill (practical) Test

**3.9.1** After determining the applicant is eligible and meets all prerequisites required, the Licensing Officer will book the applicant for the skill test and the inspector or an examiner will conduct the skill test

- a) The examiner will use the procedures and manoeuvres outlined in Regulations 2.5.5 and 3.5 of Part 2 of the Nigeria Civil Aviation Regulations. for the category and type of aircraft



for which a licence or rating is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill test, provided the previous test was conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas. Refer to Regulation 2.5 of Part 2 of the Nigeria Civil Aviation Regulations.;

- b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, pilot illness etc. the examiner shall:
  - (i) Issue the applicant a Letter of Discontinuance.
  - (ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance.
  - (iii) Explain how the applicant may complete the test at a later date and reschedule the test.
  - (iv) Forward a copy of the letter of discontinuance to the PEL office;

**3.9.2 Unsatisfactory Performance** – If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:

- a) Prepare a Notice of Disapproval
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this licence or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) Forward the test report to the PEL office; and
- f) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) Return all submitted documents not forwarded to the PEL Office, to the applicant

**3.9.3 Satisfactory Performance** - when the applicant has satisfactorily met all requirements for the skill test, the examiner shall:-

- a) Prepare the report form in triplicate
  - (i) Original for the PEL Office;
  - (ii) copy for the applicant and



- (iii) Copy for the examiner.
- b) Enter the correct limitations (when appropriate) in the space provided for.
- c) Remove the limitations when the applicant presents satisfactory evidence that he has met the pertinent regulatory requirements.
- d) Complete the examiner section and sign the form.
- e) Forward the completed form to the PEL Office.
- f) Return all submitted documents not forwarded to the PEL Office to the applicant.

### **3.10 Requirements for Renewal and the Renewal Process**

#### **3.10.1** Check the documents presented and confirm that the applicant has:-

- a) Completed the prescribed renewal application form;
- b) Provided a valid Class 1 medical certificate;
- c) completed the prescribed summary of the flying experience form;
- d) Logged the renewal hours required under Regulation 5 of Part 8 of the Nigeria Civil Aviation Regulations.
- e) The log book pages showing the last six months flying experience certified by the instructor or the chief pilot, who will certify the relevant log book entries by endorsing his signature and licence number...

#### **3.10.2** Make copy of the relevant log book pages for the licensing file.

**3.10.3** Applicants whose medical examinations are conducted within 45 days before the pilot's licence current expiry date will use the licence expiry date as the start date of the new validity period. Applicants whose medical examinations conducted after the current expiry date or earlier than 45 days before licence expiry date will use the date of the medical examination as the start date of the new validity period.

### **3.11 Renewal of a Lapsed Commercial Pilot Licence**

**3.11.1** Where a licence has not been renewed by the date of expiry, the validity of the licence standards are lapsed.

**3.11.2** To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:





- (a) **Not more than six months** and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- (b) **More than six (6) months but not more than two (2) years:**
  - (i) pass a written examination in Air Law or Regulations ;
  - (ii) pass a type rating practical check-out on an aircraft type endorsed or on the type rating sought; and
  - (iii) meet the renewal requirements
- (c) **More than two (2) years but not more than 10 years :**
  - (i) undertake a refresher course in an ATO in preparation for the practical and knowledge tests which should include ten (10) hours as PIC.
  - (ii) pass a CPL practical test on the aircraft type rating sought ;
  - (iii) pass a CPL composite knowledge examination and
- (d) **More than ten (10) years**, an applicant shall meet all requirements for the of initial issue of a CPL.

### 3.12 Discrepancies or Ineligibility

- 3.12.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence and/or rating cannot be issued and explain how the applicant may correct the discrepancies.
- 3.12.2 If the applicant is not eligible for the licence and/or rating sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence and/or rating.

### 3.13 Issue, Renew or Re-Issue of the Licence

- 3.13.1 When an applicant has satisfactorily met all requirements for the licence and/or rating sought, and the prescribed application forms has been completed, the licence and/or rating may be issued.
  - a) Ensure that the prescribed fees is paid;
  - b) Prepare the licence or renewal certificate;
  - c) When a rating needs to be added, enter the additional rating on the existing licence;
  - d) Make copy of the licence for the licensing file;
  - e) Provide applicant with completed licence or renewal certificate;
  - f) File all documents on licensing file





## **4.0 RESULTS**

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4.1 Completion of this task results in the issue of one of the following:

4.1.1 A Commercial Pilot Licence or renewal certificate

4.1.2 An additional rating;

4.1.3 Letter of Discontinuance or

4.1.4 Notice of Disapproval.

## **5.0 FUTURE ACTIVITIES**

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Applicant may return for:-

5.1.1 An additional aircraft class and type rating;

5.1.2 Renewal of the licence; or

5.1.3 An upgraded licence.



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
On the date shown, you failed the examination indicated below: Theoretical knowledge <input type="checkbox"/> Skill <input type="checkbox"/>	
Upon reapplication you will be re-examined on the following:	
I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought	
Date of examination	
Signature of examiner	Examiners Licence No. Date: .....



## CHAPTER 4

### Issue, Renewal and Re-Issue of an Airline Transport Pilot Licence Including Category, Class and Type Rating

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#### 1.0 PURPOSE

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This Chapter is issued to guide Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of an Airline transport pilot licence (ATPL) including category, class and type rating under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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2.1 Regulation [2.3.7](#) of the Nigeria Civil Aviation Regulations;

2.2 The prescribed application forms: [Form O-PEL003B](#)

2.3 Checklist: [CL:O-PEL004](#)

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Category, Class and Type Ratings

3.1.1 **Category ratings** - An Aeroplane or Rotorcraft category rating must be placed on an ATPL. A separate must be issued for each category.

- a) Aeroplane;
- b) Rotorcraft;

3.1.2 **Class ratings** - The following class ratings are issued or added to Airline Transport pilot licences:

- a) Single-engine land;
- b) Single-engine sea;
- c) Multi-engine land;
- d) Multi-engine sea;
- e) A class rating may be issued for Gyroplane operations.

3.1.3 **Type ratings** - A type rating shall be required for each aircraft operated on a Commercial



Transport pilot licence.

**3.1.4 Application Requirements** - Advise the applicant to bring the following documents attached to the application form:

3.1.5 A properly completed prescribed Application Form;

3.2.2 A valid Commercial Pilot Licence for the initial issue of an ATPL;

3.2.3 An Airline Transport pilot licence for an additional type rating;

3.2.4 A class 1 medical certificate;

3.1.6 A knowledge test report (if applicable);

3.1.7 An ATO graduation certificate (if applicable);

3.1.7.1 Personal logbooks or other records substantiating the flight experience shown on the Application Form;

3.1.8 Two recent passport size photographs (full face);

3.1.9 A photo Identification Card or Passport; and

3.1.10 The prescribed fees.

**3.2 Applicant arrives to apply for the Licence -**

**3.3 Collect the documents and records listed above.**

**3.4 Review Application**

3.4.1 Check the Application Form for accuracy, using the instructions attached to the form; and Ensure that the flight instructor and/or the ATO has provided the required endorsements and reports.

**3.5 Verify Applicant's Identity**

3.5.1.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application form. If the applicant's identity can be verified, proceed with the task.

3.5.1.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.5.3 If the applicant's identity appears to be different from the information supplied on the Form, or it



appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to, the attention of the Director of Licensing for further action.

### 3.6 Establish Eligibility for Issue of the Licence

3.6.1.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for an ATPL as prescribed in Regulation 3.6 of Part 2 of the Nigeria Civil Aviation Regulations.

3.6.2 The following list expounds on the basic requirements.

- a) **Age:** Ensure that the applicant is at least 21 years of age.
- b) **Knowledge:** Request and evaluate the knowledge test report and confirm it is acceptable evidence of having passed the knowledge test as per the requirements of 2.2.5.5 of the Nigeria Civil Aviation Regulations.
- c) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable logbook or other reliable record that conforms to Regulations 3.7.2, 3.7.3 and 3.7.6 of Part 2 of the Nigeria Civil Aviation Regulations.
- d) **Flight Instruction:** Check whether the applicant has obtained the necessary flight instruction. Has the CPL(A) and the multi- engine instrument rating (A) for the ATPL(A) or the CPL(H) for the ATPL(H), and that the applicant meets the requirements of Regulations 3.7.2, 3.7.3 and 3.7.6 of Part 2 of the Nigeria Civil Aviation Regulations.
- e) **Instructor's endorsement** - An applicant must present the Instructor's recommendation Form as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
  - (i) The endorsement can be provided in the relevant prescribed application Form or
  - (ii) In a letter to the Authority.
- f) **For a type rating Check** - if the applicant has obtained the necessary instruction in an ATO.
- g) **Skill:** Check the Form to determine if the applicant has passed the ATPL skill test. The skill tests and the proficiency checks will be conducted by either an inspector of the Authority or an examiner authorized and designated by the Authority.
- h) **Language proficiency:** Check whether the applicant has been checked on language proficiency during the skill test as per Regulation 2.2 of Part 2 of the Nigeria Civil Aviation Regulations.
- i) **Medical fitness:** Ensure that a class I medical certificate is current.



### 3.7 Requirements for Category, Class and Type Rating

**3.7.1 Category rating** - Check if the applicant has obtained the necessary instruction and has passes the necessary knowledge test.

**3.7.2 Additional class or type rating in the same category** - Determine if the applicant has the minimum experience required for the class and type rating sought and that the applicant has obtained the necessary instructions in an a ATO (if applicable).

### 3.8 Requirements for the Type Rating Currency

**3.8.1.1** To maintain the type rating currency an applicant is required to have not less that 3 hours PIC within the preceding twelve months, short of which the type rating is considered expired. An Applicant must present the logbook or other record to show the flight time required.

**3.8.2 For the lapsed type rating** - the applicant shall:

- a) Have received refresher training from an authorized instructor with an endorsement that the person is prepared for the flight check-out;
- b) Pass the required flight check-out; and
- c) The applicant must present proof of the refresher training as endorsed and certified in the personal logbook.

### 3.9 The Practical (Skill) Test

**3.9.1** After determining the applicant is eligible and meets all prerequisites required, the Licensing Officer will book the applicant for the skill test and the inspector or an examiner will conduct the skill test.

- a) The examiner will use the procedures and manoeuvres outlined in Regulation 3.6.2 and IS 3.6.2 of Part 2 of the Nigeria Civil Aviation Regulations for the category and type of aircraft for which a licence or rating is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill test, provided the previous test was conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas. Refer to Regulation 2.5 of Part 2 of the Nigeria Civil Aviation Regulations.
- b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, pilot illness etc. the examiner shall:
  - i) issue the applicant a Letter of Discontinuance .
  - ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance.
  - iii) Explain how the applicant may complete the test at a later date and reschedule the test.
  - iv) Forward a copy of the letter of discontinuance to the PEL office;





**3.9.2 Unsatisfactory Performance** - If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:

- a) Prepare a Notice of Disapproval
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this licence or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) Forward the test report to the PEL office; and
- f) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) Return all submitted documents not forwarded to the PEL Office, to the applicant

**3.9.3 Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the skill test, the examiner shall:

- a) Prepare the report form in triplicate -
  - (i) Original for the PEL Office;
  - (ii) copy for the applicant; and
  - (iii) copy for the examiner;
- b) Enter the correct limitations (when appropriate) in the space provided for;
- c) Remove the limitations when the applicant presents satisfactory evidence that he has met the pertinent regulatory requirements;
- d) Complete the examiner section and sign the form;
- e) Forward the completed form to the PEL Office;
- f) Return all submitted documents not forwarded to the PEL Office to the applicant.

**3.10 Requirements for Renewal and the Renewal Process -**

Check the documents presented and confirm that the applicant has:

- 3.10.1 Completed the prescribed renewal application form;
- 3.10.2 Provided a valid Class I medical certificate;
- 3.10.3 Completed the prescribed summary of the flying experience form;
- 3.10.4 Logged the renewal hours required under Regulation 5 of Part 8 of the Nigeria Civil Aviation Regulations
- 3.10.5 Presented a certified logbook or other flight record to substantiate the required hours (Make copy of the relevant log book pages for the licensing file).





3.10.6 Applicants whose medical examination is conducted within 45 days before the pilot's licence current expiry date will use the licence expiry date as the start date of the new validity period. Applicants whose medical examinations conducted after the current expiry date or earlier than 45 days before licence expiry date will use the date of the medical examination as the start date of the new validity period.

### 3.11 Renewal of a Lapsed Airline Transport Pilot Licence

3.11.1 Where a licence has not been renewed by the date of expiry, the validity of the licence standards are lapsed.

3.11.2 To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:

- a) **Not more than six months** and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- b) **More than six (6) months but not more than two (2) years:**
  - (i) pass a written examination in Air Law or Regulations ;
  - (ii) pass a type rating practical check-out on an aircraft type endorsed or on the type rating sought ; and
  - (iii) meet the renewal requirements
- c) **More than two (2) years but not more than 10 years:**
  - (i) Undertake a refresher course in an ATO in preparation for the practical and knowledge tests which should include ten (10) hours as PIC.
  - (ii) pass a ATPL practical test on the aircraft type rating sought;
  - (iii) pass a ATPL composite knowledge examination and
- d) **More than ten (10) years**, an applicant shall meet all requirements for the initial issue of an ATPL.

### 3.12 Discrepancies or Ineligibility

3.12.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence and/or rating cannot be issued and explain.

3.12.2 If the applicant is not eligible for the licence and/or rating sought, inform the applicant of the reasons for ineligibility and how the applicant may correct the discrepancies. Explain how the applicant may obtain the licence and/or rating.



### **3.13 Issue, Renew or Re-Issue of the Licence or Additional Rating**

3.13.1 When applicant has satisfactorily met all requirements for the licence and/or rating sought, and the prescribed application form has been completed, the licence and/or rating will be issued.

- a) Ensure the prescribed fees are paid;
- b) Prepare a licence or renewal certificate
- c) Complete all blocks including a licence number;
- d) When a rating needs to be added, enter additional rating on the licence;
- e) Provide applicant with completed licence or renewal certificate
- f) Make copy of licence or certificate; and
- g) File all documents on Pilots file

## **4.0 RESULTS**

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4.1 Completion of this task results in the issue of one of the following:

- 4.1.1 An Airline Transport Pilot Licence or renewal certificate
- 4.1.2 An additional rating;
- 4.1.3 Letter of Discontinuance;
- 4.1.4 Notice of Disapproval.

## **5.0 FUTURE ACTIVITIES**

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5.1 Applicant may return for -

- 5.1.1 an added , class or aircraft type rating;
- 5.1.2 renewal of the licence.



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>



## CHAPTER 5

### Validation and Conversion of a Foreign Flight Crew Licences

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue of a validation certificate or a converted licence based on a foreign licence under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulation 2.2.4 of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms: [Form O-PEL003A](#) & [Form O-PEL003B](#)
- 2.3 Validation Certificate and the licence card.
- 2.4 Notice of Disapproval
- 2.5 Checklist: [CL:O-PEL005](#) ; [CL: O-PEL005A](#)

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information

- 3.1.1 Under Regulation 2.4 of Part 2 of the Nigeria Civil Aviation Regulations, the Authority may validate a foreign licence issued by another Contracting State, by issuing a validation certificate which will be carried with the foreign licence, with limitations or restrictions imposed as appropriate. This process is called validation.
- 3.1.2 Under Regulation 2.4 of Part 2 of the Nigeria Civil Aviation Regulations, the Authority may issue a licence, based on a foreign licence, to an applicant who holds a valid licence issued by another Contracting State, with limitations and restrictions imposed as appropriate. This process is called conversion

##### 3.2 Validation Information

- 3.2.1 A certificate of validation is issued to a holder of a foreign licence and NOT to a Nigerian Licence holder. The basis for validation of a foreign flight crew licence is Regulation 2.4 of Part 2 of the Nigeria Civil Aviation Regulations. The Authority may grant a validation certificate with PPL, CPL, ATPL or Flight Engineer privileges to an individual, based on a foreign licence of an ICAO Contracting State.



3.2.2 A validation certificate is a means of recognising a foreign licence and giving authority to the holder to use the foreign licence to operate Nigerian registered aircraft for the following operations:

- a) to fly/operate a Nigerian registered aircraft on PPL privileges;
- b) to fly/operate a Nigerian registered aircraft for commercial purposes with the express authority of the Authority;
- c) to fly/operate a Nigerian registered aircraft to qualify other pilots on a new type of aircraft introduced on to the Aircraft Register; and
- d) fly for a ferry flight.

### 3.3 Conversion Information

The basis for conversion of a foreign flight crew licence is Regulations 2.4.2 and 2.4.4 of Part 2 of the Nigeria Civil Aviation Regulations. The Authority may grant a licence to an applicant, based on a valid foreign licence of an ICAO Contracting State, if the applicant meets the conversion requirement.

### 3.4 Verify the Foreign Licence

One of the first procedures that needs to be performed is to verify with the foreign Authority, the authenticity of the licence and certificate presented by sending The Authority Verification of Authenticity of Foreign Licence Form to the foreign Authority, requesting that the form be returned with the requested details filled in for verification.

### 3.5 Application Process

#### 3.5.1 Advise the applicant to bring the following documents attached to the application form on applying for the validation or conversion:

- a) A properly completed prescribed application form;
- b) The foreign licence to be validated or converted;
- c) The relevant medical certificate;
- d) A knowledge test report (if applicable);
- e) Personal logbooks or other records substantiating the flight experience shown on the Application Form;
- f) Two (2) recent photographs (full face) (if applicable);
- g) A photo Identification Card or Passport; and
- h) The applicable fees.

#### 3.6 Applicant arrives to Apply for the Validation Certificate or for the Conversion of the Licence -Collect the documents and records listed above.

### 3.7 Review Application:

3.7.1 Check the Application Form for accuracy, using the instructions attached to the form; and

3.7.2 Ensure that the flight instructor has provided the required endorsements and reports.



### 3.8 Verify applicant's identity

- 3.8.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.
- 3.8.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.8.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### 3.9 Establish Eligibility for the Validation or The Conversion.

- 3.9.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for the issue of a validation or conversion of a foreign licence specified under Regulations 2.4.1, 2.4.2, 2.4.3 and 2.4.4 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.9.2 The following list expounds on the basic requirements.
- a) **Age:** Ensure that the applicant is of the age specified for the licence privileges sought;
  - b) **Knowledge:** Request and evaluate the knowledge test report if applicable, to confirm that the knowledge test is passed;
  - c) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable logbook or other reliable record;
  - d) **Instructors Recommendation:-** An applicant should present the Instructor's recommendation Form as evidence of having met the practical requirements;
  - e) **Language proficiency:** Check whether the pilot has been checked on English language proficiency under Regulation 2.2 of Part 2 of the Nigeria Civil Aviation Regulations;
  - f) **Medical fitness:** Ensure that the relevant medical certificate is valid;
  - g) **For a Validation Certificate -**
    - (i) The licence to be validated must be valid;
    - (ii) Any limitations on the licence will apply as appropriate;
    - (iii) The validation certificate will authorize the applicant to operate only in accordance with privileges and limitations of the foreign licence and in aircraft which are on the Nigerian Aircraft Register;





- (iv) The applicant must be current in flying and meet in full the experience requirements and qualifications for a licence, for which the privileges are sought;
- (v) The applicant for a validation for PPL privileges must pass a flight check-out on the relevant class rating with a person authorised by the Authority for the purpose.
- (vi) The applicant for a validation to exercise the privileges of professional pilot or flight engineer for commercial operations must pass the Air law examination.

**h) For Conversion**

- (i) The licence to be converted must be valid;
- (ii) The applicant must have a current medical certificate from an Authorised Aviation Medical Examiner;
- (iii) Any limitations on the licence will apply as appropriate;
- (iv) The applicant must be current in flying and meet in full the experience requirements and qualifications for a licence, for which the privileges are sought;
- (v) The applicant for a conversion must pass the prescribed composite examination for the licence sought.

**3.10 The Practical (skill) tests (if required)**

The skill test for the licence privileges sought will be conducted by either an inspector of the Authority or an examiner authorized and designated by the Authority.

**3.11 Discrepancies or Ineligibility**

3.11.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the validation certificate cannot be issued and explain how the applicant may correct the discrepancies.

3.11.2 If the applicant is not eligible for the validation certificate sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the validation certificate or a converted licence, with privileges and limitations as applicable.

**3.12 Validity of the Validation Certificate and the Converted Licence**

The validity of the certificate of validation shall be for the same period as the foreign licence being validated for a maximum period of 12 months provided the foreign licence, ratings or authorisations and the medical certificate remains valid for operations conducted under an Air Operator Certificate (AOC) holder (see 2.4.1 (7)). The converted licence will be valid as per the requirements Regulation 2.1.7 of Part 2 of the Nigeria Civil Aviation Regulations.

**3.13 Issue of a Validation Certificate or a Converted Licence**

3.13.1 When an applicant has satisfactorily met all requirements for the Validation or Conversion, and he prescribed application form has been completed a certificate of validation or a licence shall be issued.





- 3.13.2 Ensure the prescribed fees for the licence or certificate is paid;
- 3.13.3 Prepare the licence or the certificate;
- 3.13.4 When a rating needs to be added, enter the additional rating on the existing licence;
- 3.13.5 Make copy of the licence or certificate for the licensing file;
- 3.13.6 Provide applicant with the completed licence or certificate;
- 3.13.7 File all documents on the licensing file;
- 3.13.8 Provide applicant with completed certificate or licence;
- 3.13.9 File all documents on licensing file.

#### **4.0 RESULTS**

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**4.1 Completion of this task results in the issue of one of the following:**

- 4.1.1 A validation Certificate; or**
- 4.1.2 A converted licence;**
- 4.1.3 Notice of Disapproval**

#### **5.0 FUTURE ACTIVITIES**

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**An applicant may return for re-issue of the Validation Certificate or licence**



## CHAPTER 6

### Issue of a Pilot Licence and/or Rating Based on Military Qualifications

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#### 1.0 PURPOSE

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This Chapter is issued in order to guide the Personnel Licensing Officers in determining if an applicant is eligible for a pilot licence and/or rating based on military qualification.

#### 2.0 REFERENCES

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2.1 Regulation 2.2.3 of the Nigeria Civil Aviation Regulations;

2.2 The prescribed Application Forms: **Form O-PEL-003A**,

2.3 Letter of Discontinuance;

2.4 Notice of Disapproval; and

2.5 A Licence card

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information

3.1.1 A Nigerian Military pilot may be issued a pilot licence on the basis of military qualification if the applicant meets the requirements of Regulation 2.3.1 of Part 2 of the Nigeria Civil Aviation Regulations.

3.1.2 Aircraft category, class, type, instructor or instrument rating for which the military pilot is qualified, may be added to a new or existing pilot licence issued under Part 2 the Nigeria Civil Aviation Regulations.

3.1.3 The holder of the Nigerian Military qualification may apply for a Private Pilot or for a Commercial Pilot Licence depending on the qualifications held.

3.1.4 An aircraft type rating may be issued to a Nigerian Military applicant provided that the applicant:

- Hold a category and type rating for that type of aircraft at the Commercial Pilot's level and the aircraft type is on the Civil Aircraft Register;
- Has Passed a Nigerian Military pilot check and instrument proficiency check in that type of aircraft as PIC during the 12 calendar months preceding the date of application.



### 3.2 **Application Requirements**

3.2.1 Advise the applicant to bring the following documents attached to the application form on applying for the licence:

- a) A properly completed prescribed Application Form;
- b) Military flight records;
- c) Military identification;
- d) The relevant valid medical certificate;
- e) A knowledge test report (if applicable);
- f) Two (2) recent passport size photographs (full face);
- g) A photo Identification Card or Passport; and
- h) The prescribed fees.

### 3.3 **Applicant arrives To Apply for the Licence -**

Collect the documents and records listed above.

### 3.4 **Review Application**

3.4.1 Check the Application Form for accuracy, using the instructions attached to the form; and

3.4.2 Ensure that the military flight records are certified by the base commander.

### 3.5 **Verify applicant's identity**

3.5.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task;

3.5.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.5.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### 3.6 **Establish eligibility for Issue of the Licence.**

3.6.1 Determine if the applicant meets the specific eligibility requirements of Part 2 of the Civil Aviation Regulations for the relevant licences. Nigeria.



**3.6.2 The following list expounds on the basic requirements.**

- a) **Age:** Ensure that the applicant is at least 17 years for a PPL and 18 years for a CPL;
- b) **Knowledge:** Request and evaluate the knowledge test report to confirm that the knowledge test is passed;
- c) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable log book or other reliable record that conforms to Regulations 3.4 and 3.5 requirements of Part 2 of the Nigeria Civil Aviation Regulations; For a type rating, check if the applicant qualifies under IS 2.3.1 (c) of Part 2 of the Nigeria Civil Aviation Regulations;
- d) **Language proficiency:** Check whether the pilot has been checked on English language proficiency under Regulation 2.2 of Part 2 of the Nigeria Civil Aviation Regulations;
- e) **Medical fitness:** Ensure that the relevant medical certificate is current;
- f) In addition an applicant for a PPL or CPL should:
  - (i) Have been in active flying status within the last 12 months;
  - (ii) Pass a knowledge test in accordance with Regulation 2.3 of Part 2 of the Nigerian Civil Aviation Regulations;
  - (iii) Hold a Nigerian Military aircraft category, class and type rating; and
  - (iv) Hold a an appropriate military instrument, if instrument rating is required;
  - (v) Present documentation (e.g. military personal log book) of having passed a relevant military pilot check and have 10 hours of PIC time in that category, class and type rating, within the last 12 months preceding the date of application.
- g) The applicant for an aircraft category, class, type and/or instrument rating must -
  - (i) Hold a Nigerian Military aircraft category, class and type rating;
  - (ii) Hold a an appropriate military instrument, if instrument rating is required;
  - (iii) Present documentation (e.g. military personal log book) of having passed a relevant military pilot check and have 10 hours of PIC time in that category, class and type rating, within the last 12 months preceding the date of application.
- h) The applicant for an aircraft type rating on a CPL should:
  - (i) Hold a Nigerian Military category class and type rating for that type of aircraft at the CPL level
  - (ii) have passed a pilot check and instrument proficiency check in that type of aircraft as PIC within the last 12 months preceding the date of application.
- i) The military flight records are required as evidence of the applicant's pilot-in-command (PIC) experience. An applicant's flight time as a co-pilot or other flight crewmember is not acceptable to establish qualifications as PIC.



- j) Acceptable records for issuing licences and ratings are listed in Regulation 2.2.4 of Part 2 of the Nigeria Civil Aviation Regulations.
- k) The following documents can be satisfactory evidence for the purposes indicated:
  - (i) An official identification card issued to the pilot by an armed force to demonstrate membership in the armed forces.
  - (ii) An original certificate of discharge or release from the Nigerian Military;
  - (iii) At least one of the following:
    - (aa) An order of an armed force of Nigeria to flight status as a military pilot;
    - (bb) An armed force form or logbook showing military pilot status; or
    - (cc) An order showing that the applicant graduated from a Nigerian military pilot school and received a rating as a military pilot.
- l) **Instrument Rating Eligibility**

An instrument rating may be issued on the basis of appropriately valid Nigerian military instrument rating qualification records provided that the military rating does not bear any limitation that restricts any of the instrument rating privileges.
- m) **Knowledge and practical (Skill) Tests**
  - (i) An applicant for the issue of a private or commercial pilot licence on the basis of military qualification, who has been on duty as military pilot within the preceding 12 months, shall be required to pass the knowledge test on the appropriate parts of Part 2 of the Nigeria Civil Aviation Regulations. A knowledge test is not required in order to add a rating on the basis of military qualification to an existing pilot licence.
  - (ii) For issue of a Private or Commercial Pilot Licence on the basis of military qualification, an applicant who has been in active flying as a military pilot within the preceding 12 months and who meets the requirements of Part 2 of the Nigeria Civil Aviation Regulations is not required to take a skill test.

### 3.7 Discrepancies or Ineligibility

- 3.7.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return reasons why the licence and/or rating cannot be issued and explain how the applicant may correct the discrepancies.
- 3.7.2 If the applicant is not eligible for the licence and/or rating sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence and/or rating.

### 3.8 Issue of the Licence and /or Rating

- 3.8.1 When the applicant has satisfactorily met all requirements for the licence and/or rating sought, and the prescribed Form has been completed, the licence and/or rating will be issued.
  - a) Ensure the applicable fees is paid;
  - b) Prepare the licence;
  - c) When a rating needs to be added, enter additional rating on the existing licence;



- d) Make copy of licence for the licensing file;
- e) Provide applicant with the completed licence; and
- f) File all documents on licensing file.

#### **4.0 RESULTS**

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Completion of this task results in the issuance of a pilot licence and/or rating.

#### **5.0 FUTURE ACTIVITIES**

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- 5.1 An Applicant may return for,
  - 5.1.1 Additional category, class or type rating.
  - 5.1.2 Renewal of the licence.
  - 5.1.3 An upgraded licence. the application and all submitted documents to the applicant. Inform the applicant of the





## CHAPTER 7

### Issue and Renewal of an Instrument Rating

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#### 1.0 PURPOSE

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This Chapter is issued to provide guidance in determining if an applicant meets the requirements for the issue of an instrument rating under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulations 2.3.8.1 to 2.3.8.2 of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms : [Form O-PEL-025](#), [Form O-PEL-008](#)
- 2.3 Letter of Discontinuance
- 2.4 Notice of Disapproval

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Types of Instrument Ratings

##### 3.1.1 Instrument rating (A) for Aeroplane and (H) for Helicopter -

- a) An instrument rating (A) is issued to an applicant who qualifies for an instrument rating in an aeroplane;
- b) An instrument rating (H) is issued to an applicant who qualifies for an instrument rating in a helicopter;
- c) The holder of an instrument rating who applies for an instrument rating in either category of an aircraft is required to meet the pertinent experience requirements and pass the appropriate instrument knowledge examination and skill test.

##### 3.1.2 Instrument rating in a multi-engine aircraft - If the privileges of the instrument rating are to be exercised on multi-engine aircraft, the applicant shall have received dual instrument flight instruction in such an aircraft from an authorized flight instructor.



### 3.2 Application Requirements

3.2.1 Advise the applicant to bring the following documents attached to the licence application form on applying for the licence:

- a) A properly completed prescribed Application Form;
- b) A private, commercial or Airline Transport Pilot Licence;
- c) A Class 1 medical certificate;
- d) A knowledge test report;
- e) Personal logbooks or other records substantiating the flight experience shown on the prescribed application form;
- f) A photo Identification Card or a Passport for identification.

### 3.3 Applicant Arrives to apply for the Rating -

Collect and review the documents and records listed above.

### 3.4 Review Application

3.4.1 Check the application for accuracy, using the instructions attached to the form.

3.4.2 Ensure that the flight instructor and/or the ATO has provided the required endorsements and reports.

### 3.5 Verify Applicant's Identity

3.5.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.

3.5.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.5.3 If the applicant's identity appears to be different from the information supplied on the application Form or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

3.2.2 **Applicant arrives to Apply for the Licence - Collect and review the documents and records listed above.**

### 3.3 Review Application

- a) Check the Application Form for accuracy, using the instructions attached to the form
- b) Ensure that the flight instructor or the ATO has provided the required endorsements and reports.



3.3.1 Verify applicant's identity - Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the Form. If the applicant's identity can be verified, proceed with the task.

3.3.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.3.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### **3.4 Requirements for Issue of an additional Class or Type Rating/licence on to a Flight Instructor Rating/licence**

3.4.1 Determine if the applicant meets the specific eligibility experience requirements for the required rating/licence as specified in Regulations 3.9.2 (a) and (b) of Part 2 of the Nigeria Civil Aviation Regulations.

3.4.2 Ensure that the applicant holds the licence and aircraft rating/licence appropriate to the flight instructor rating/licence sought. If the applicant is applying for an instrument instructor rating/licence, verify that the applicant has an instrument rating/licence.

3.4.3 Check the record of flight time to determine if the applicant has the minimum experience required for the rating/licence sought under Regulations 3.9.2 (e) and (k) of Part 2 of the Nigeria Civil Aviation Regulations. Use an acceptable logbook or other reliable record that conforms to Regulations requirements.

### **3.5 Requirements to Instruct for issuance of an Instrument Rating/licence:**

If the applicant is applying for an instrument instructor rating/licence, the applicant should have a valid instrument rating/licence

### **3.6 The Practical (Skill) Test**

3.6.1 After determining the applicant is eligible and meets all prerequisites for the flight instructor rating/licence or any additional rating/licence, the inspector or examiner conducts the skill test

### **3.7 The Practical (Skill) Test**

3.7.1 After determining the applicant is eligible and meets all prerequisites for the instrument rating, the inspector or examiner conducts the skill test.

a) The examiner shall, use the procedures and manoeuvres outlined in Regulations [3.8.1 \(e\)](#) and [3.8.2](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations, for the type of aircraft for which



the instrument rating is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill, provided the previous test was conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas.

- b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, pilot illness etc. the examiner shall:
  - (i) Issue the applicant a Letter of Discontinuance.
  - (ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance.
  - (iii) Explain how the applicant may complete the test at a later date and reschedule the test.
  - (iv) Forward a copy of the letter of discontinuance to the PEL office;

**3.7.2 Unsatisfactory Performance** - If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:

- a) Prepare a Notice of Disapproval;
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this licence or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) Forward the test report to the PEL office; and
- f) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) Return all submitted documents not forwarded to the PEL Office, to the applicant

**3.7.3 Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the instrument rating sought, the examiner shall:

- a) Prepare the practical (skill) test report form in triplicate -
  - (i) Original for the PEL Office;
  - (ii) copy for the applicant; and
  - (iii) copy for the examiner.
- b) An inspector or examiner should remove the limitations when the applicant presents satisfactory evidence that the applicant has met the pertinent regulatory requirements.
- c) If an instrument rating skill test is done using a single-engine aircraft, the instrument rating shall be limited to single-engine operations only.
- d) Complete the inspector or examiner section and sign off.



- e) Return all submitted documents not forwarded to the PEL office to the applicant.

### **3.8 Renewal Requirements and the Renewal Process**

- 3.8.1 Ensure that the applicant meets the renewal requirements under Regulation 3.8.1 (h) of Part 2 of the Nigeria Civil Aviation Regulations;
- 3.8.2 The applicant has completed the prescribed renewal application form;
- 3.8.3 He holds a current licence and type rating;
- 3.8.4 He holds an instrument rating;
- 3.8.5 He has passed the renewal practical test with an Authority Inspector or designated examiner and the test report has been received in the licensing office, from the examiner;
- 3.8.6 He has valid Class 1 medical certificate.

### **3.9 Requirements for renewal of an instrument rating that has lapsed for:**

- 3.9.1 **Two years** - the applicant shall have received refresher training from an instrument rated authorised Instrument Rating instructor with the relevant category and aircraft type rating. The applicant shall have an endorsement on his personal log book that he is prepared for the renewal practical test; then pass the required renewal practical test
- 3.9.2 **Five years or more** - the applicant is required to meet the requirements specified in (a) above and pass an initial instrument rating flight test.
- 3.9.3 The applicant must present proof of the refresher training
- 3.9.4 Ensure that a Class 1 medical certificate is valid.

### **3.10 Discrepancies or Ineligibility**

- 3.10.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the rating cannot be issued and explain how the applicant may correct the discrepancies.
- 3.10.2 If the applicant is not eligible for the rating, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the rating.

### **3.11 Issue or Renewal of the Instrument Rating**

- 3.11.1 When applicant has satisfactorily met all requirements for the instrument rating, and the prescribed application Form has been completed, the instrument rating will be issued or renewed.



- 3.11.2 Ensure the prescribed fees for the rating is paid;
- 3.11.3 Enter the instrument rating date on the existing licence;
- 3.11.4 Provide the applicant with licence endorsed with the instrument rating.

#### **4.0 RESULTS**

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**4.1 Completion of this task results in the issuance of one of the following:**

- 4.1.1 An Instrument Rating;**
- 4.1.2 Letter of Discontinuance; or**
- 4.1.3 Notice of Disapproval.**

#### **5.0 FUTURE ACTIVITIES**

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**5.1 An applicant may return for:**

- 5.1.1 A multi-engine instrument rating, if a single-engine instrument rating has been provided**
- 5.1.2 Renewal of the rating**





## CHAPTER 8

### Issue, Renewal and Re-Issue of a Flight Instructor Rating/Licence, Additional Class and Type Rating/Licence

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of a Flight Instructor Rating/licence and to add an additional class, type or instrument rating/licence for flight instruction under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulation [2.3.9.2](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms : [Form O-PEL 003A](#), [Form O-PEL 003B](#)
- 2.3 Letter of Discontinuance
- 2.4 Notice of Disapproval; and
- 2.5 The Pilot licence.

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Establishing Eligibility for Issue of the Rating/licence

- 3.1.1 Determine if the applicant meets the specific eligibility, knowledge, skill and experience requirements for a flight instructor rating/licence as listed in Regulation [3.9.2 of Part 2](#) of the Nigeria Civil Aviation Regulations.
- 3.1.2 The following list expounds on the basic requirements for the initial issue of an Instructor Rating/licence
  - a) Ensure that the applicant holds a current licence and aircraft rating/licence appropriate to the Flight Instructor rating/licence sought. If the applicant is applying for an instrument instructor rating/licence, verify that the applicant has an instrument rating/licence.
  - b) **Age:** Ensure that the applicant is at least 18 years of age.
  - c) **Knowledge:**



- (i) The applicant for a flight instructor rating/licence must be a holder of a CPL or ATPL.
  - (ii) The applicant for additional type rating/licences must present a knowledge test report on the subjects as listed in Regulation 3.9.2 (c) of Part 2 of the Nigeria Civil Aviation Regulations.
- d) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the Flight Instructor rating/licence sought under Regulations 3.9.2 (d) and (e) of Part 2 of the Nigeria Civil Aviation Regulations. Use an acceptable logbook or other reliable record that conforms to the Regulations requirements.
- e) **Flight Instruction:** Check whether the applicant has completed the required flight instruction for the Flight Instructor rating/licence sought.
- f) **Instructors Recommendation:** An applicant must present the Instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
- i) The endorsement can be provided in the relevant prescribed application form or
  - (ii) In a letter to the Authority.
- g) Check and confirm that the applicant has obtained the necessary instruction in an ATO under Part 2 of the Nigeria Civil Aviation Regulations.
- h) **Skill:** Check the practical test report to determine if the applicant has passed the practical test.

### 3.2 Application Requirements

3.2.1 Advise the applicant to bring the following documents attached to the licence application form on applying for the licence:

- a) A properly completed prescribed application form;
- b) a valid licence, if an aircraft type rating/licence is to be added on the instructors rating/licence;
- c) A knowledge test report, if applicable;
- d) An ATO graduation certificate, if applicable; and
- e) Personal logbooks or other records substantiating the flight experience shown on the Application Form.

3.2.2 **Applicant arrives to Apply for the Licence** - Collect and review the documents and records listed above.

### 3.3 Review Application

- a) Check the Application Form for accuracy, using the instructions attached to the form



- b) Ensure that the flight instructor or the ATO has provided the required endorsements and reports.
- 3.3.1 Verify applicant's identity - Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the Form. If the applicant's identity can be verified, proceed with the task.
- 3.3.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.3.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.
- 3.4 Requirements for Issue of an additional Class or Type Rating/licence on to a Flight Instructor Rating/licence**
- 3.4.1 Determine if the applicant meets the specific eligibility experience requirements for the required rating/licence as specified in Regulations 3.9.2 (a) and (b) of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.4.2 Ensure that the applicant holds the licence and aircraft rating/licence appropriate to the flight instructor rating/licence sought. If the applicant is applying for an instrument instructor rating/licence, verify that the applicant has an instrument rating/licence.
- 3.4.3 Check the record of flight time to determine if the applicant has the minimum experience required for the rating/licence sought under Regulations 3.9.2 (e) and (k) of Part 2 of the Nigeria Civil Aviation Regulations. Use an acceptable logbook or other reliable record that conforms to Regulations requirements.
- 3.5 Requirements to Instruct for issuance of an Instrument Rating/licence:**  
If the applicant is applying for an instrument instructor rating/licence, the applicant should have a valid instrument rating/licence
- 3.6 The Practical (Skill) Test**
- 3.6.1 After determining the applicant is eligible and meets all prerequisites for the flight instructor rating/licence or any additional rating/licence, the inspector or examiner conducts the skill test
- a) The examiner shall, use the procedures and manoeuvres outlined in IS 3.9.3 of Part 2 of the Nigeria Civil Aviation Regulations, for the type of aircraft for which the instructor rating/licence is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill, provided the previous test was



conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas.

- b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, pilot illness etc. the examiner shall:
  - (i) Issue the applicant a Letter of Discontinuance.
  - (ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance.
  - (iii) Explain how the applicant may complete the test at a later date and reschedule the test.
  - (iv) Forward a copy of the letter of discontinuance to the PEL office;

**3.6.2 Unsatisfactory Performance** - If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:

- a) Prepare a Notice of Disapproval
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this licence or rating/licence on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) Forward the test report to the PEL office; and
- f) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) Return all submitted documents not forwarded to the PEL Office, to the applicant

**3.6.3 Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the instructor rating/licence, the examiner shall:

- a) Prepare the practical (skill) test report form in triplicate -
  - (i) Original for the PEL Office;
  - (ii) copy for the applicant; and
  - (iii) copy for the examiner
- b) Enter the correct limitations (when appropriate) in the space provided. An inspector or examiner should remove the limitations when the applicant presents satisfactory evidence that the applicant has met the pertinent regulatory requirements.



- c) Complete the inspector or examiner section and sign off.
- d) Return all submitted documents not forwarded to the PEL office to the applicant.

**3.6.4 Flight Instructor Records** - A holder of a Flight Instructor Rating/licence shall:

- a) Sign the logbook or any other approved record keeping document of each person to whom that Flight Instructor has given flight training or ground training;
- b) Maintain a record in a logbook or a separate document that contains the following:
  - (i) The name of each person whose logbook or Student Pilot licence that Flight Instructor has endorsed for solo flight privileges, and the date of the endorsement; and
  - (ii) The name of each person that Flight Instructor has endorsed for an aeronautical knowledge test or skill test check, and a record of the kind of test, the date, and the results;
- c) Retain the records required by this regulation for at least three years from the date of giving the flight training or ground training under Regulation 3.9.2 (I) of Part 2 of the Nigeria Civil Aviation Regulations.

**3.6.5 Flight Instructor Privileges**

- a) A flight instructor is authorized within the limitations of his flight instructor rating/licence and his pilot licence and rating/licences to give training and endorsements that are required to:
  - (i) Supervise student pilots;
  - (ii) Supervise student pilots on solo flights;
  - (iii) Carry out flight and ground instruction for the issue or renewal of:
    - (aa) A private pilot licence;
    - (bb) A commercial pilot licence
    - (cc) An Airline Transport Pilot Licence
    - (dd) A flight instructor rating/licence;
    - (ee) A ground instructor licence;
    - (ff) An aircraft type rating/licence
    - (gg) An instrument rating/licence; and
    - (hh) Recency of experience requirement for renewal of a licence, certificate or rating/licence;
- b) provided that he :-
  - (i) Holds the licence and rating/licence for which instruction is being given, in the appropriate aircraft category;
  - (ii) Holds the licence and rating/licence necessary to act as the pilot in command of the aircraft on which the instruction is given; and



**3.6.6 Flight Instructor Limitations** - A flight instructor shall not supervise a student on solo flight or release a student on a solo cross-country unless:

- a) He has completed six months of instructional duties.
- b) Has at least 200 hours experience as an instructor,
- c) Has a minimum of 400 hours experience as pilot in command of aircraft and
- d) He has been cleared by the CFI indicating that he has met all the requirements listed on (a) to (c) above

**3.6.7 Requirements for Renewal and the Renewal Process** - Check the documents presented and confirm that the applicant:

- a) has completed the prescribed renewal application form;
- b) holds a current licence and aircraft rating/licence appropriate to the Flight instructor rating/licence to be renewed;
- c) has completed the prescribed summary form of the flight instruction hours;
- d) has presented a record of flight instruction time to determine if the applicant has provided the required instruction hours for the renewal of the flight instructor Rating/licence under Regulations 3.9.2 (i) and (j) of Part 2 of the Nigeria Civil Aviation Regulations. Use an acceptable logbook or other reliable record.
- e) make copy of the relevant log book pages for the licensing file.

**3.6.8 Re-issue of a Flight Instructor Rating/licence.**

- a) When a flight instructor rating/licence has expired, determine if the applicant meet the specific eligibility requirements and pass the skill test for re-issue of a Flight instructor rating/licence or for an additional class or type rating/licences.
- b) Ensure that the applicant holds a valid licence and an aircraft rating/licence appropriate to the Flight Instructor Rating/licence sought.
- c) Have the applicant present proof of the refresher training based on the requirements of Regulation 3.9.2 (j) of Part 2 of the Nigeria Civil Aviation Regulations and of the skill test.

**3.6.9 Discrepancies or Ineligibility**

- a) If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence and/or rating/licence cannot be issued and explain how the applicant may correct the discrepancies.
- b) If the applicant is not eligible for the licence and/or rating/licence sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence and/or rating/licence.





**3.6.10 Issue, renew or re-issue of the Flight Instructor Rating/licence or additional category, class and type rating/licence.**

- a) When an applicant has satisfactorily met all the requirements for the rating/licence sought, and the prescribed form has been completed, the rating/licence will be issued, renewed or re-issued:
  - (i) Ensure the prescribed fees for the rating/licence is paid
  - (ii) Prepare and enter the instructor rating/licence on the existing licence.
  - (iii) Renew the rating/licence
  - (iv) When an aircraft type or instrument rating/licence needs to be added, enter additional rating/licence on the licence
  - (v) Make copy of the endorsed licence for the licensing file
  - (vi) Provide applicant with endorsed licence
  - (vii) File all documents on Pilots licensing file

**3.7 Renewal of a Lapsed Flight Instructor Rating/Licence or additional category, class and type rating/licence.**

3.7.1 Where a licence has not been renewed by the date of expiry; the validity standards are lapsed.

3.7.2 To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:

- a) Not more than six months and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- b) More than six (6) months but not more than two (2) years:
  - (i) pass a written examination in Air Law
  - (ii) meet the renewal requirements
- c) More than two (2) years but not more than 10 years:
  - (i) undertake a refresher course in an ATO in preparation for the practical and knowledge tests and pass the practical test on the class or rating sought
- d) More than ten (10) years, an applicant shall meet all requirements for the initial issue of the rating/licence

**4.0 RESULTS**

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4.1 Completion of this task results in the issue of one of the following:

4.1.1 A Flight Instructor rating/licence;

4.1.2 Letter of Discontinuance

4.1.3 Notice of Disapproval; and

**5.0 FUTURE ACTIVITIES**

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5.1 Applicant may return for:

5.1.1 renewal;

5.1.2 additional class and rating/licences; or

5.1.3 removal of any limitation placed on the Instructor Rating/licence.



## CHAPTER 9

### Issue, Renewal or Re-Issue Of A Flight Engineer Licence Including Aircraft Type Rating

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of a Flight Engineers Licence (FEL) and type rating(s) or of an additional type rating to the flight engineers licence under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulations [2.4.2](#) to [2.4.4.1](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms: [Form O-PEL-007](#), [Form O-PEL-007A](#)
- 2.3 Letter of Discontinuance
- 2.4 Notice of Disapproval; and
- 2.5 A Flight Engineer Licence card and a Renewal Certificate.
- 2.6 Checklist : [CL: O-PEL005B](#)

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Aeronautical Experience

- 3.1.1 The applicant shall have completed all the requirements of Regulation [4.4.1 \(e\)](#) of Part 2 of the Nigeria Civil Aviation Regulations. The applicant shall have completed, under the supervision of a person authorized by the Authority for that purpose, not less than 100 hours of flight time in the performance of the duties of a flight engineer. A maximum of 50 hours of Flight Engineer time in a flight simulator, approved by the Authority, may be acceptable as part of the total flight time of 100 hours.
- 3.1.2 The applicant must present the Instructor's report confirming that the applicant has the operational experience in the performance of the duties of a flight engineer, under the supervision of a flight engineer authorised by the Authority for that purpose in at least the following areas:-
  - a) **Normal procedures**
    - (i) pre-flight inspections;



- (ii) fuelling procedures, fuel management;
  - (iii) Inspection of maintenance documents;
  - (iv) Normal flight deck procedures during all phases of flight;
  - (v) Crew co-ordination and procedures in case of crew incapacitation; (vi) Defect reporting.
- b) **Abnormal and alternate (standby) procedures**
- (i) recognition of abnormal functioning of aircraft systems.
  - (ii) Use of abnormal emergency procedures.
- c) **Emergency Procedures**
- (i) recognition of emergency conditions.
  - (ii) use of appropriate emergency procedures.
- 3.2 **Aircraft Type Rating** - A category and type rating must be placed on the Flight Engineer licence and the applicant must:
- 3.2.1 Satisfy the authority with the aeronautical knowledge, experience and training required for the rating sought;
  - 3.2.2 Pass the written examination covering the subjects appropriate to the aircraft type rating sought;
  - 3.2.3 Pass a flight test in the type of aircraft for which the rating is sought;
  - 3.2.4 Performed flight instruction for a type rating in a Training Organisation certificated under Regulation 2.1.3 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.3 **Application Requirements** - Advise the applicant to bring the following documents attached to the application form on applying for the licence:
- 3.3.1 A properly completed prescribed Application Form;
  - 3.3.2 A flight engineer licence (if for an additional aircraft type rating)
  - 3.3.3 A valid Class 2 medical certificate;
  - 3.3.4 A knowledge test report;
  - 3.3.5 An ATO graduation certificate;
  - 3.3.6 Personal logbooks or other records substantiating the flight experience shown on the Application Form;



3.3.7 Two (2) recent passport size photographs (full face);

3.3.8 A photo identification card or Passport; and

3.3.9 The prescribed fees.

3.4 **Applicant Arrives To Apply For The Licence -**

Collect and review the documents and records listed above.

3.5 **Review Application**

3.5.1 Check the Application Form for accuracy, using the instructions attached to the form;

3.5.2 Ensure that the flight instructor or the ATO has provided the required endorsements and reports.

3.6 **Verify Applicant's Identity**

3.6.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the licence application Form. If the applicant's identity can be verified, proceed with the task.

3.6.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.6.3 If the applicant's identity appears to be different from the information supplied on the licence application Form; or it appears that an attempt at falsification has been made, collect the falsified documents and bring them to the Director of Licensing for further action.

3.7 **Establish Eligibility for Issue of the Licence**

3.7.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for licensing as a flight engineer specified under regulations 4.1 to 4.4.1 of Part 2 of the Nigeria Civil Aviation Regulations.

3.7.2 The following list expands on the basic requirements.

(i) **Age:** Ensure that the applicant is at least 18 years of age.

(ii) **Knowledge:** Request and examine the knowledge test report as acceptable evidence of having passed the knowledge test.

(iii) **Experience:** Check the record of flight time to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable logbook or other reliable record.



- (iv) **Instructors Recommendation:** An applicant should present the Instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
  - (i) The endorsement can be provided in the relevant prescribed application Form or (ii) in a letter to the Authority
- (v) For type rating: check if the applicant has obtained the necessary instruction in an ATO.
- (vi) **Skill:** Check the practical test report form to determine if the applicant has passed the flight engineer practical (skill) test.
- (vii) **Language proficiency:** Check whether the applicant has been checked on English language proficiency under Regulations 2.2 and 4.2 (c) of Part 2 of the Nigeria Civil Aviation Regulations.
- (viii) **Medical fitness:** Ensure that the Class 1 medical certificate is valid.
- (ix) **Graduate of an approved course from an ATO**

**An applicant, who presents an appropriate graduation certificate of an approved course from a certificated ATO, is considered to meet the experience requirements of Regulations 4.4.1 (c), (e) and (f) of Part 2 of the Nigeria Civil Aviation Regulations.**

### 3.8 Requirements for Additional Type Rating

- 3.8.1 The applicant shall meet the requirements of Regulation 4.4.2 (b) of Part 2 of the Nigeria Civil Aviation Regulations and shall:
  - a) Satisfy the Authority with the aeronautical knowledge, experience and training required for the category and type rating sought;
  - b) pass the written examination covering the subjects appropriate to the category and aircraft type rating sought; and
  - c) pass a practical (skill) test in the type of aircraft for which the rating is sought.

### 3.9 Requirements for the Type Rating Currency

- 3.9.1 To maintain the type rating currency an applicant is required to have not less than 3 hours within the preceding twelve months, short of which the type rating is considered expired. An Applicant must present the logbook or other flight logging record to show the flight time required
- 3.9.2 For the re-currency of a type rating the applicant shall:
  - a) Have received refresher training from an authorized instructor with an endorsement that the person is prepared for the flight check-out on the type; and
  - b) Pass the required flight check-out.



3.9.3 An Applicant must present a logbook or other acceptable flight time record to show the refresher training

### 3.10 The Practical (Skill) Test

3.10.1 After determining the applicant is eligible and meets all prerequisites required, the Licensing Officer will book the applicant for the skill test and the inspector or an examiner will conduct the skill test.

3.10.2 The examiner will -

- a) Use the procedures and manoeuvres outlined in Regulations 2.5.5 and 4.4.1 (f) of Part 2 of the Nigeria Civil Aviation Regulations for the type of aircraft for which a licence or rating is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill test, provided the previous test was conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas. Refer to Regulation 2.5.5 of Part 2 of the Nigeria Civil Aviation Regulations.
- b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, illness etc. the examiner shall:
  - (i) Issue the applicant a Letter of Discontinuance;
  - (ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance;
  - (iii) Explain how the applicant may complete the test at a later date and reschedule the test;
  - (iv) Forward a copy of the letter of discontinuance to the PEL office.

**3.10.3 Unsatisfactory Performance** - If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:

- a) Prepare a Notice of Disapproval;
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this licence or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) Forward the test report to the PEL office; and
- f) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) Return all submitted documents not forwarded to the PEL Office, to the applicant

**3.10.4 Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the skill test, the examiner shall:-

- a) Prepare the practical (skill) test report form in triplicate -





- (i) Original for the PEL Office;
  - (ii) copy for the applicant; and
  - (iii) Copy for the examiner;
- b) Enter the correct limitations (when appropriate) in the space provided for.
- c) Remove the limitations when the applicant presents satisfactory evidence that he has met the pertinent regulatory requirements.
- d) Complete the examiner section and sign the Form.
- e) Forward the completed form to the PEL Office.
- f) Return all submitted documents not forwarded to the PEL Office to the applicant.

### **3.11 Requirements for Renewal and the Renewal Process**

3.11.1 Check the documents presented and confirm that the applicant has met the renewal requirements of regulation 4.4.1(i) of Part 2 of the Nigeria Civil Aviation Regulations and has:

- a) completed the prescribed renewal application form
- b) provided a valid Class 2 medical certificate
- c) completed the prescribed summary of the flying experience form
- d) logged the renewal hours required under regulation 4.4.1(i) of Part 2 of the Nigeria Civil Aviation Regulations.
- e) presented a certified logbook or other flight record to substantiate the required hours (Make copy of the relevant log book pages for the licensing file)

3.11.2 Applicants whose medical examination is conducted within 45 days before the flight engineer licence current expiry date will use the licence expiry date as the start date of the new validity period. Applicants whose medical examinations conducted after the current expiry date or earlier than 45 days before licence expiry date will use the date of the medical examination as the start date of the new validity period.

3.11.3 An applicant who does not have the six hours will be required to:

- a) Have received refresher training based on the requirements of Regulation 4.4.1 (e) of Part 2 of the Nigeria Civil Aviation Regulations from an authorized instructor or ATO with an endorsement that the person is prepared for the practical (skill) test.; and
- b) Pass the flight engineer skill test.



- 3.11.4 An Applicant should present the logbook or other flight logging record to show the refresher training.
- 3.11.5 For a licence that has lapsed for five years and above, in addition to meeting the requirements of
- 3.11.3 above, the applicant will have to pass a knowledge test in Air law.
- 3.11.6 The practical test will be conducted by an Inspector of the Authority or by an examiner authorized by the Authority for the task, after the applicant has satisfactorily completed a refresher course with an authorized instructor. The instructor will certify in the applicant's logbook that the refresher course is completed

### **3.12 Discrepancies or Ineligibility**

- 3.12.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence and/or rating cannot be issued and explain how the applicant may correct the discrepancies.
- 3.12.2 If the applicant is not eligible for the licence and/or rating sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence and/or rating.

### **3.13 Issue, Renew and Re-Issue of the Licence or Additional Rating.**

- 3.13.1 When applicant has satisfactorily met the requirements for the licence and/or rating sought, and the prescribed application form, has been completed, the licence and/or rating will be issued.
- a) Ensure the prescribed fees for the licence is paid.
  - b) Prepare a new licence
  - c) Renew the licence
  - d) When a rating needs to be added, enter additional rating on the licence
  - e) Make a copy of the licence for the file
  - f) Provide applicant with completed licence
  - g) File all documents on the flight engineer's file



### **3.14 Renewal of a Lapsed Flight Engineer Licence**

- a) Not more than six months and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- b) More than six (6) months but not more than two (2) years:
  - (i) pass a written examination in Air Law
  - (ii) pass a type rating practical check-out on an aircraft type endorsed or on the type rating sought; and
  - (iii) meet the renewal requirements

## **4.0 RESULTS**

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4.1 **Completion of this task results in the issue of one of the following:**

4.1.1 **A flight engineer licence or renewal certificate**

4.1.2 **An additional aircraft type rating to the licence;**

4.1.3 **Letter of Discontinuance or**

4.1.4 **Notice of Disapproval**

## **5.0 FUTURE ACTIVITIES**

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5.1 **Applicant may return for:**

5.1.1 **the renewal of the licence; or**

5.1.2 **an additional type rating.**



## CHAPTER 10

### Issue, Renewal and Re-Issue of a Flight Engineer (FE) Instructor Authorization Including Additional Type Ratings

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#### 1.0 PURPOSE

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This Chapter is issued to provide guidance in determining if an applicant meets the requirements for the issue, renewal and re-issue of a Flight Engineer (FE) Instructor Authorization including additional type ratings under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCE

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- 2.1 Regulations [2.2.1.3](#) and [2.4.4.1](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms
- 2.3 A Flight Engineer Licence card and a Renewal Certificate
- 2.4 Letter of Discontinuance
- 2.5 Notice of Disapproval

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information

The applicant must be a holder of a current Flight Engineer Licence issued by the Authority and be rated on the type of aircraft to instruct on.

##### 3.2 Responsibilities of a FE Instructor

- 3.2.1 To give training in the aeronautical knowledge areas required for the issuance of a Flight Engineer Licence under Regulations [4.4.2 \(b\) and \(c\) of Part 2](#) of the Nigerian Civil Aviation Regulations in the relevant aircraft type;
- 3.2.2 To give Recommendation for the knowledge test required for the issuance of a flight engineer Licence in accordance with [Part 2](#) of the Nigeria Civil Aviation Regulations; and
- 3.2.3 To give training in the aeronautical knowledge areas required for the FE operations on the additional Aircraft Type
- 3.2.4 A Flight Engineer Instructor is required to endorse the Log book or other training record of a person



to whom the Flight Engineer Instructor has provided the training or recommendation specified in Regulations 4.3 to 4.4.1 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.3 Application Requirements

3.3.1 Advise the applicant to bring the following documents attached to the application form applying for the Authorisation:

- a) A properly completed prescribed Application Form;
- b) A certified report to demonstrate adequate competence to substantiate the experience and training shown on the Application Form;
- c) A current Flight Engineer licence issued by the Authority;
- d) A valid class 2 medical certificate.

### 3.4 Applicant arrives to Apply for the Authorisation -

Collect the documents and records listed above.

### 3.5 Review Application

3.5.1 Check the Application Form for accuracy, using the instructions attached to the form;

3.5.2 Ensure that the instructor has provided the required endorsements and reports.

### 3.6 Verify applicant's identity

3.6.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.

3.6.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.6.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action

### 3.7 Establish Eligibility for Issue of the Instructor Authorisation

3.7.1 Determine if the applicant meets the competency and experience requirements for the authorisation as a FE instructor



3.7.2 The following list expounds on the basic requirements

- a) **Experience:** The applicant for a flight engineer instructor Authorization shall hold a current flight engineer licence and type rating for which the instructor authorization is sought.
- b) **Instructors Recommendation**  
An applicant must present the Instructor's recommendation as evidence of having received flight instruction from an authorised instructor in the areas of flight instructional techniques including demonstration, student performance, student practices, recognition and correction of common student errors;
- c) **Skill:** The applicant shall have demonstrated in a skill test, in the type of aircraft for which instructor authorisation privileges are sought, the ability to instruct in those areas in which ground instruction is to be given.
- d) Have practiced instructional techniques in areas of intended flight instruction.

3.8 **Requirements for Flight Engineer Instructor Authorization**

3.8.1 An applicant for a flight engineer instructor licence shall have received and logged training from an authorised instructor on the fundamentals of instructing and have passed a knowledge test on the following areas of instructing:

- a) techniques of applied instruction;
- b) assessment of student performance in those subjects in which ground instruction is given;
- c) the learning process;
- d) elements of effective teaching;
- e) student evaluation and testing, training philosophies;
- f) training programme development;
- g) lesson planning
- h) classroom instructional techniques;
- i) use of training aids, including flight simulation training devices as appropriate;
- j) analysis and correction of student errors;
- k) human performance relevant to flight instruction;
- l) hazards involved in simulating system failures and malfunctions in the aircraft; and



- m) principles of threat and error management.

3.8.2 The following applicants do not need to comply with paragraph 3.8.1 above

- a) The holder of an instructor licence or Rating issued under Part 2 of the Nigeria Civil Aviation Regulations who has already passed the knowledge test in the areas of instructing;
- b) The holder of a current teacher's certificate issued by a national or local authority that authorises the person to teach at a secondary educational level or higher; or
- c) A person who provides evidence of an equivalent level of experience acceptable the Authority.

### 3.9 The Practical (Skill) Test

3.9.1 After determining the applicant is eligible and meets all prerequisites for the flight engineer instructor authorisation or any additional rating, the inspector or examiner conducts the skill test.

- a) The examiner shall conduct the skill test based on the requirements outlined in Regulation 2.4.5.1(e) of Part 2 of the Nigeria Civil Aviation Regulations, for the type of aircraft for which the instructor authorisation is sought. An applicant who is retesting may be given credit for those areas of operation successfully completed on the previous skill, provided the previous test was conducted within 60 days before the retest. If the previous test was conducted more than 60 days before the retest, the inspector or examiner must test the applicant in all areas
- b) If the skill test is not completed for reasons other than proficiency such as due to weather delays, mechanical problems, illness etc. the examiner shall:
  - i) Issue the applicant a Letter of Discontinuance.
  - ii) Return the Application Form and all submitted documents to the applicant with the original of the Letter of Discontinuance.
  - iii) Explain how the applicant may complete the test at a later date and reschedule the test.
  - iv) Forward a copy of the letter of discontinuance to the PEL office;

### 3.9.2 UNSATISFACTORY PERFORMANCE

3.9.3 If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:





- a) Prepare a Notice of Disapproval;
- b) List all areas of operation that were unsatisfactory or not completed. If specific procedures and manoeuvres need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily completed;
- c) Indicate the number of skill test failures by the applicant for this authorisation or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) Forward the test report to the PEL office; and
- f) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office;
- g) Return all submitted documents not forwarded to the PEL Office, to the applicant

3.9.4 **Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the instructor authorisation, the examiner shall:

- a) **Prepare the practical (skill) test report form in triplicate -**
  - (i) Original for the PEL Office;
  - (ii) Copy for the applicant; and
  - (iii) Copy for the examiner
- b) Enter the correct limitations (when appropriate) in the space provided. An inspector or examiner should remove the limitations when the applicant presents satisfactory evidence that the applicant has met the pertinent regulatory requirements.
- c) Complete the inspector or examiner section and sign off.
- d) Return all submitted documents not forwarded to the PEL office to the applicant.

3.10 **Flight Engineer Instructor Records** - A holder of a Flight Engineer Instructor authorization shall:

- 3.10.1 Sign the logbook or any other approved record keeping document of each person to whom that Flight Engineer Instructor has given flight training or ground training;
- 3.10.2 Maintain a record in a logbook or a separate document that contains the name of each person that Flight Engineer Instructor has endorsed for an aeronautical knowledge test or skill test check, and a record of the kind of test, the date, and the results;
- 3.10.3 Retain the records required by Regulation 4.5.1 (e) (1) of Part 2 of the Nigeria Civil Aviation Regulations for at least three years from the date of giving the flight training or ground training.



### 3.11 Privileges

The privileges of a flight engineer instructor authorisation is to give flight and ground instruction to flight engineer licence applicants and to endorse those applicants for a knowledge or skill test as applicable under Regulation 4.4.1 (g) of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.12 Requirements for Renewal and the Renewal Process

3.12.1 A flight engineer instructor authorisation that has not expired may be renewed if the applicant has:

- a) Completed the prescribed renewal application form
- b) Conducted at least one of the following requirements of an approved course for a flight engineer licence or rating:
  - (i) One simulator session of at least 4 hours; or
  - (ii) One instructional flight of at least 1 hour including at least
  - (iii) presented proof of having exercised the privileges of the authorization in the last six months preceding the date of renewal application
- c) a valid Flight Engineer Licence
- d) A flight engineer instructor authorisation that has lapsed may be renewed if the applicant has received refresher training acceptable to the Authority and Passed a Flight Engineer skill test on the areas of operation.

### 3.13 Discrepancies or Ineligibility

3.13.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the authorization cannot be issued and explain how the applicant may correct the discrepancies.

3.13.2 If the applicant is not eligible for the authorization, inform the applicant of the reasons for ineligibility and explain how the applicant may re-apply.

### 3.14 Instructor Authorization For Synthetic Flight Training

Former holders of flight engineer licences, having instructional experience may apply for an authorization to provide flight instruction in a flight simulation training device, provide the applicant has at least 2 years experience as an instructor in flight simulation training devices.

### 3.15 Validity

The validity period of the flight engineer instructor authorisation will be as specified in the letter of authorisation.



### 3.16 Issue or Renewal of the FE Instructor Authorization

3.16.1 When an applicant has satisfactorily met the requirements for the authorization, and the prescribed application form, has been completed, the authorization will be issued.

- a) Ensure the prescribed fees for the authorization is paid, if applicable;
- b) Prepare the authorization;
- c) Renew the authorization;
- d) When a rating needs to be added, enter additional rating on the authorization;
- e) Make a copy of the authorization for the licensing file;
- f) Provide applicant with the original authorization letter;
- g) File all documents on the licensing file.

### 3.17 Renewal of a Lapsed Flight Engineer Instructor Licence/Authorisation

- a) Not more than six months and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- b) More than six (6) months but not more than two (2) years:
  - (i) pass a written examination in Air Law
  - (ii) pass a type rating practical check-out on an aircraft type endorsed or on the type rating sought; and
  - (iii) meet the renewal requirements

## 4.0 REG @HG

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4.1 Completion of this task results in the issue of one of the following:

- 4.1.1 a flight engineer instruct or authorization;
- 4.1.2 an additional aircraft type rating to the authorization.
- 4.1.3 letter of discontinuance
- 4.1.4 notice of disapproval

## 5.0 FUTURE ACTIVITIES

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5.1 Applicant may return for:

- 5.1.1 the renewal of the authorization; or
- 5.1.2 an additional aircraft type rating to the authorization



## CHAPTER 11

### Issue and Renewal of a Flight Engineer Examiner Authorization

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#### 1.0 PURPOSE

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This Chapter is issued to give guidance in determining if an individual meets the qualifications for authorization as a Flight Engineer Examiner or renewal of the authorization, under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulations [2.2.1.3](#), [2.4.61](#) and [2.4.6.2](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Definitions - As used in this Order:-

- 3.1.1 an applicant is a person being tested for a licence or rating;
- 3.1.2 a candidate is an individual being tested or considered for authorization as an examiner;
- 3.1.3 An authorised Examiner is a representative of the Authority who is authorized and designated to conduct licence, rating and/or authorization practical (skill) tests and proficiency checks in accordance with [Part 2](#) of the Nigeria Civil Aviation Regulations. (Designation takes place when the demand for practical (skill) test and proficiency checks determines that the designation of an examiner is justified).

##### 3.2 Types of Authorization

A Flight Engineer examiner is authorized and designated for specific testing functions. An examiner may perform only the functions for which he is authorized and designated. The examiner shall hold a valid Flight Engineer license, the rating and authorization for which he is authorized to conduct the practical tests and shall hold the privilege to instruct for the licence, rating and authorization.

##### 3.3 Application Requirements

- 3.3.1 Applicants shall send a completed prescribed Form, to the Authority. The Authority accepts and evaluates applications from persons applying for the initial authorization. The Authority will advise the applicant by letter whether or not the applicant meets the criteria for the authorization sought. If the applicant does not meet the applicable criteria, the Authority will advise the applicant how the



deficiency may be corrected.

3.3.2 The Authority applies the general and the experience requirements detailed in Regulations 4.6.1 and 4.6.2 of Part 2 of the Nigeria Civil Aviation Regulations to determine whether applicants meet the requirements for the initial authorization sought. The Authority will indicate to the applicant whether an examiner is needed in the area where the candidate is seeking authorization.

3.3.3 Advise the applicant to bring the following documents attached

- a) A properly completed prescribed application Form;
- b) A Flight Engineer Licence;
- c) Personal logbooks or other records substantiating the flight experience shown on the prescribed application form.

### **3.4 Verify Applicant's Identity**

3.4.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.

3.4.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.4.3 If the applicant's identity appears to be different from the information supplied on the application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### **3.5 Establish Eligibility for Issue of the Authorization**

3.5.1 The Authority objective is to provide prompt testing and checking of applicants for flight engineer licenses, ratings and authorizations. The demand for tests determines if the designation of an examiner is justified. The applicant is required to meet the eligibility requirements compliance with the requirements of Regulations 4.6.1 and 4.6.2 of Part 2 of the Nigeria Civil Aviation Regulations.

3.5.2 The Examiners shall hold:

- a) a valid licence and rating for which authorization to conduct skill tests is sought; and
- b) the privilege to instruct for the licence or rating if applicable.

3.5.3 The ground, flight and simulator training for examiners shall be in compliance with Regulation 3.9.1 of Part 2 of the Nigeria Civil Aviation Regulations.

3.5.4 Each candidate selected for authorization by the Authority must pass a practical evaluation by an Authority inspector or by an examiner authorized for the purpose by the Authority before an initial authorization is issued. The practical evaluation assists the Authority to determine if the candidate is



competent to apply current skill test requirements and procedures in the aircraft for which authorization is sought. The Authority schedules the practical evaluation upon selecting a candidate for authorization and designation.

3.5.5 The applicant for an examiner authorization shall have conducted at least one skill test in the role of an examiner for which authorization is sought, including briefing, conduct of the skill test, assessment of the applicant to whom the skill test is given, debriefing, recording and documentation. This skill test shall be supervised by an Authority inspector or by an examiner specifically authorized by the Authority for the purpose.

3.6 **Initial Authorization** - An applicants for authorization as flight engineer examiner must:

3.6.1 be qualified technically and must hold a type rating for each aircraft for which authorization is sought;

3.6.2 hold the privileges of a flight engineer instructor authorization.

3.6.3 must meet the requirements of Regulations 4.6.1 and 4.6.2 of Part 2 of the Nigeria Civil Aviation Regulations;

3.6.4 be current and qualified to act as flight engineer of each aircraft for which authorized throughout the duration of the authorization;

3.6.5 Be a person of integrity.

### 3.7 **Authorisation as a Flight Engineer Examiner**

3.7.1 The Examiner shall be notified in writing by the Authority, of his responsibilities and privileges.

3.7.2 The Authority shall notify each Approved Training Organization of the Flight Engineer Examiners who have been authorised to conduct skill test for the issue of flight engineer licence and ratings.

3.7.3 The Examiner shall not test an applicant to whom he has given flight instruction for that licence.

3.7.4 Whether out of personal interest or on recommendation an interested person shall apply to the Director General for appointment to carry out tests in his field of expertise.

3.7.5 A person could be recommended by an examiner or employer.

3.7.6 Upon receipt of an application under Regulation 4.4.1 (c) of Part 2 of the Nigeria Civil Aviation Regulations and where the applicant is certified as a suitably qualified person of integrity to conduct flight engineer tests on behalf of the Authority, The Authority shall advise the applicant in writing of the training required.

3.7.7 The Instructor will present the report of training with the recommendations to the licensing office.





3.7.8 The applicant is then booked for the relevant practical test.

3.7.9 After the practical test, the Examiner will present the report with relevant limitation and recommendations to the licensing office.

3.7.10 When all the conditions have been satisfactorily met, the applicant will be issued with a letter of authorization.

### **3.8 Authorization Numbering**

3.8.1 A system of authorization numbering shall be used to identify the examiner's authorization.

3.8.2 The Examiner shall be notified in writing by the Authority, of his reference number, responsibilities and privileges.

### **3.9 Privileges of a Flight Engineer Examiner**

3.9.1 An authorised flight engineer examiner is authorized to perform the following:

- a) Accept applications and conduct skill tests leading to the issuance of a flight engineer licence, ratings and/or authorizations in the type of aircraft appropriate to the licence and letters of authority held by the examiner.
- b) Issue a Notice of Disapproval, to applicants whose performance, during a practical (skill) tests or proficiency check conducted by that examiner, did not meet the applicable requirements for a licence or rating.
- c) Issue Letters of Discontinuance, when the skill test or proficiency check is terminated because of situations such as un-forecast weather, the applicant or examiner becomes physically incapacitated; the aircraft has mechanical difficulties after the test has begun, or other unanticipated situations.

### **3.10 Examining Requirements and Procedures**

3.10.1 An examiner must conduct all practical (skill) tests and proficiency checks according to the applicable requirements and procedures.

- a) An examiner is expected to honour appointments unless circumstances warrant cancellation or postponement. It is the examiner's responsibility to reschedule a skill test if the postponement is at the examiner's request.
- b) If an examiner cancels a skill test without rescheduling, the examiner should recommend another examiner or instruct the applicant to contact the PEL office of the Authority. The PEL office should provide the names of other examiners, or may arrange to conduct the skill test at the applicant's request





- c) The examiner must conduct the oral portion of the skill test in a private area free from distractions. The examiner must give the applicant undivided attention during the test and ensure that any discussion of test results with the applicant is in private unless, by mutual agreement, a person other than the applicant (such as the applicant's flight instructor) is present.
- d) An examiner must not allow personal prejudices to interfere with objective evaluation of an applicant.
- e) An examiner is responsible for maintaining personal flight proficiency and currency, for remaining up to date with regulatory and procedural changes, and for demonstrating aviation safety at all times.
- f) If the performance of a flight engineer who has successfully passed a skill test, is found unsatisfactory due to an accident, incident, or other significant event, or if other evidence reveals a deficient performance by an examiner, a flight check of that examiner may be required by an Authority inspector or a Flight Engineer authorised by the Authority for the purpose.

### **3.11 Annual Meeting**

The Authority shall hold at least two examiner meetings every year to review problem areas, examiner performance, requirements and procedures and all examiners are required to attend at least one meeting, attendance at this meeting shall be recorded in the examiners file.

### **3.12 Additional Authorizations**

An additional authorization may be issued to an examiner who complies with the requirements of Regulations 4.6.1 and 4.6.2 of Part 2 of the Nigeria Civil Aviation Regulations. An Examiner shall hold a valid licence and rating for which he is authorized to conduct practical (skill) tests and shall hold the privilege to instruct for the licence or rating.

### **3.13 Re-Authorization**

3.13.1 For the re-authorization the Authority shall consider that at least a certain amount of skill tests have been performed by the examiner.

3.13.2 As a guidance to this, the Authority shall consider if the examiner has conducted during the preceding 12 months:

- a) three (3) licence or ratings skill tests or checks for a Flight Engineer in aeroplane or
- b) two (2) licence or rating tests or checks in helicopters.

### **3.14 Requirements for Renewal and the Renewal Procedures**

Examiners should apply for renewal of the examiner authorization at least 21 days before the authorization expires. If the examiner has not reapplied within 21 days before the expiration date it



could be understood that the examiners does not desire to renew the authorisation. The examiner must submit to the Authority a completed prescribed application form for re-authorisation along with a list of activities and tests done within the previous 12 months preceding the application.

### **3.15 Flight Engineer Examiner Records**

3.15.1 The Authority shall keep a file on each examiner. The file may contain photocopies of the information documents, or may be an electronic file from which data is easily retrieved. The pilot examiner's file will be reviewed annually.

3.15.2 The following may be maintained in an electronic file:-

- a) records of satisfactory completion (or failure to accomplish satisfactory completion) of initial and recurrent flight engineer examiner job function standardization courses; record of attendance at the annual examiner meeting;
- b) records of surveillance/inspection; and
- c) testing activity log, including at least the applicant's name, aircraft type, registration number, type of test, date of test, time devoted to oral and flight testing, and the date the file was forwarded to the Authority.

3.15.3 Photocopies of the following must be retained:

- a) the initial prescribed application form .
- b) the valid flight engineer licence and medical certificate;
- c) the field of designation
- d) the most recent authorisation Letter and all correspondence from the public concerning the examiner.

### **3.16 Discrepancies Or Ineligibility**

3.16.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the authorisation cannot be granted and explain how the applicant may correct the discrepancies.

3.16.2 If the applicant is not eligible for the authorisation inform him of the reasons for ineligibility and explain how the applicant may obtain the authorisation.

### **3.17 Issue of the Authorization**

Applicants who meet all criteria and requirements for authorization will be issued a Flight Engineer Examiner Authorization by form of a designation letter indicating the type and details of the authorization given.



### **3.18 Non-Renewal or Termination of the Authorization**

- 3.18.1 The examiner services could be terminated by not renewing the authorization or designation, rather than by cancellation of the authorization or designation during its validity period.
- 3.18.2 Where there is no longer a need for the examiner services the designation will be terminated either for the whole designation or for part of the designation of the examiner

## **4.0 RESULTS**

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### **4.1 Completion of this task results in issuance of one or more of the following:**

- 4.1.1 **Letter of authorization; or**
- 4.1.2 **Notice of Disapproval.**

## **5.0 FUTURE ACTIVITIES**

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The examiner may return to re-apply or renew the authorization.



## CHAPTER 12

### Issue, Renewal and Re-Issue of an Air Traffic Controller Licence Including Additional Ratings

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of an Air traffic Controller (ATC) licence including rating(s) or additional rating to the Air Traffic Controller licence under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulations 2.7.1 to 2.7.3 of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms : **Form O-PEL-013**
- 2.3 Letter of Discontinuance
- 2.4 Notice of Disapproval
- 2.5 An ATC Licence and a Renewal Certificate

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Eligibility and Ratings

3.1.1 To be eligible for a licence and a rating the applicant must:

- a) satisfy the Authority that he has acquired the aeronautical knowledge, experience and training required for the rating(s).
- b) pass the written examination covering the subjects appropriate to the licence and rating sought.
- c) pass a practical test for the licence and rating sought.

3.1.2 The following ratings are issued:

- a) aerodrome control;



- b) approach control;
- c) approach radar control;
- d) approach precision radar control;
- e) area control; and
- f) area radar control.

### **3.2 Medical Requirements**

- 3.2.1 Air Traffic Controller licences, Certificates, Ratings and authorizations will not be issued unless the applicant holds a valid Class 3 medical certificate, issued by an Authorised Aviation Medical Examiner. Prospective applicants for Air Traffic Controller licences, ratings and authorizations are therefore strongly advised to ensure that they meet the medical requirements before committing themselves to any substantial expense in satisfying the other licensing requirements.
- 3.2.2 Arrangements for the medical examination are made by the applicant direct to an Authorised Aviation Medical Examiner., names of which could be obtained from the current relevant Aeronautical Information Circular (AIC) on Medical Examiners or from the Aeromedical/PEL office. The Doctor will advise the applicant on the examination charges.
- 3.2.3 On satisfactory completion of the medical examination and on payment of the appropriate doctor's fee, the applicant will be issued with the applicable medical certificate, a copy of which should be attached to the application form for the licence or, Rating sought.

### **3.3 Application Requirements**

- 3.3.1 Advise the applicant to bring the following documents attached to the application form on applying for the Licence:
  - a) A properly completed prescribed Application Form;
  - b) An air traffic controller's licence (if for an additional rating);
  - c) A valid Class 3 Medical Certificate;
  - d) A knowledge test report;
  - e) An ATO graduation certificate;
  - f) Records substantiating the practical experience shown on the Application Form;
  - g) Two recent passport size photographs (full face);



- h) A photo identification card or Passport; and
- i) The prescribed fees.

### 3.4 Applicant arrives To Apply for The Licence -

Collect and review the documents and records listed above.

### 3.5 Review Application

- 3.5.1 Check the Application Form for accuracy, using the instructions attached to the form;
- 3.5.2 Ensure that the ATC instructor or ATO has provided the required endorsements and reports;

### 3.6 Verify Applicant's Identity

- 3.6.1 Inspect the acceptable form of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.
- 3.6.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.6.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form or it appears that an attempt at falsification has been made, do not continue with the task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### 3.7 Establish Eligibility for Issue of a Licence.

- 3.7.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for licensing as an air traffic controller under Regulations 7.3.1 and 7.3.2 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.7.2 The following list expounds on the basic requirements.
  - a) **Age:** Ensure that the applicant is at least 21 years of age;
  - b) **Knowledge:** Request and ensure that the knowledge test report is acceptable evidence of having passed the knowledge test under Regulation 7.3.2 (b) of Part 2 of the Nigeria Civil Aviation Regulations.
  - c) **Experience:** The applicant shall have operational experience in the performance of the duties of an Air Traffic Controller, under the supervision of an appropriately licensed and rated Air traffic Controller and acquired experience for all areas as specified in Regulation 7.3.2 (f) of Part 2 of the Nigeria Civil Aviation Regulations.





- d) **Practical Instruction:** Check whether the applicant has obtained the necessary practical instruction.
- e) **Instructor's Recommendation:** An applicant should present the Instructor's recommendation as evidence of having met the practical instruction requirements for the skill test. For providing the Instructor's recommendation one of the following methods shall be used:
  - (i) The endorsement can be provided in the relevant prescribed application Form; or
  - (ii) in a letter to the Authority;
- f) **Skill:** Check the skill test report Form to determine if the applicant has passed the air traffic controller practical (skill) test as specified in Regulation 6.3.2 (e) of Part 2 of the Nigeria Civil Aviation Regulations;
- g) **Language proficiency:** Check whether the applicant has been checked on English language proficiency under Regulations 2.2 of Part 2 of the Nigeria Civil Aviation Regulations;
- h) **Medical fitness:** Ensure that the Class 3 medical certificate is valid;
- i) **Graduate of an ATO:** An applicant for an Air Traffic Controller Licence or Rating shall have received and passed an approved training course in air traffic control conducted at an approved training organisation as per requirements of Regulation 7.3.1 (c) of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.8 Requirements for an Additional Rating

3.8.1 The applicant has to:

- a) satisfy the Authority that he has acquired the aeronautical knowledge, experience and training required for the rating sought;
- b) pass the knowledge test covering the subjects appropriate to the rating sought; and
- c) Pass a practical test for the rating sought.

### 3.9 Requirements for the Rating Currency

An air traffic controller rating becomes invalid when the holder of the licence has ceased to exercise the privileges of the rating for a period of six months and shall remain invalid until the holder's ability to exercise the privileges of the rating has been re-established as specified in Regulation 7.3.2 (g) of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.10 Requirements for Renewal and the Renewal Process

3.10.1 Check the documents presented and confirm that the applicant has:



- a) Completed the prescribed renewal application form
- b) Provided a valid Class 3 medical certificate
- c) Presented a report from an authorised Air Traffic Controller, to substantiate the requirements of Regulation 2.1.7 of Part 2 of the Nigeria Civil Aviation Regulations.

### **3.11 Discrepancies or Ineligibility**

- 3.11.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application form and all submitted documents to the applicant. Inform the applicant of the reasons why the licence and/or rating cannot be issued and explain how the applicant may correct the discrepancies.
- 3.11.2 If the applicant is not eligible for the licence and/or rating sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence and/or rating.

### **3.12 Conduct the Practical (Skill) test**

- 3.12.1 An applicant for an Air Traffic Controller Licence is required to pass a practical test under Regulations 7.3.2 (e) of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.12.2 The test is conducted by a holder of a current Air Traffic Controller Licence with the appropriate ratings, authorized by the Authority for the task (herein called the examiner`
  - a) The examiner will conduct a practical test on each area listed in Part 7.3.2(e) of Part 2 of the Nigeria Civil Aviation Regulations that is applicable to each operating position at the control unit at which the rating is sought.
  - b) If the skill test is not completed for reasons other than proficiency, issue the applicant a Letter of Discontinuance.
  - c) Return the Application Form and all submitted documents to the applicant with the original Letter of Discontinuance.
  - d) Explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office.
- 3.12.3 Unsatisfactory Performance - If the skill test is not satisfactory the examiner will terminate the skill test and inform the applicant the reason for termination. Also the examiner shall:
  - a) Prepare a Notice of Disapproval;
  - b) List all areas of operation that were unsatisfactory or not completed. If specific areas need to be repeated, record them on the form; give credit for areas of operation that were satisfactorily



completed;

- c) Indicate the number of skill test failures by the applicant for this licence or rating on the form
- d) Sign, date and check the appropriate boxes on the form. Give the applicant a copy of the notice of disapproval and retain the original for the Licensing Office file;
- e) forward the test report to the PEL office; and
- f) explain how the applicant may complete the test at a later date and reschedule the test, if requested to do so, and inform the PEL Office
- g) return all submitted documents not forwarded to the PEL Office, to the applicant

**3.12.4 Satisfactory Performance** - When the applicant has satisfactorily met all requirements for the licence and/or rating sought.

- a) Prepare the practical (skill) test report form in triplicate -
  - (i) Original for the PEL Office;
  - (ii) Copy for the applicant; and
  - (iii) Copy for the examiner.
- b) Enter the correct limitations (when appropriate) in the space provided. An examiner should remove the limitations when the applicant presents satisfactory evidence that the applicant has met the pertinent regulatory requirements.
- c) Forward the file containing all the relevant documents to the PEL office.
- d) Return all submitted documents not forwarded to the PEL office to the applicant.

### **3.13 Issue, Renewal, Re-Issue of the Licence or Additional Rating**

**3.13.1** When the applicant has satisfactorily met all requirements for the licence or rating sought, and the prescribed application form, has been completed, and submitted to the PEL Office, the applicant will be advised to pay the prescribed fees, after which the licence or rating is issued.

- a) Ensure the prescribed fees for the licence is paid.
- b) Prepare a new licence
- c) When a rating needs to be added, enter additional rating on the licence
- d) Make a copy of the licence for the licensing file
- e) Provide applicant with a completed licence
- f) File all documents on the air traffic controller licensing file.



### **3.14 Renewal of a Lapsed Air Traffic Controller Licence**

- 3.14.1 Where a licence has not been renewed by the date of expiry, the validity of the licence standards are lapsed.
- 3.14.2 To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:
- a) Not more than six months and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
  - b) More than six (6) months but not more two (2) years:
    - (i) undertake a refresher course in an ATO
    - (ii) undertake a 60 hours OJT in category of rating sought
    - (iii) meet the renewal requirements
  - c) More than two (2) years but not more than 10 years:
    - (i) undertake a refresher course in an ATO
    - (ii) undertake a 90 hours OJT in category of rating sought
  - d) More than ten (10) years, an applicant shall meet all requirements for the initial issue of an ATC licence

## **4.0 RESULTS**

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- 4.1 **Completion of this task results in the issue of one of the following:**
- 4.1.1 **Air Traffic Controller licence and renewal certificate**
  - 4.1.2 **An additional rating to the licence;**
  - 4.1.3 **Letter of Discontinuance; and**
  - 4.1.4 **Notice of Disapproval**

## **5.0 : I H F 9 5 7 H J 4 4 9 G**

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- 5.1 **Applicant may return for:-**
- 5.1.1 **Renewal of the licence;**
  - 5.1.2 **An additional rating;**



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>





## CHAPTER 13

### Issue, Renewal and Re-Issue of a Flight Dispatcher Licence

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal and re-issue of a Flight Dispatcher Licence.

#### 2.0 REFERENCES

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- 2.1 Regulation 2.8 to 2.8.3.2, 8.10.1.25, 8.10.1.29, 8.10.1.35 of the Nigeria Civil Aviation Regulations;
- 2.2 **The prescribed Application Forms: Form O-PEL-012;**
- 2.3 **Letter of Discontinuance;**
- 2.4 **Notice of Disapproval;**
- 2.5 **A Flight Dispatcher Licence and a Renewal Certificate.**

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information.

- 3.1.1 Flight Dispatchers are usually employed by AOC holders for the dispatch, monitoring and flight supervision functions.
- 3.1.2 A person wishing to obtain a Flight Dispatcher Licence must demonstrate to the Authority that he has:
  - a) Successfully completed an approved course of training specified under Regulation 10.1.25 of Part 8 of the Nigeria Civil Aviation Regulations resulting in a certificate of competency from an Air Operator certificated by the Authority as evidence of having completed an approved Flight Dispatcher training program;
  - b) a Flight Dispatcher licence issued by an ICAO contracting State; or
  - c) successfully completed an approved course of training under an ATO

##### 3.2 Application Requirements

- 3.2.1 Advise the applicant to bring the following documents attached to the application on applying for the licence:
  - a) A properly completed prescribed application Form;



- b) A competency Certificate from an air operator certificated by the Authority certifying attendance at an approved course and successful completion of all the modules;
- c) Certification from an air operator certificated by the Authority that the applicant has operated under the supervision of a Flight Dispatcher for at least ninety working days within the six months immediately preceding the date of application;
- d) A photo Identification Card or a Passport;
- e) A knowledge test report;
- f) Two (2) recent passport size photographs (full face);
- g) An ATO certificate indicating a satisfactory completion of an Flight Dispatcher Course;
- h) Records substantiating the experience shown on the Application Form.

### **3.3 Applicant Arrives to apply for the Licence -**

Collect and evaluate the documents and records listed above.

### **3.4 Review the Application**

- 3.4.1 Check the Application Form for accuracy, using the instructions attached to the form.
- 3.4.2 Ensure that the instructor or the ATO has provided the required endorsements.

### **3.5 Verify Applicant's Identity**

- 3.5.1 Inspect the acceptable form of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application form; and if the applicant's identity can be verified, proceed with the task.
- 3.5.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.5.3 If the applicant's identity appears to be different from the information supplied on the application form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Head of the Personnel Licensing office for further action.

### **3.6 Establish Eligibility for Issue of the Licence**

- 3.6.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for an Flight Dispatcher Licence as prescribed in Regulation 8.3.1 of Part 2 of the Nigeria Civil Aviation Regulations.



3.6.1.1 **The following list expounds on the basic requirements.**

- a) **Age:** The applicant should be at least 21 years of age;
- b) **Knowledge:** The applicant is required to pass the knowledge examination as specified under Regulation 8.3.1 (a) of Part 2 of the Nigeria Civil Aviation Regulations;
- c) **Experience:** The applicant is required to present to the Authority documentary evidence that he has the experience or training as specified under Regulation 8.3.1 (d) of Part 2 of the Nigeria Civil Aviation Regulations;
- d) **Skill:** The applicant is required to pass a practical test with respect to any one type of aircraft used in commercial air transport to demonstrate the applicant's ability as specified by Regulation 8.3.1 (e) of Part 2 of the Nigeria Civil Aviation Regulations.
  - a) **Verification of approved Training Program:** If the applicant has submitted a competency certificate from an Air Operator certificated by the Authority, the Air Operator should certify that the applicant has successfully completed all required modules of the approved course and has served under the supervision of a Flight Dispatcher for at least ninety working days within the six months immediately preceding the date of application;
  - b) **Instructors Recommendation:** An applicant must present the Instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
    - (i) The endorsement can be provided in the relevant prescribed application Form or
    - (ii) in a letter to the Authority.

**3.7 Flight Dispatcher Licence Issued on Basis of a Foreign Licence**

A Flight Operation Officer Licence will be issued on bases of a foreign licence if the authenticity of the foreign Flight Dispatcher's licence has been verified by the Authority of the state of issue and the applicant meets the requirements of Regulation 2.4.12 of Part 2 of the Nigeria Civil Aviation Regulations.

**3.8 Requirements for Renewal and the Renewal Process**

3.8.1 The applicant should:

- a) complete the renewal prescribed application form;
- b) show that he has satisfactorily met the requirements under Regulation 8.3.1(h) of part 2 and IS 2.8.3.2 of the Nigeria Civil Aviation Regulations; and



c) present a certified record to substantiate the required experience and;

### 3.8.2 COMPETENCE CHECKS- FLIGHT DISPATCHER

Applicant shall pass the competency check under the AOC holder within the 12th calendar month preceding the application as prescribed by the Authority for the Skill test in part 2 of these Regulations, performing the flight preparation and subsequent duties appropriate to that person's assignments;

### 3.8.3 LINE OBSERVATIONS-FLIGHT DISPATCHER

Applicant shall within the 12th calendar month preceding the application, observe on the flight deck, the conduct of two complete flights, comprising at least five total hours, over routes representative of those for which that person is assigned duties under the AOC holder,

### 3.8.4 RECURRENT TRAINING AND RE-ESTABLISHMENT OF QUALIFICATIONS- FLIGHT DISPATCHER

The applicant shall within the 12th calendar month preceding the application, complete the recurrent ground curricula approved by the Authority relevant to the type(s) and/or variant(s) of aircraft and positions to which he/ she is assigned under AOC holder.

## 3.9 Discrepancies or Ineligibility

3.9.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence cannot be issued and explain how the applicant may correct the discrepancies;

3.9.2 If the applicant is not eligible for the Licence, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the Licence.

## 3.10 Issue, Renew and Re-Issue of Licence

3.10.1 When the applicant has satisfactorily met the requirements for the issue, renewal or re-issue of the Licence -

- a) Ensure the prescribed fees for the licence is paid.
- b) Prepare the licence;
- c) Renew the licence;
- d) Make copy of licence or renewal certificate for the licensing file;
- e) Provide applicant with a completed licence or renewal certificate; and
- f) File all documents on the Flight Dispatcher licensing file.



### **3.11 Renewal of a Lapsed Flight Dispatcher Licence**

- 3.11.1 Where a licence has not been renewed by the date of expiry; the validity of the licence standards are lapsed.
- 3.11.2 To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:
- a) Not more than six months and all renewal requirements were met prior to the date of expiry; there are not additional requirements;
  - b) More than six (6) months but not more than two (2) years:
    - (i) pass written examination in Air Law
    - (ii) meet the renewal requirements
  - c) More than two (2) years but not more ten (10) years:
    - (i) Undertake a refresher training in an ATO in preparation for the Practical and knowledge tests
    - (ii) Pass Air Law
    - (iii) Meet renewal requirements
  - d) More than ten (10) years, an applicant shall meet all requirements for the initial issue of a Flight Dispatcher Licence.

## **4.0 RESULTS**

---

4.1 **Completion of this task results in the issue of one of the following:**

4.1.1 **Flight Dispatcher Licence or**

4.1.2 **Renewal Certificate**

## **5.0 FUTURE ACTIVITIES**

---

Applicant may return for renewal of the Licence



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,





Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>



## CHAPTER 14

### Issue, Renewal and Re-Issue of an Aircraft Maintenance Engineer's Licence

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#### 1.0 PURPOSE

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This Chapter is issued to provide information and guidance for Airworthiness Inspectors and Personnel Licensing Officers in determining if the applicant meets the requirements for the issue of an Aircraft Maintenance Engineer's Licence (AMEL), under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulations 2.6.2.2 to 2.6.2.10 of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms: [Form O-PEL-019](#); [Form O-PEL-020](#)
- 2.3 Letter of Discontinuance;
- 2.4 Notice of Disapproval;
- 2.5 An Aircraft Maintenance Engineer Licence and a Renewal.

#### 3.0 GUIDANCE AND PROCEDURES

---

- 3.1 Review application for eligibility and details regarding experience and qualification requirements for AMEL.
  - 3.1.1 Ensure that the application form is appropriately completed, signed by the applicant and confirmed by an authorized person
  - 3.1.2 Ensure:
    - a) for renewal - that part 1 & 2 of the application has been completed.
    - b) for issue or extension -
      - (i) that part 1 & 3 have been completed with all the required information;
      - (ii) relevant schedule of work experience has been attached; and



- (iii) copies of training certificates are attached

#### **4.0 Issue, Extend or Renew the Licence**

##### **4.1 Renewal**

- 4.1.1 When applicant has satisfactorily met all requirements for the licence renewal, the Licence is recommended for renewal and Personnel Licensing (PEL) Office will action as stated in paragraph 5.1.1
- 4.1.2 When the applicant has not met all the renewal requirements, the application is referred back to licensing indicating the reason(s) for denial and PEL Office will action as stated in paragraph 5.1.2

##### **4.2 Issue or Extension**

- 4.2.1 When the applicant has satisfactorily met all requirements for the licence applied for, recommend applicant to appear for the relevant examination and PEL Office will action as stated in paragraph 5.2.1
- 4.2.2 When the applicant has not met all the requirements for issue or extension of the license, the application is referred back to licensing indicating the reason(s) for denial and PEL Office will action as stated in paragraph 5.2.2.

#### **5.0 ACTIONS TAKEN BY PEL OFFICE**

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##### **5.1 Renewal**

- 5.1.1 PEL will issue a letter indicating that they have met all the requirements for renewal and that their license will be available at the PEL office or it will be mailed to them
- 5.1.2 PEL will issue a letter indicating that the license renewal requirements have not been met and the reason for the denial and conditions for reapplication. All documents submitted will become property of the Authority for their records. Any future applications will be treated as a new application requiring resubmission of all documents and payments

##### **5.2 Issue or Extension**

- 5.2.1 PEL will issue a letter indicating that they have met all the requirements for the issuance or extension of their license. PEL will also advise the applicant of the relevant exam(s), centre and date for the exams to be taken.
- 5.2.2 If the applicant does not pass either exam(s) taken (written and/or oral) action as described in item 5.2.4.
- 5.2.3 If the applicant successfully passes the examination and recommended for the licence issue or extension action as described in item 5.2.5.



- 5.2.4 PEL will issue a letter indicating that the license requirements for issuance or renewal have not been met and the reason for the denial. All documents submitted will become property of the Authority for their records. Any future applications will be treated as a new application requiring resubmission of all documents and payments.
- 5.2.5 The applicant will be informed that their license will be available at the PEL office or it will be mailed to them





**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>



## CHAPTER 15

### Issue, Renewal and Re-Issue of an Aeronautical Station Operator Licence

---

#### 1.0 PURPOSE

---

This Chapter is issued to guide Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal or re-issue of an Aeronautical Station Operator Licence under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulation 2.9.3 of the Nigeria Civil Aviation Regulations.
- 2.2 The prescribed Application Form : [Form O-PEL014](#)
- 2.3 Licence card and a renewal certificate.

#### 3.0 GUIDANCE AND PROCEDURES

---

##### 3.1 Application Requirements

- 3.1.1 Advise the applicant to bring the following documents attached to the application form on applying for the licence:
  - a) A properly completed prescribed Application Form;
  - b) A knowledge test report (if applicable);
  - c) An ATO graduation certificate (if applicable);
  - d) A report of the practical test,
  - e) Two (2) recent passport size photographs (full face);
  - f) A photo Identification Card or Passport; and
  - g) The prescribed fees.

3.2 Applicant arrives to apply for the Licence - Collect the documents and records listed above.

##### 3.3 Review Application





- 3.3.1 Check the Application Form for accuracy, using the instructions attached to the form;
- 3.3.2 Ensure that the applicant holds a certificate issued by an ATO indicating satisfactory completion of the training.
- 3.4 **Verify applicant's identity**
- 3.4.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.
- 3.4.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.4.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Head of the Personnel Licensing Office for further action.
- 3.5 Establish eligibility for issue of a licence
- 3.5.1 Determine if the applicant meets the specific eligibility, knowledge and competency requirements for licensing as a Aeronautical Station Operator Licence under Regulation 9.3 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.5.2 The following list expounds on the basic requirements:
- a) **Age:** Ensure that the applicant is at least 18 years of age;
  - b) **Knowledge:** Ensure that the knowledge test is passed as required under Regulation 9.3 of Part 2 of the Nigeria Civil Aviation Regulations.
  - c) **Skill:** Check and evaluate the skill test report to determine if the applicant has passed the practical test.
  - d) **Language proficiency:** Check whether the applicant has been checked on English language proficiency under Regulations 2.2 and 9.3 of Part 2 of the Nigeria Civil Aviation Regulations.
  - e) ATO Recommendation:-An applicant must present the Instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
    - (i) The endorsement can be provided in the relevant prescribed application form or
    - (ii) in a letter to the Authority.



### 3.6 Requirements for Renewal and the Renewal Process

- 3.6.1 Check the documents presented and confirm that the applicant has:
- a) Completed the prescribed renewal application form
  - b) Presented proof of having met the requirements under Regulation 9.3 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.7 Discrepancies or Ineligibility

- 3.7.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence cannot be issued and explain how the applicant may correct the discrepancies.
- 3.7.2 If the applicant is not eligible for the licence sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the licence.

### 3.8 Issue, Renew or Re-Issue of the Licence

- 3.8.1 When an applicant has satisfactorily met all requirements for the licence, and the prescribed application form has been completed, the licence may be issued;
- 3.8.2 ensure the prescribed fees is paid;
- 3.8.3 Prepare the licence or renewal certificate;
- 3.8.4 Make copy of licence or renewal certificate for the licensing file;
- 3.8.5 Provide applicant with the completed licence or renewal certificate; and
- 3.8.6 File all documents on the Aeronautical Station Operator licensing file.

### 3.9 Renewal of Lapsed Aeronautical Station Operator Licence

- 3.9.1 Where a licence has not been renewed by the date of expiry; the validity of the licence standards are lapsed.



3.9.2 To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:

- a) Not more than six months and all renewal requirements were Met prior to the date of expiry; there are no additional requirements;
- b) More than six (6) months but not more than two (2) years:
  - (i) Undertake a refresher training in an ATO
  - (ii) Pass written Air Law examination
  - (iii) Meet the renewal requirements
- c) More than two (2) years but not more than ten (10) years:
  - (i) undertake a refresher course in an ATO in preparation for practical and knowledge tests
  - (ii) pass Air Law examination
  - (iii) meet renewal requirements
- d) More than ten (10) years, an applicant shall meet all requirements for the initial issue of an Aeronautical Station Operator Licence

#### **4.0 RESULTS**

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4.1 Completion of this task results in the issue of one of the following:

4.1.1 An Aeronautical Station Operator Licence or renewal certificate;

#### **5.0 FUTURE ACTIVITIES**

---

Applicant may return for renewal of the Licence



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>



## CHAPTER 16

### Issue, Renewal and Re-Issue of a Cabin Crew License

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#### 1.0 PURPOSE

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This chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue, renewal and re-issue of a Cabin Crew Licence.

#### 2.0 REFERENCES

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- 2.1 Regulation 2.5.1.2 of the Nigerian Civil Aviation Regulations;
- 2.2 The prescribed Application Forms: [Form O-PEL006](#)
- 2.3 A Cabin Crew Licence and a Renewal Certificate

#### 3.0 GUIDANCE AND PROCEDURES

---

##### 3.1 General Information

- 3.1.1 Cabin Crew members are usually employed by AOC holders for the safety and comfort of passengers during flight operations.
- 3.1.2 A person wishing to obtain a cabin crew Licence must demonstrate to the Authority that he has:
  - (a) Successfully completed an approved course of training specified under part 3 and 8 of the Nigerian Civil Aviation Regulations resulting in a certificate of competency from an Air Operator certificated by the Authority as evidence of having completed an approved cabin crew training program;
  - (b) Cabin crew licence issued by an ICAO contracting State; or
  - (c) Successfully completed an approved course of training under an ATO

##### 3.2 Application Requirements

- 3.2.1 Advise the applicant to bring the following documents attached to the application on applying for the licence:
  - (a) A properly completed prescribed application Form;
  - (b) A training record from an ATO certificated by the Authority certifying attendance at an approved course and successful completion of all the modules;
  - (c) A photo Identification Card or a Passport;



- (d) A knowledge test report;
- (e) A practical (skill) test report;
- (f) Two (2) recent passport size photographs (full face);
- (g) Hold a valid class 2 medical certificate issued under this part.
- (h) Records substantiating the experience shown on the Application Form.

**3.3** Applicant Arrives to apply for the Licence-Collect and evaluate the documents and records listed above.

### **3.4 Review the Application**

**3.4.1** Check the Application Form for accuracy, using the instructions attached to the form.

**3.4.2** Ensure the instructor or the ATO has provided the required endorsements.

### **3.5 Verify Applicant's Identity**

**3.5.1** Inspect the acceptable form of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application form; and if the applicant's identity can be verified, proceed with the task.

**3.5.2** If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

**3.5.3** If the applicants identity appears to be different from the information supplied on the application form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Head of the Personnel Licensing office for further action.

### **3.6 Establish Eligibility for Issue of the Licence**

**3.6.1** Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for a cabin crew Licence as prescribed in Regulation 2.5.1.34 of Part 2 of the Nigeria Civil Aviation Regulations.

**3.6.1** The following list expounds on the basic requirements.

- (a) Age: The applicant should be at least 18 years of age;
- (b) Knowledge: The applicant is required to pass the knowledge examination as specified under Regulation 2.5.1.3





- (c) Experience: The applicant is required to present to the Authority documentary evidence that he has the experience or training as specified under Regulation 2.5.1.3 of Part 2 of the Nigeria Civil Aviation Regulations;
- (d) Skill: The applicant is required to pass a practical test with respect to any one type of aircraft used in commercial air transport to demonstrate the applicant's ability as specified by Regulation 2.5.1.3 of Part 2 of the Nigeria Civil Aviation Regulations.
- (e) Verification of approved Training Programme: If the applicant has submitted evidence of training from an ATO by the Authority, the ATO should certify that the applicant has successfully completed all required modules of the approved course;
- (f) Instructors Recommendation: An applicant must present the instructor's recommendation as evidence of having met the practical instruction requirements. For providing the Instructor's recommendation one of the following methods shall be used:
  - (i) The endorsement can be provided in the relevant prescribed application Form
  - Or
  - (ii) In a letter to the Authority.

### **3.7 Cabin crew Licence Issued on Basis of a Foreign Licence**

The Authority does not convert/validate a foreign issued Cabin Crew Licence/Certificate. Applicants for conversion of cabin crew licence/certificate issued by a foreign CAA or on a basis of Training conducted in a foreign ATO shall be required to meet the requirements of Regulations 2.5.1.3 of Part 2 of the Nigeria Civil Aviation Regulations.

### **3.8 Requirements for Renewal and the Renewal Process**

#### **3.8.1** The applicant should:

- (a) Complete the renewal prescribed application form;
- (b) Show that he has satisfactorily met the requirements under Regulation 2.5.1.3 of Part 2 of the Nigeria Civil Aviation Regulations; and
- (c) Present a certified record to substantiate the required experience.

### **3.9 Discrepancies or Ineligibility**

**3.91** If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the licence cannot be issued and explain how the applicant may correct the discrepancies;

**3.9.2** If the applicant is not eligible for the Licence, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the Licence.



### **3.10 Issue, Renew and Re-issue Of Licence**

**3.10.1** When the applicant has satisfactorily met the requirements for the issue, renewal or re-issue of the Licence-

- (a) Ensure the prescribed fees for the licence is paid.
- (b) Prepare the licence;
- (c) Renew the licence;
- (d) Make copy of licence or renewal certificate for the licensing file;
- (e) Provide applicant with a completed licence or renewal certificate; and
- (f) File all documents on the cabin crew licensing file.

### **3.11 Renewal of a lapsed cabin crew licence**

**3.11.1** Where a licence has not been renewed by the date of expiry, the validity of the licence standards are lapsed.

**3.11.2** To ensure the validity of the lapsed licence; the licence holder shall meet the requirements subject to the lapsed periods as follows:

- a) Not more than six (6) months and all renewal requirements were met prior to the date of expiry; there are no additional requirements;
- b) More than six (6) months but not more than two (2) years:
  - (i) pass a written examination in Air Law or Regulations;
  - (ii) Complete Recurrent Training and pass all Emergency Drills
  - (iii) Meet the renewal requirements
- c) More than two (2) years but Not more than 10 years:
  - (i) undertake a refresher course in an ATO in preparation for knowledge And skill tests
  - (ii) Pass Aircraft Type and Air law examinations
  - (iii) Meet the renewal requirements
- d) More than ten (10) years, an applicant shall meet all requirements for initial issue of a cabin crew licence



## 4.0 RESULTS

---

4.1 Completion of this task results in the issue of one of the following:

4.1.1 Cabin Crew Licence or

4.1.2 Renewal Certificate

## 5.0 FUTURE ACTIVITIES

---

**Applicant may return for renewal of the Licence.**

### RATINGS

The following ratings are issued under this subpart:

- (1) Aircraft Type Ratings
- (2) Cabin Crew Instructor Endorsement

### Cabin Crew Instructor Endorsement Eligibility

- (a) Be at least 18 years of Age
- (b) To be eligible for a Cabin crew Instructor rating, the applicant shall meet the requirements of fundamentals of knowledge instruction as listed in 2.2.6 of these regulations.
- (c) Any other requirements that may be specified by the Authority
- (d) Experience: Hold a cabin Crew Licence and appropriate ratings with minimum of five years flying experience as a licensed cabin crew
- (e) Holders of a foreign Cabin Crew instructor's training certificate issued by an NCAA Approved Training Organization.

### CURRENT REQUIREMENTS

- (a) The holder of a cabin crew Instructor's Endorsement may not perform the duties of cabin crew Instructor unless within the preceding 24 months
- (b) The person has undergone a recurrent training for instructor's rating renewal at NCAA approved institution
- (c) 12 months the person has undergone a recurrent training for each aircraft type, a general description of the aircraft emphasizing physical characteristics that may have bearing on in flight emergency procedures.
- (d) 12 months the person has met all the requirements as set forth in the relevant Civil Aviation Requirements

### PRIVILEGES

The holder of a Cabin Crew Instructor's Endorsement may exercise the privileges appropriate to the ratings held.



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>



## CHAPTER 17

### Issue, Renewal and Re-Issue of an Air Traffic Safety Electronics Personnel Licence

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#### 1.0 PURPOSE

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This Chapter is issued to provide information and guidance for Air Traffic Safety Electronics Personnel Inspectors and Personnel Licensing Officers in determining if the applicant meets the requirements for the issue of an Air Traffic Safety Electronics Personnel Licence (ATSEP), under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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2.1 Regulations [2.5.3.1](#) of the Nigeria Civil Aviation Regulations;

2.2 The prescribed Application Form: [Form O-PEL017](#)

2.3 Advisory Circular Issue, Re-issue, Renewal of an ATSEP. Issued Under the Air Navigation Regulations to Licenses under [Part 2](#) of the Nigeria Civil Aviation Regulations.

#### 3.0 GUIDANCE AND PROCEDURES

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3.1 Review application for eligibility and details regarding experience and qualification requirements for ATSEP.

3.1.1 Ensure that the application form is appropriately completed, signed by the applicant and Confirmed by an authorized person

3.1.2 Ensure:

a) For renewal - that part 1 & 2 of the application has been completed.

b) For issue or extension –

- (i) That part 1 & 3 have been completed with all the required information;
- (ii) Relevant schedule of work experience has been attached; and  
Revision 01: 11July2009 2 – 93
- (iii) Copies of training certificates are attached

#### 4.0 ISSUE, EXTEND OR RENEW THE LICENCE

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##### 4.1 Renewal



- 4.1.1** When applicant has satisfactorily met all requirements for the licence renewal, the Licence is recommended for renewal and Personnel Licensing (PEL) Office will action as stated in paragraph 5.1.1
- 4.1.2** When the applicant has not met all the renewal requirements, the application is referred back to licensing indicating the reason(s) for denial and PEL Office will action as stated in paragraph 5.1.2
- 4.2 Issue or Extension**
- 4.2.1** When the applicant has satisfactorily met all requirements for the licence applied for, Recommend applicant to appear for the relevant examination and PEL Office will action as stated in paragraph 5.2.1
- 4.2.2** When the applicant has not met all the requirements for issue or extension of the license, the Application is referred back to licensing indicating the reason(s) for denial and PEL Office will action as stated in paragraph 5.2.2.
- 4.3 Renewal of a Lapsed Air Traffic Safety Electronics Personnel (ATSEP) License**
- 4.3.1** Where an ATSEP License has not been renewed by the date of expiry, the validity of the license standards are lapsed.
- 4.3.2** To ensure the validity of the lapsed license; the license holder shall meet the requirements subject to the lapsed periods as follows:
- (a) **Not more than six months** and all renewal requirements were met prior to the date of expiry; there are no additional requirements
  - (b) **More than six (6) months but not more than two (2) years;**
    - (i) Pass a written examination in Air law or Regulations;
    - (ii) Pass a type rating practical check-out on a CNS facility endorsed or on the the type rating sought
    - (iii) Meet the renewal requirements
  - (c) **More than two (2) years but not more than ten (10) years**
    - (i) undertake a refresher course in an ATO in preparation for the practical and knowledge tests which should include 5 weeks OJT field check-out
    - (ii) pass a composite knowledge examination
  - (d) **More than ten (10) years**, an applicant shall meet all requirements for the initial issue of an ATSEP





## 5.0 ACTIONS TAKEN BY PEL OFFICE

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### 5.1 Renewal

5.1.1 PEL will issue a letter indicating that they have met all the requirements for renewal and that their license will be available at the PEL office or it will be mailed to them

5.1.2 PEL will issue a letter indicating that the license renewal requirements have not been met and the reason for the denial and conditions for reapplication. All documents submitted will become property of the Authority for their records. Any future applications will be treated as a new application requiring resubmission of all documents and payments.

### 5.2 Issue or Extension

5.2.1 PEL will issue a letter indicating that they have met all the requirements for the issuance or extension of their license. PEL will also advise the applicant of the relevant exam(s), centre and date for the exams to be taken.

5.2.2 If the applicant does not pass either exam(s) taken (written and/or oral) action as described in item

5.2.3 If the applicant successfully passes the examination and recommended for the licence issue or extension action as described in item 6.2.5. 2 - 94

5.2.4 PEL will issue a letter indicating that the license requirements for issuance or renewal have not been met and the reason for the denial. All documents submitted will become property of the Authority for their records. Any future applications will be treated as a new application requiring resubmission of all documents and payments.

5.2.5 The applicant will be informed that their license will be available at the PEL office or it will be mailed to them.



**APPENDIX**

**LETTER OF DISCONTINUANCE**

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,



Examiner \_\_\_\_\_ Licence No. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
<p>On the date shown, you failed the examination indicated below:</p> <p>Theoretical knowledge <input type="checkbox"/></p> <p>Skill <input type="checkbox"/></p>	
<p>Upon reapplication you will be re-examined on the following:</p>	
<p>I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought</p>	
<p>Date of examination</p>	
<p>Signature of examiner</p>	<p>Examiners Licence No.</p> <p>Date:</p> <p>.....</p>



## CHAPTER 18

### PROCEDURES FOR FILE MANAGEMENT AND ARCHIVING

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#### 1.0 FILE MANAGEMENT

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- (1) A PEL file should contain about 150 pages. However if a file becomes too bulky a new volume should be opened. Any file cover which is torn, defaced or dilapidated should be recovered before it leaves the registry.
- (2) A new volume cannot be opened until the existing volume has been closed. One of the best methods of opening a new volume is to let the existing volume grow to about 170 pages and then extract the last twenty pages into a new file cover. If this method is adopted the action to be taken is:
  - (a) Make up a new file cover identical with the existing file but having after the number the letters "Vol. II".
  - (b) Extract from the file to be closed the last twenty items and enclose them in the cover.
  - (c) Enter "Vol. II" on the new volume in the space provided for "Volume No"
  - (d) On the last page of the closed volume write boldly, if a stamp is not available. "The volume closed. Action proceeds in Vol II".
  - (e) Write after the number on the closed file the letters "Vol. I"
- (3) This procedure will be the same for all volumes opened except for the substitution of the appropriate volume number.  
Further volumes should continue with the page numbering from previous volumes until page 1000 is reached, whereupon the succeeding pages will start again from number 1. The date quoted as a reference to a letter in subsequent correspondence will prevent confusion between the sets of numbers.
- (4) Two other things to remember when opening new volume are:
  - (a) The action on opening new volumes should be made only when no action is outstanding in the file.



- (b) Multiple page letters should not be split, viz. if a five page letter is numbered from 148 to 152 then it would be absurd to retain in the first volume pages 148-150 and placed in the new volume pages 151 and 152 in this circumstances either the whole letter should be retained in the closed volume or placed in the new volume.
- (5) Access to the file registry and handling of personnel licensing files are restricted to authorised staff only.

## 2.0 FILE ARCHIVING

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- (1) When files have been dormant for five (5) years or more
  - (a) Files that have lapsed for a period of five years shall be closed. Where the licence holder is no longer living the file shall be closed permanently.
  - (b) The closed files shall be kept for another period of ten years after which they are placed on the archives.
  - (c) The availability of these files are strictly controlled and confidential. Accessibility shall be only to officers authorized by the Director of Licensing.
  - (d) The closed files are recorded in a separate register and kept in dormant cabinets.
- (2) **Archive Files (Reference the National Archives Act 1992 N0.30; Laws of the Federation of Nigeria Vol.10).**
  - (a) Closed files in the dormant cabinet for ten years are placed in the archives.
  - (b) When the need arises reference may be made to the archives.
  - (c) Request for retrieval of archival files shall be made to the Director of Licensing for authorisation.
  - (d) The Director shall grant approval to the authorised officer to retrieve the archival file after appropriate documentation is presented.
  - (e) When the file is returned, it shall be documented.



## CHAPTER 19

### KNOWLEDGE TEST DEVELOPMENT

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#### 1.0 PURPOSE

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This Chapter is issued to provide guidance for the development, conduct and revision of written and oral examinations for licenses, certificates or ratings, under part 2 of the Nigerian Civil Aviation Regulations.

#### 2.0 REFERENCES

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2.1 Regulations [Part 2](#) of the Nigeria Civil Aviation Regulations;

2.2 ICAO DOC 9379.

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.2.1 General

Nigerian Civil Aviation Regulations Part [2.2.5.5](#), [2.2.3](#), [2.3.3](#), [2.3.4](#), [2.3.5](#), [2.3.6](#), [2.3.7](#), [2.3.8](#), [2.3.9](#), [2.3.10](#), [2.4.2](#), [2.4.6](#), [2.5.1](#), [2.6.2](#), [2.7.2](#), [2.8.3](#), [2.8.4](#), [2.8.5](#), [2.9.3](#), broadly outlines the subjects of which applicants shall demonstrate appropriate knowledge.

##### 3.3.3. Examinations Development Procedures,

3.3.3.1 All knowledge test questions shall be prepared/developed and reviewed by an appropriately qualified Personnel Licensing Inspector/Examiner with a background in training and testing, in conjunction with the Examination Committee. In addition to preparing/developing the questions (with model answers, calculations, correct answer and distracters, etc.), all knowledge test questions should broadly outline the subject which the applicant shall demonstrate appropriate knowledge. The topics in these subjects are often re-distributed for ease of examination. Knowledge Test shall be performed in written or computer format, except for the Knowledge Test for an instructor rating or an additional instructor rating within the same aircraft category, which may be performed orally. In addition to the written knowledge test, candidates may be questioned orally during the skill/practical test as appropriate.

All knowledge test questions will be subjected to a validation process by the Examination Committee before it will be administered to candidates. This is to ensure its Validity, Objectivity, Discrimination, Comprehensiveness, Usability and Reliability.



### 3.3.3.2 Written Tests Guidelines

All Knowledge Test Questions shall meet the following criteria:

- a. Relate the test item directly to an objective
- b. Avoid negative statements
- c. Avoid giving clues to the correct response in the wording
- d. Avoid ambiguous statements.

### 3.3.3.3 Types of Test Items

Knowledge Test Examination shall be Multiple-Choice type test. Multiple-choice test question design guidelines include:

- I. Ensure test items are brief and specific
- II. Ensure responses are plausible, grammatically consistent, and in logical order
- III. Ensure there is only one correct answer
- IV. Avoid use of “all of the above” or “none of the above” as responses
- V. Avoid patterns of correct answers

### 3.3.3.4 Examination Questions Review Process

Knowledge Test Questions administered by the Authority are periodically reviewed every two (2) years by the Examination Committee.

However, when a new question is first used, its performance is closely scrutinized to confirm that it is achieving the desired objective. The review is based on both statistical analysis and consideration of examination candidate feedback.

Examination questions that are correctly answered more frequently (e.g. over 95 per cent) or less frequently (e.g. below 50 per cent) are not necessarily compromised or deficient but warrant evaluation by the Examination Committee.

## 3.3.4 THE EXAMINATIONS COMMITTEE

The Director of Licensing Standards, shall constitute an Examinations Committee comprising qualified Aviation Safety Inspectors, Licence Examiners and Subject Matter Expert from the industry with high level of integrity, which will be responsible for the development, conduct and revision of all tests administered by the Authority for the issuance of licenses, certificates and ratings under part 2 of the Nigerian Civil Aviation.





### **3.3.4.1 EXAMINATIONS COMMITTEE MEMBER'S MINIMUM QUALIFICATIONS**

- a) Have high personal integrity;
- b) Have thorough knowledge of the licensing system;
- c) Have knowledge of and ability to apply and interpret the Nigeria Civil Aviation Regulations, policies and guidance;
- d) Have no personal or professional conflicts of interest with the examination function;
- e) Be an experienced and current practitioner in his or her specialist area;
- f) Have the appropriate grade and level of licence/authorization for the assigned examination topic;
- g) Have a strong background in training and assessment or qualified instructor;
- h) Have excellent written English language skills; and
- i) Have completed at least 3 applicable ITS core courses,
- j) Have completed approved Curriculum Development and Testing Technique courses.
- k) Be computer literate, as appropriate.

### **3.3.4.2 RESPONSIBILITIES OF EXAMINATION COMMITTEE**

- a) Prepare and periodically review the syllabi of licenses and rating examinations for aviation personnel in their field of specialty, defining the qualifying conditions and standards;
- b) Produce and arrange for the publication of relevant pamphlets and information circulars for the guidance of applicants for licenses and ratings;
- c) Develop technical manuals, training handbooks, test standards, test items and associated materials for Personnel licensing training and testing;
- d) Prepare examination question papers for licence and rating knowledge examinations and mark candidates' answer papers;
- e) Maintain a statistical review to determine the effectiveness of licence and rating examinations;
- f) Evaluate the technical knowledge qualifications presented in support of applications for exemption from examination for licences and ratings;
- g) Carry out such other duties as may from time to time be directed.



## CHAPTER 20

### Knowledge Testing for a Licence, Certificate or Rating

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#### 1.0 PURPOSE

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This Chapter is issued to provide guidance on the knowledge testing for a licence, certificate or rating, under Part 2 of the Nigeria Civil Aviation Regulations. The Personnel Licensing Office (PEL Office) is responsible for administering aviation knowledge tests by selecting the time and place for the examination and giving clear instructions to the applicant. Examinations by subject are available to the public through either printed or electronic means.

#### 2.0 REFERENCES

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2.1 Regulation [2.2.5.5](#) of the Nigeria Civil Aviation Regulations;

2.2 The prescribed Application Forms.

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Preparation and Control of Tests

3.1.1 Knowledge tests are provided for the issue of the following licences, certificates and Ratings:

- a) **Private Pilot Licence;**
- b) **Commercial Pilot Licence;**
- c) **Airline Transport Licence;**
- d) **Ground Instructor Licence;**
- e) **Flight Engineer Licence;**
- f) **Air Traffic Controller Licence;**
- g) **Aircraft Maintenance Engineer Licence;**
- h) **Flight Dispatcher Licence ;**



- i) **Flight Radio Telephony Operator Licence; and**
- j) **Cabin Crew Member Certificate.**
- k) **Instrument Rating**
- l) **Flight Instructor Rating**
- m) **Type Ratings**

3.1.2 The requirement for the specific knowledge tests are as detailed in the relevant regulations of the specific Licence under Part 2 of the Nigeria Civil Aviation Regulations for the specific licence or rating sought.

### **3.2 Booking and Payment for the Examination**

3.2.1 All examinations are booked in the PEL office

3.2.2 Applicants are required to provide the instructors written recommendation certifying that the applicant has been instructed and is qualified to sit for the examination sought.

3.2.3 All examination fees shall be paid on booking and not later than the set booking date.

3.2.4 Applicants who cancel the examination booking by the booking date will be credited with the examination fees.

3.2.5 Applicants who reschedule the examination booking after the booking date and before the examination date shall be credited with 100% of the examination fees.

3.2.6 Applicants who do not turn up for the booked examination will lose the examination fees.

3.2.7 Candidates who report ill for an examination will be required to submit a medical report from a medical doctor before being allowed to sit for the booked examination.

3.2.8 Based on the medical report which should be presented to the booking office by the examination date or other reasonable excuses, candidates may be allowed to sit the booked examination without losing the examination fees already paid; and

3.2.9 No refund for any fees paid.



### 3.3 EXAMINATION VENUE AND SCHEDULE

Examinations are conducted at the venue and time (schedule) to be advised at the time of booking for the examination.

3.3.1. All examinations are conducted at the Authority's Examination Center. The Authority may approve examinations at an off-site locations in an Approved Training Organization (ATO).

Such off-site facility are to meet the following Test Center Requirements:

- a) The facility must be of an adequate size to cater for the planned number of candidates with the designated spacing between desks;
- b) The room(s) must allow the examination supervisor(s) an unobstructed view of all candidates;
- c) Adequate lighting and temperature control;
- d) Provision of space for bags and personal effects to be stored during the sitting (candidates should not take bags to their desks); and
- e) There should be adequate male and female toilet facilities.
- f) The room(s) must be free of noise or any form of distractions.

3.3.2. A written application from the ATO requesting for examination for the students on completion of their course with the students mock result attached to the application, must be submitted to the Director of Licensing for approval and sent to the Head of Examination dept for processing.

3.3.3. The Director, Licensing nominates (as per the volume of the applicants for the exam) Examiners/Invigilators to conduct the examination.

3.3.4. Activity advise will be raised for the Examiners/Invigilators and a duplicate/file copy to be sign by the Examiners/Invigilators and returned to the Head of Examination department for filing, (see sample Activity Advice).

3.3.5. To ensure the security, each subject question papers are sealed in separate envelopes and the total numbers of question papers in each sealed/labeled envelopes are written on the envelopes for accountability purposes.

3.3.6. Answer sheets and vetting papers are sealed in separate envelopes. The Examiners/Invigilators cross check the sealed examination question papers and acknowledge signs receipt of the same.

3.3.7. The examiners/invigilators must show the candidates the sealed question papers envelopes before opening and administering of the examination. No Instructor or personnel of the ATO is allowed into the Examination Test Center during the conduct of the examination.



3.3.8. Examiners/invigilators are required give written report of events as regards the conduct of the examination to the Director of Licensing upon completion.

3.3.9. All process and procedures herein regarding administering Knowledge Test by the Authority are applicable to examinations conducted at an offsite facility.

3.3.10. Annual examination schedule is to be published by the Authority. This shall be made accessible at the Personnel licensing office and the Authority Website.





# NIGERIAN CIVIL AVIATION AUTHORITY

## DIRECTORATE OF LICENSING STANDARDS

### ACTIVITY ADVICE

**Date:**

**OFFICERS CONCERNED**

- 1.
- 2.

### **ACTIVITY ADVICE**

CONDUCTING LICENCE WRITTEN EXAMINATIONS AT ATO (INSERT ATO NAME)

**Date:**

**Time:**

**Venue:**

**ADVICE:**

Please be advised that you have been nominated for the above mentioned Activity. Adhere strictly to the following:

- a) Total numbers of packed questions papers per subject must be returned intact and complete as per each pack.
- b) Officers will be held responsible for an examination mis-conduct.
- c) Officers must be vigilant and ensure that any form of examination mal-practices are reported/recorded accordingly.
- d) Officers must not allow any instructor(s) to peruse any of NCAA **APPROVED** questions.
- e) No officer(s) should engage in discussion with any member of the college while the examinations are in progress.
- f) Submit report on completion of activity.

DIRECTOR, LICENSING STANDARDS



### 3.4 Invigilator and his/her Responsibilities

- 3.4.1 Suitable invigilator(s) must be available who understand the nature of the examinations and the requirements for their conduct. The invigilator must be a properly trained and qualified individual appointed by the Authority to administer aviation knowledge tests. The invigilator administering the aviation knowledge test must positively identify each applicant, ensure proper test authorisation is presented, and ensure proper completion of the Test Centre Requirements
- 3.4.2 The invigilator shall not administer a test to an applicant who does not have satisfactory documentation of test authorization, as is required by regulation 2.5.5 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.4.3 The invigilator will provide each applicant with:
- a) A set of instructions for taking the test either by computer or in paper format depending on the capability of the PEL Office;
  - b) The required supplementary materials free of extraneous marks; and
  - c) An accountable number of sheets of scratch paper;
- 3.4.4 Inspect the aid(s) the applicant plans to use during the test to ensure that they meet the guidelines issued;
- 3.4.5 Ensure that the proper examination is available;
- 3.4.6 Answer applicant's questions regarding the proper use of equipment;
- 3.4.7 Monitor all activities in the examination room and be alert for any misconduct;
- 3.4.8 Collect printed examinations, handouts and scratch paper at the close of the examination;
- 3.4.9 Advise the applicant prior to the beginning of the examination that if a break is necessary, examination time continues uninterrupted and the invigilator will monitor the applicant's whereabouts during this break.

### 3.5 Time Allowed For Examination

The time allowed for the completion of each examination shall be given to the applicant during initial booking of the examination and by the invigilator before start of the examination. The invigilator should use terms such as —start now” and —finish now”, —no more writing please” and must require that these instructions be obeyed.

### 3.6 Knowledge Tests: Cheating or other unauthorised conduct.

- (A) An applicant for a knowledge test may not:
- (1) Copy or intentionally remove any knowledge test;
  - (2) Give to another or receive another applicant any part or copy of a knowledge test;
  - (3) Give assistance on, or receive assistance on a knowledge test during the period that test is being given;
  - (4) Take any part of a knowledge test on behalf of another person;
  - (5) Be represented by, or represent, another person for a knowledge test;
  - (6) Use any material or aid during when test is being given, unless specifically authorized to do so by the authority; and





- (7) Intentionally cause, assist or participate in any act prohibited by this paragraph
- (B) An applicant who the Authority finds has committed an act prohibited by paragraph (A) of this section is prohibited, for 1 year after the date of committing that act, from:
- (1) Applying for any licence, rating, or authorization issued under part 2 the Nigeria Civil Aviation Regulations; and
  - (2) Applying for and taking any test under part 2 the Nigeria Civil Aviation Regulations;
  - (3) Any licence or rating held by the applicant may be suspended or revoked if the Authority finds that person has committed an act prohibited by this section.

### 3.7 Examination Passing Grades

3.7.1 In order to qualify, candidates must obtain not less than 75% of the possible marks for each licence or certificate.

3.7.2 The examination passing grades are as follows:

a) **Private Pilot Licence Subjects**

- (i) **Air Law**
- (ii) **Aircraft General Knowledge**
- (iii) **Flight Performance, Planning and Loading**
- (iv) **Human Performance**
- (v) **Meteorology**
- (vi) **Navigation**
- (vii) **Operational Procedures**
- (viii) **Principles of Flight**
- (ix) **Radio Telephony.**

**Pass Mark is 75%**

b) **Commercial Pilot Licence Subjects**

- (i) **Air Law**
- (ii) **Aircraft General Knowledge**
- (iii) **Flight Performance, Planning and Loading**
- (iv) **Human Performance**
- (v) **Meteorology**
- (vi) **Navigation**
- (vii) **Operational Procedures**
- (viii) **Principles of Flight**
- (ix) **Radio Telephony (if applicable)**

**Pass Mark is 75%**

c) **Airline Transport Licence Subjects**

- (i) **Air Law**
- (ii) **Aircraft General Knowledge**
- (iii) **Flight Performance and Planning**
- (iv) **Human Performance**
- (v) **Meteorology**
- (vi) **Navigation**
- (vii) **Operational Procedures**
- (viii) **Principles of Flight**



- (ix) **Radio telephony (if applicable)**

**Pass Mark is 75%**

**d) Ground Instructor Licence Subjects**

In addition to passing the CPL/ATPL knowledge examination as applicable, the applicant shall be required to pass an examination on the following subjects:

- (i) **The learning process**
- (ii) **Elements of effective teaching**
- (iii) **Student evaluation and testing**
- (iv) **Course development**
- (v) **Lesson planning**
- (vi) **Classroom training techniques**
- (vii) **Techniques of applied instructions**
- (viii) **Use of training aids**
- (ix) **Analysis and correction of student errors; and**
- (x) **Human performance relevant to ground instruction**

**Overall Pass Mark is 75%**

**e) Flight Engineer's Licence Subjects**

- (i) **Air Law**
- (ii) **Aircraft General Knowledge**
- (iii) **Flight Performance and Planning**
- (iv) **Human Performance**
- (v) **Operational Procedures**
- (vi) **Principles of Flight: Fundamentals of Aerodynamics**
- (vii) **Radio Telephony: Radio Telephony Procedures and Phraseology**

**Overall Pass Mark is 75%**

**(f) Air Traffic Controller Licence Subjects**

- (i) **Air Law**
- (ii) **Air Traffic Control Equipment**
- (iii) **General Knowledge**
- (iv) **Human Performance**
- (v) **Language**
- (vi) **Meteorology**
- (vii) **Navigation**
- (viii) **Operational Procedures**

**Overall Pass Mark is 75%**



- g) **Flight Dispatcher Licence Subjects**
- (i) **Air Law**
  - (ii) **Aircraft General Knowledge**
  - (iii) **Flight Performance calculation and Planning procedures**
  - (iv) **Human Performance**
  - (v) **Meteorology**
  - (vi) **Navigation**
  - (vii) **Operational Procedures**
  - (viii) **Principles of Flight**
  - (ix) **Radio communication: procedures for communication with aircraft and relevant ground stations**

**Overall Pass Mark is 75%**

- (h) **Aeronautical Station Operator Licence subjects**
- (i) **Subjects the ICAO spelling alphabet;**
  - (ii) **Departure and position reporting;**
  - (iii) **Obtaining meteorological information**
  - (iv) **Transmission and procedures of distress and urgency signals;**
  - (v) **Communication techniques and procedures and phraseology;**
  - (vi) **The necessity for brevity in radiotelephony communication and priorities;**
  - (vii) **Radiotelephony facilities and frequencies available in the Flight Information Region (FIR);**
  - (ix) **Elementary knowledge of the relationship between wavelength and frequency;**
  - (x) **Ability to use the radio equipment of the type installed in the aircraft and including the ability to carry out emergency procedures.**

**Overall Pass Mark is 75%**

- i) **Cabin Crew Licence Subjects**
- (i) **Fire and smoke training;**
  - (ii) **Water survival training;**
  - (iii) **Survival training appropriate to the areas of operation such as polar, desert, jungle or sea;**
  - (iv) **Medical aspects and first aid;**
  - (v) **Passenger handling;**
  - (vi) **Communication;**
  - (vii) **Discipline and responsibilities;**
  - (viii) **Crew resource management;**
  - (ix) **The applicant should have clear knowledge of the following:**
    - (a) The responsibility of cabin crew member to deal promptly with emergencies involving fire and smoke and, in particular, emphasis on the importance of identifying the actual source of the fire.



- (b) the importance of the cabin crew member informing the flight crew member immediately, as well as the specific actions necessary for coordination and assistance, when fire or smoke is discovered;
- (c) The necessity for the cabin crew member doing frequent checking of potential fire-risk areas including toilets and the associated smoke detectors;
- (d) The classification of fires and the appropriate type of extinguishing agents and procedures for particular fire situations, the techniques of application of extinguishing agents, the consequences of misapplication, and of use in a confined space; and
- (e) The general procedures of ground based emergency services at aerodromes

**Overall Pass Mark is 75%**

**j) Instrument Rating**

- (i) **Air law**
- (ii) **Aircraft general knowledge**
- (iii) **Flight performance and planning**
- (iv) **Navigation**
- (v) **Operational procedures**
- (vi) **Radio-telephony**

**Overall Pass Mark is 75%**

**k) Flight Instructor Rating**

- (i) **Techniques of applied instruction;**
- (ii) **Assessment of student performance in those subjects in which ground instruction is given;**
- (iii) **The learning process;**
- (iv) **Elements of effective teaching;**
- (v) **Student evaluation and testing, training philosophies;**
- (vi) **Training programme development;**
- (vii) **Lesson planning;**
- (viii) **Classroom instructional techniques;** (ix) **Use of training aids;**
- (x) **Analysis and correction of student errors;**
- (xi) **Human performance relevant to flight instruction; and**
- (xii) **Hazards involved in simulating system failures and malfunctions in the air**

**Overall Pass Mark is 75%**

**l) Aircraft Type Ratings**



The knowledge test shall be applicable to the relevant aircraft type rating sought.

**Overall Pass Mark is 75%**

**3.8 Examination Passing Standards**

- 3.8.1 Candidates for examinations listed in 3.7 above other than CPL and ATPL applicants are required to take a single examination sitting in all subjects. A candidate who passes in not less than 50% of the subjects will be awarded a partial pass and will be allowed two further attempts to pass the outstanding subjects. A total pass of all subjects must be accomplished within a three months period from the date of commencement of the first sitting. Failing this, a candidate would not be allowed to re-sit, the examination before a waiting period of not less than 30 days.
- 3.8.2 Candidates for CPL and ATPL are required to take a single examination sitting in all subjects. A candidate who passes in not less than 50% of the subjects will be awarded a partial pass. A total pass of all subjects must be accomplished within one year from the date of commencement of the first sitting. Failing this, a candidate would not be allowed to re-sit, the examination before a waiting period of not less than 90 days.

**3.9 Attendance at the Examination**

- 3.9.1 Candidates should be present at the examination centre with proof of identity at least fifteen (15) minutes prior to the scheduled time for the commencement of each examination paper. Candidates may enter the examination room only during the fifteen (15) minutes preceding the start of the examination to prepare examination material. Candidates must not remain in the room after they finish the examination period unless they are taking an examination in the next period.
- 3.9.2 Bags, briefcases, cellular phones, programmable calculators, beepers etc are NOT PERMITTED in the examination room, but if suitable facilities are not available, such personal belongings may be placed at a designated area of the examination room, under the direction of the invigilating officer.
- 3.9.2.1 Examination results will be released to the candidates within fourteen (14) working days and not on telephone.

**3.10 Materials for the Examination**

- 3.10.1 When necessary the following reference books and tables will be supplied to each candidate but they must not be marked in any way or removed from the examination room:
- a) Extracted pages from the Air Almanac;
  - b) Flight Planning Data sheets and radio navigation charts;
  - c) The Authority Navigation Log and Flight Planning forms will be provided and no any other may be used.



- 3.10.2 Candidates are NOT permitted to bring their own tables, reference books or papers, including instruction books for calculators and computers into the examination room. For Performance Examination candidates will be provided with appropriate aircraft performance (Charts) and a copy of the applicable Regulations.
- 3.10.3 Candidates are required to provide themselves with all the necessary drawings and calculating instruments, e.g. Dividers, compasses, protractors, parallel rules, slide rules, and navigational computers. No pencil boxes, containers or instrument cases are permitted on the tables. The use of slide rules or instruments containing printed information on critical points, point of no return, distance to the horizon, convergence angle, conversion factors, etc. is not permitted.
- 3.10.4 Candidates will NOT be permitted to use calculators which are programmable; those having a navigation function; those having a hard copy printout; or devices having an alpha-numeric data bank. However they may use simple wrist or hand held electronic calculators in I examinations.
- 3.10.5 Calculators must not be used in such a manner, or be of such a type, as to cause distraction to other candidates.
- 3.10.6 A candidate must accept the risk that the misuse or malfunctioning of a calculator may lead to an incorrect answer. No allowance for such an occurrence can be made by the Authority in marking the paper.
- 3.10.7 All relevant data must be entered in appropriate forms when so directed. Power supplies for operating or recharging electronic calculators may not be available in the examination room.
- 3.10.8 All used or unused writing paper and other materials supplied to the candidate must be returned to the invigilator at the end of the examination.
- 3.11 Rules to be applied to the Conduct of Examination**
- 3.11.1 All work must be shown in the Performa or navigation log forms or on foolscap when so directed; candidates are not allowed to use any loose paper other than that provided at the examination. All papers are to be returned with the answer sheet to the invigilator on completion.
- 3.11.2 Answer sheets are to be completed using pen. Candidates may use other writing implements for navigation and flight planning at the discretion of the invigilator.
- 3.11.3 Silence is to be observed in examination room at all times.
- 3.11.4 If a candidate wishes to speak to the invigilating officer, he should remain seated and raise his hand. It should be noted that the invigilating officer will consider only those questions from candidates, which relate to the general conduct of the examinations and he will not enter into discussion on the interpretation of words or questions contained in the examination papers.
- 3.11.5 A candidate may leave the room if he finishes before time, except during the last five (5) minutes





before the end of the paper and subject always to the permission of the invigilating officer. Candidates are to stop work when so directed and must remain seated until all answer material has been collected.

- 3.11.6 Any candidate who attempts to remove unauthorized examination materials from the room will be liable to disqualification from those examinations, which have been taken.

**3.12 Validity of Knowledge Test**

The Knowledge Test is valid for a period as stated in the specific regulation of Part 2 of the Nigeria Civil Aviation Regulations provisions for each specific type of the licence, and the expiry date must be endorsed on the result slip addressed to the candidate.

**3.13 Validity of Knowledge Test Papers**

knowledge Test Papers shall be subject to review at 24- Monthly Interval .

**4.0 RESULT**

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Examination Results are issued to the candidate indicating the expiry date.

**5.0 FUTURE ACTIVITIES**

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**5.1 Applicant may return to:-**

5.1.1 **Re-sit the failed or expired examinations; or**

5.1.2 **To sit for examinations for other licences or certificates.**





## CHAPTER 21

### Authorisation of Designated Pilot Examiner

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#### 1.0 PURPOSE

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This Chapter is issued to give guidance in determining if an individual meets the qualifications for authorization as a Designated pilot Examiner or renewal of the authorization, under the Civil Aviation (Personnel Licensing) Regulations.

#### 2.0 REFERENCES

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2.1 Regulations [2.2.1.6](#), [2.3.10.1](#) and [2.3.10.2](#) of the Nigeria Civil Aviation Regulations;

2.2 The prescribed Application Forms

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Application for the Authorisation

3.1.1 An applicant for the Designated pilot examiner authorization shall:

- a) Hold a licence and rating at least equal to the licence or rating for which the authorization is sought, unless specified otherwise, the privilege to instruct for this licence or rating;
- b) Pass an examiner authorization test prescribed by the Authority and supervised by an Inspector of the Authority or by a Designated pilot Examiner specifically authorized by the Authority for the purpose in the role of an examiner for which authorization is sought, including -
  - (i) Briefing;
  - (ii) Conduct of the practical (skill) test check;
  - (iii) Assessment of the applicant to whom the skill test is given; and
  - (iv) De-briefing and recording or documentation.

3.1.2 A check pilot of an air operator or Aviation Training Organization who has undergone the full training programme of the air operator or Aviation Training Organization may not be required to be assessed under 3.1.1(b) above.



3.1.3 A Designated pilot Examiner shall comply with appropriate standardization procedures for examiners, approved by the Authority.

3.1.4 A Designated pilot Examiner may be re-authorized at the discretion of the Authority.

### 3.2 Private Pilots Licence Practical (skill) Test

This is an examiner to conduct practical test for issue, re-issue, validation and conversion of private pilots licences for either single-engine or multi-engine class rating;

3.2.1 The applicant is required to meet the following requirements:

- a) Should be a person of integrity,
- b) Should be a holder of a valid Commercial Pilots Licence (CPL) and Flight Instructor Rating and
- c) Shall have a current aircraft type rating on which the test is to be conducted endorsed as PIC.
- d) Shall have -
  - (i) **For single-engine class rating:**
    - (a) Total flight time of 1000 hours in the category sought, and
    - (b) Not less than 200 hours as a instructor.
  - (ii) **For multi-engine class rating:**
    - (a) A multi-engine rating;
    - (b) A minimum of 1000 hours total flight time in the category sought;
    - (c) Not less than 200 hours as an instructor and
    - (d) Not less than 100 hours on multi- engine aeroplanes
  - (iii) **For night rating:**
    - (a) A single-engine or multi-engine rating;
    - (b) A minimum of 1000 hours total flight time in the category sought; and
    - (c) Not less than 200 hours as an instructor; and
    - (d) Not less than 30 night hours.

### 3.3 Commercial (CPL) and Airline Transport Pilot Licence Practical (Skill) Test

3.3.1 This is an examiner to conduct practical (skill) test for issue, re-issue validation and conversion of Commercial (CPL) Airline Transport pilot licences including initial multi-engine rating; aeroplane or helicopter.



3.3.2 The applicant is required to meet the following requirements:

- a) Should be a person of impeccable integrity;
- b) Should be a holder of a valid Airline Transport Pilots Licence (ATPL) and Flight Instructor Rating;
- c) Shall have a current aircraft type rating on which the test is to be conducted endorsed as a PIC.
- d) Shall have, for a CPL single-engine rating -
  - (i) A minimum of 2000 hours total flight time and
  - (ii) Not less than 250 hours as an instructional.
- e) Shall have, for an ATPL -
  - (i) A minimum of 2000 hours total flight time; and
  - (ii) Not less than 500 hours flight time as an instructor.

### 3.4 Initial Multi-Engine Examiner

3.4.1 This is an examiner to conduct practical (skill) test for issue, re-issue validation and conversion of Commercial pilots licence initial multi-engine rating;

3.4.2 The applicant is required to meet the following requirements:

- a) Should be a person of integrity;
- b) Should be a holder of a valid ATPL and Flight Instructor Rating;
- c) A minimum of 2000 hours flight time out of which 450 hours are as an instructor;
- d) shall have a minimum of 1500 hours on Multi- engine aircraft, including 500 hours as PIC; and
- e) Shall have the aircraft type rating on which the test is to be conducted endorsed as PIC

### 3.5 Instructor Rating Examiner

3.5.1 This is an examiner to conduct practical (skill) tests for the issuance of a Flight Instructor Rating.

3.5.2 The applicant is required to meet the following requirements:

- a) Should be a person of integrity;
- b) Should be a holder of a valid ATPL and Flight Instructor Rating;



- c) Shall have the aircraft rating on which the test is to be conducted endorsed as PIC; and
- d) Shall have -
  - (i) A minimum of 2000 hours total time; and
  - (ii) Not less than 100 hours flight time instructing applicants for issue of a Flight Instructor Rating.

### **3.6 Authority to Instruct Applicants for Issue of a Flight Instructor Rating**

3.6.1 This is an instructor who is to conduct training for the issuance of a flight instructor rating.

3.6.2 The applicant is required to meet the following requirements:

- a) Should be a person of integrity;
- b) Should be a holder of a valid ATPL and a Flight Instructor Rating;
- c) Shall have the aircraft type rating on which the test is to be conducted endorsed as PIC; and
- d) Should have -
  - (i) A Multi-engine rating,
  - (ii) A minimum of 2000 hours total flight time and
  - (iii) Not less than 500 hours flight time as an instructor.

### **3.7 Instrument Rating Examiner**

3.7.1 This is an examiner to conduct practical (skill) tests for the issue or renewal of an Instrument Rating.

3.7.2 The applicant is required to meet the following requirements:

- a) Should be a person of integrity;
- b) Should be a holder of a valid ATPL;
- c) Shall have -
  - (i) A minimum of 2000 hours total flight time
  - (ii) Not less than 450 hours under IFR

### **3.8 Authorization Procedures**

3.8.1 A Designated pilot Examiner shall be notified in writing by the Authority, of his responsibilities and privileges.



- 3.8.2 The Authority shall notify each approved Aviation Training Organization and Air Operators of the Designated pilot Examiners who have been designated to conduct skill test for the issue of flight crew licences, certificates and ratings.
- 3.8.3 A Designated pilot Examiner shall, as far as practicable, not test an applicant to whom he has given flight instruction for that licence, certificate or rating.
- 3.8.4 Whether out of personal interest or on recommendation an interested person shall apply to the Authority for appointment to carry out tests in his field of expertise.
- 3.8.5 A person could be recommended by an examiner or employer.
- 3.8.6 Upon receipt of an application under regulation 3.10.1 of Part 2 of the Nigeria Civil Aviation Regulations and where the applicant is certified as a suitably qualified person of integrity to conduct flight crew member tests on behalf of the Authority, the Authority shall advise the applicant in writing of the training required as specified in IS 3.10.2 of Part 2 of the Nigeria Civil Aviation Regulations The Instructor will then present the report of training with the recommendations to the licensing office.
- 3.8.7 The applicant is then booked for the relevant test.
- 3.8.8 The Examiner will present the report of the practical test with relevant limitation and recommendations to the licensing office.
- 3.8.9 When all the conditions have been satisfactorily met, the applicant will be issued with a letter of authorization.

### **3.9 Authorization Numbering**

- 3.9.1 A system of authorization numbering shall be used to identify authorized examiner.
- 3.9.2 The Examiner shall be notified in writing by the Authority, of his reference number, responsibilities and privileges.
- 3.9.3 A Designated pilot Examiner shall not test an applicant to whom he has given flight instruction for that licence or rating.

### **3.10 Designated Pilot Examiner Privileges**

- 3.10.1 Designated pilot Examiner may, when his licence, ratings and authorisation permits, conduct:
- a) Practical test for the issue of Type Ratings;
  - b) Proficiency checks for aircraft type ratings
  - c) Practical test for the initial issue and renewal of Instrument Ratings;



- d) Aircraft Type and Instrument Rating proficiency checks on multi-pilot aircraft in a flight simulator;

### **3.11 Examining Requirements and Procedures**

- 3.11.1 An examiner must conduct all skill tests and proficiency checks according to the applicable requirements and procedures.
- 3.11.2 An examiner is expected to honour appointments unless circumstances warrant cancellation or postponement. It is the examiner's responsibility to reschedule a skill test if the postponement is at the examiner's request.
- 3.11.3 If an examiner cancels a skill test without rescheduling, the examiner shall instruct the applicant to contact the PEL office of the Authority. The PEL office will make arrangements to provide another examiner.
- 3.11.4 The examiner must conduct the oral portion of the skill test in a private area free from distractions. The examiner must give the applicant undivided attention during the test and ensure that any discussion of test results with the applicant is in private unless, by mutual agreement, a person other than the applicant's flight instructor is present.
- 3.11.5 An examiner must not allow personal prejudices to interfere with objective evaluation of an applicant.
- 3.11.6 An examiner is responsible for maintaining personal flight proficiency and currency, for remaining up to date with regulatory and procedural changes, and for demonstrating aviation safety at all times.
- 3.11.7 If the performance of a pilot who has successfully passed a skill test, is found unsatisfactory due to an accident, incident, or other significant event, or if other evidence reveals a deficient performance by a flight examiner, a flight check of that examiner may be required by an Authority inspector or an examiner authorized by the Authority for the purpose.

### **3.12 Annual Meeting.**

The Authority shall hold at least two examiner meetings every year to review problem areas, examiner performance, requirements and procedures and all examiners are required to attend at least one meeting, attendance at this meeting shall be recorded in the examiners file.

### **3.13 Additional Authorizations**

- 3.13.1 An additional authorization may be issued to an examiner who complies with the requirements of regulation IS 3.10.1 and IS 3.9.2 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.13.2 Where a Designated pilot Examiner meets the licence qualification, authorization and experience requirements set out in the Regulations for each role undertaken, he may exercise a number of roles as Type Rating Examiner, Instrument Rating Examiner or Simulator Designated pilot Examiner.

### **3.14 Re-Authorization**





3.14.1 Examiners should apply for re-authorization at least 21 days before the authorization expires. If the examiner has not applied within 21 days before the expiration date it could be understood that the examiners does not desire to renew the authorization.

3.14.2 The examiner must submit to the Authority a completed the prescribed application form for re-authorization along with a list of activities and tests done within the previous 12 months preceding the application. The examiner should have conducted at least four skill tests within the period and that the services of the examiner are still required.

### **3.15 Designated pilot examiner's Records**

3.15.1 An Examiner shall:

- a) Sign the logbook or any other approved record keeping document of each person to whom the examiner has tested;
- b) Maintain a record in a logbook or a separate document that contains the following -
  - (i) The name of each person whose logbook the examiner has endorsed and the date of the endorsement; and
  - (ii) The name of each person the examiner has endorsed for an aeronautical knowledge test or skill test check, and a record of the kind of test, the date, and the results;
- c) Retain the records required by regulation 3.10.2 of Part 2 of the Nigeria Civil Aviation Regulations for at least three years from the date of conducting the test.

### **3.16 Discrepancies or Ineligibility**

If a discrepancy that cannot be immediately corrected exists in any of the documents, the application form and all the submitted documents will be returned to the applicant and should not be re-submitted until the discrepancy has been rectified

### **3.17 Issue of the Authorization**

Applicants who meet all requirements for the authorization will be advised to pay the authorization fees, if applicable, after which a Designated Pilot Examiner Authorization is issued in a form of a designation letter indicating the type and details of the authorization

### **3.18 Non-Renewal or Termination of the Authorization**

3.18.1 The examiner services could be terminated by not renewing the authorization, rather than by cancellation of the authorization during its validity period.

3.18.2 Where there is no longer a need for the examiner's services the authorization will be terminated either for the whole authorization or for part of the authorization.





### 3.19 Supervision and control of General Aviation and ATO Designated Pilot Examiners.

#### 3.19.1 Designated Pilot Examiners shall be:

- (a) supervised by NCAA Licensing Inspectors annually in exercising the privileges of his/her designation. This may be accomplished in the Aircraft
- (b) Evaluated at least once annually before renewal
- (c) Expected to maintain the highest standard of professionalism and conduct in the discharge of his/her function.

#### 3.19.2 In addition to 3.19.1 the following circumstances shall require the NCAA Licensing inspector to conduct Inspection of the Designated Pilot Examiner:

- (a) Examiners practical test passing/failure rate is reasonable.
- (b) An Examiner **Does not** conducts three or more practical test in one day.
- (c) An Examiner does conduct practical test without the approval of the Authority NCAA.
- (d) Examiner Certification file is free of errors
- (e) Examiner is involved in incident/accident or violation of the Regulation.
- (f) Examiner's recent files of incident/accidents violations will be reviewed.

#### 3.19.3 Methods of Evaluation/Inspection shall be accomplished as follows:

- (i) An NCAA Licensing Inspector or a Designated Pilot Examiner (if approved or authorised to perform this function by the Director of Licensing Standards) shall observe the Designee who conducts a complete practical test.
- (ii) For the purpose of this paragraph a complete practical test is a test that has a flight simulator portion of a practical skill test.
- (iii) If an Inspector is unable to observe any part of the flight portion of a skill test , the Designee must be evaluated by some other method once every 12 months.

#### 3.19.4 UNSATISFACTORY PERFRMANCE

- (i) If an Inspection's report indicates a deficiency in the technique, standard or judgment of the Designated Pilot Examiner, the Authority may initiate an appropriate training to correct the deficiency.
- (ii) The Examiners testing privilege will be suspended until satisfactory report is accomplished.
- (iii) All these reports must be submitted on the appropriate form.

## 4.0 RESULTS

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### 4.1 Completion of this task results in issuance of a letter of authorization

## 5.0 FUTURE ACTIVITIES

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**The examiner may return to re-apply or to renew the authorization**



## CHAPTER 22

### Aviation Language Proficiency Testing for Licence Endorsement

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#### 1.0 PURPOSE

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- 1.1 The Chapter provides guidance for examiners on the testing for plain language and rating of licensed personnel required by Regulation 2.2.2, Part 2 of the Nigeria Civil Aviation Regulations to demonstrate the ability to speak and understand English language at or above operational level as specified in IS 2.2.2 to the Part 2, of the Nigeria Civil Aviation Regulations.
- 1.2 The Order also provides information and guidance to the Authority on qualifications and training requirements for English Language Proficiency examiners in order to enable them carry out these duties effectively and efficiently.

#### 2.0 REFERENCES

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- 2.1 Regulation 2.2.2 of the Nigeria Civil Aviation Regulations specifying requirements for English Language proficiency for pilot, air traffic control and aeronautical station operator licence holders;
- 2.2 Various Regulations in the Nigeria Civil Aviation Regulations specifying speaking and understanding English Language as a requirement for grant of the specific aviation licence;
- 2.3 Regulation 8.4.1.2, Part 8 of the Nigeria Civil Aviation Regulations requiring air operators or owner of aircraft to ensure using flight crew who speaks and understands English language;
- 2.4 ICAO Doc 9835 AN/453 Manual on the Implementation of ICAO Language Proficiency Requirements.
- 2.5 The prescribed Application forms: [FORM O-PEL-022](#); [FORM O-PEL-022A](#)

#### 3.0 BACKGROUND

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- 3.1 With effect from 5th March 2008, the holders of pilot, air traffic controller and aeronautical station operator licences are required to demonstrate speaking and understanding English language at or above operational level (Level 4), of the Rating Scale as established in Part 2 of the Nigeria Civil Aviation Regulations.
- 3.2 The Authority has established acceptable manner for the appropriate licence holders or applicants to demonstrate compliance with the holistic descriptors and the language proficiency level stated in the IS 2.2.2 to Part 2 of the Nigeria Civil Aviation Regulations. The process involves testing using an Instrument approved by the Authority for the purpose.
- 3.3 The six elements of linguistic descriptors which are considered in the testing are Pronunciation, Structure (grammar), Vocabulary, Fluency, Comprehension and Interactions.



- 3.4 The testing serves two purposes: it fulfils the Nigeria Civil Aviation Regulations provisions requiring that pilots, air traffic controllers and aeronautical station operators demonstrate language proficiency sufficient for safe and efficient radiotelephony communications, and it provides benchmarks by which the requirement and effectiveness of English language training and learning may be determined or evaluated.

#### **4.0 TEST INSTRUMENT**

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- 4.1 While the Regulations establish testing requirements on the language proficiency, the approval of development of tests and testing procedures is left to the Authority, together with the maintenance of oversight responsibility. Language speaking proficiency tests require that certain specific procedures be used and this requirement will guide the implementation or development of tests for aviation language proficiency.
- 4.2 Proficiency tests are administered directly, through face-to-face contact between tester and test taker, or semi-directly, through recorded speaking prompts and recorded responses.
- 4.3 According to ICAO Tests that do not evaluate speaking and/or listening skills directly, either through direct interaction or through an audio or video-taped exchange, are not appropriate to meet the requirements of the ICAO language proficiency testing guidelines.
- 4.4 The Authority shall approve Test Instrument as the Instrument to be used for English language proficiency testing before they are administered by designated testers.

##### **4.4.1 Eligibility**

Holders or applicants for pilot, air traffic controller and aeronautical station operator licences are eligible for the examination to demonstrate the ability to speak and understand English as required by the Regulations.

#### **5.0 TESTING PROCEDURES**

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##### **5.1 General**

- 5.1.1 Pilots, air traffic controllers, and aeronautical station operators are tested in context similar to that in which they work. The test content should therefore be relevant to their roles in the work-place.
- 5.1.2 The test provides the test-takers with sufficient and varied opportunities to use plain language in aviation work related context in order to demonstrate their ability with respect to each holistic descriptor in the Language Proficiency Rating scale shown in IS 2.2.2 of Part 2 of the Nigeria Civil Aviation Regulations. 5.2 Set up Requirements
- 5.2.1 **Equipment:** Tape recorder/recording device, good microphone, a computer with speakers and appropriate seating place/office. All interviews are to be conducted in a similar way, in appropriately professional atmosphere where all test-takers will be able to display their English proficiency with a minimum of either stress, or intimidation, or favouritism.
- 5.2.2 **Location:** One-to-one interview shall be conducted in a quiet room with no interruption. There should be almost no outside noise heard in the room. There should be no one in the room other than the examiners and the test-taker. Those waiting to take the interview must be held outside of the test room, and unable to hear any of the interview proceedings before their turn. The written paper may be conducted with any number of test-takers in the same room.



5.2.3 **Protocol:** Create calm, relaxed but business like professional atmosphere in the interview room. Briefly introduce any other personnel present in the room. Once the interview has started, there should be no talk other than that required for the interview. As the test-taker sits, prepare the Aviation English Result Form: CAA-O-PEL025 with the test-takers name and address.

5.2.4 **Seating:** As a rule the testing should always be conducted by a minimum of two qualified examiners. The examiner conducting the interview and the test-taker should be seated no more than 2m apart at the same table. These may be on the same or opposite side of the table. The second examiner should be seated off to one side so that the notes he makes are out of view of test taker.

#### 5.2.5 **Test Procedures**

5.2.6 **Initial Briefing:** The tape recorder/recording device should be on the table in view of the test taker. Brief the test-taker on the test and the assessment method to be used after he/she has seated him/herself and that he/she is going to be recorded. Show the test-taker that you are going to work using a prepared list of instructions.

5.2.7 **Recording and Test Administration :** After the test-taker has settled and is comfortable enough, you may begin both testing and recording.

A) A complete sample of the test published shall include the following:

- i test taker documents (paper instructions, screen display etc)
- ii interlocutor instructions or prompts
- iii Rater documentation (answer key, rating scale, instructions)
- iv one complete sample of audio recordings (for listening sessions)
- v Demonstration of the test taker/interlocutor interaction

B) The test instructions to the test taker, the test administration team, and test raters should clearly be documented.

C) A full description of the test administration policies and published procedures should include the following:

- possibilities for retaking the test
- score reporting procedures
- record keeping arrangements
- plan for test monitoring, maintenance, and on-going test development.

#### 5.2.8 **The interview:**

- a) The aim is to encourage the test-takers to provide a sample of natural speech on work related topics.
- b) While using the set of questions provided, you should slightly adjust for flow and naturalness to allow the test-taker to demonstrate their speaking ability in full.
- c) You should maintain a sincerely interest and professional, non-deferential tone at all times.
- d) Avoid oral fillers and do not give thanks or comment after each item.
- e) You may be required to encourage/ elicit/ draw out further speech but only twice, otherwise continue to the next point without comment.
- f) Keep all notes made during the interview for later reference if needed

#### 5.2.9 **Test Design and Procedures**

A) The test designed should assess speaking and listening proficiency in accordance with each component of the language proficiency rating scale and the holistic descriptors in Nig CARs 2.2.2.

B) The definition of the test purpose that describes the aims of the test and the target population to be accessible to all decision makers in plain language.

C) The test has to comply with principles of good practice and a code of ethics as described in the guidance material.

D) The test shall assess plain language proficiency in an aviation context.



C) The test has to comply with principles of good practice and a code of ethics as described in the guidance material.

D) The test shall assess plain language proficiency in an aviation context.

### 5.3 Scoring Procedures

5.3.1 The scoring shall be done as soon as possible following the interview.

5.3.2 The final score for each test taker is the lowest of the scores on each of the Six language Proficiency skills.

5.3.3 For the oral interview each of the two examiners assesses individually each speech sample for all the six elements (Pronunciation, Structure, Vocabulary, Fluency, Comprehension and Interaction) in according to the rating scale. The two assessments are compared where the lower scale marked is the score level to be granted. In case there is a difference of above 1 in an element, the two assessors should discuss and if they do not reach an agreement, the candidate's speech sample should be referred to a different set of examiners for assessment.

### 5.4 Re-sit and Appeals

5.4.1 Appeals process should be established, documented and made available to test-takers and decision makers at the beginning of the testing process.

5.4.2 A candidate failing to achieve operational level 4, will be required to undergo Aviation English training and show proof of completion of the approved course before being allowed to a re-sit..

5.4.3 Candidates are allowed to appeal within two weeks of the results. When the appeal is received and accepted the Authority shall constitute a panel of two new examiners from the PEL Office to conduct fresh assessment on the recorded speech samples. The cost of the review shall be met by the appellant.

### 5.5 Security, Record keeping and Retention of Records

5.5.1 All test materials and test records shall be kept secured in a locked cabinet. Keys to this cabinet are controlled and shall only be accessible to test examiner.

5.5.2 Test records and rating rationale shall be retained until the test is repeated or superseded by other test of equivalent scope and detail, or for two years after the licence of the candidate to which they refer has been permanently withdrawn, cancelled or revoked.

5.5.3 A) All proficiency test of speaking ability shall be recorded on audio or video media.

B) Evaluation sheets and supporting documents shall be filled and maintained until a predetermined and documented period of time of sufficient duration to ensure that rating decisions can no longer be appealed.

C) Record-keeping process shall be documented and adequate for the scope of the testing.

D) The score-reporting process should be documented.

E) The results of testing shall be held in strict confidence and released only to test-taker and his/or her sponsor or employer and Civil Aviation Authority, unless the test-taker provide written permission to release his/her result to another person or organization





**5.6 Licence Endorsement Recommendation**

- 5.6.1 The examiners when a test-taker has scored Proficiency level 4 and above, will submit a recommendation to the Personnel Licensing section for the applicant's licence to be endorsed accordingly. The recommendation duly signed by both examiners shall be through Form CAA-O-PEL025 (Appendix 1) of which the first part is completed by the test-taker prior to the examination.
- 5.6.2 Upon receipt of the recommendation, personnel licensing official shall complete the checklist No. CL-PEL025 (hereunder attached as Appendix 2) and if all areas are fully and satisfactory covered the licence will be endorsed as indicated in the following sample.



AVIATION ENGLISH PROFICIENCY

LICENCE NO:

NAME OF HOLDER:

Level	Certificate of Validity		Signature Date and Stamp
	From	To	



## 6.0 QUALIFICATIONS, TRAINING AND EXPERIENCE REQUIREMENTS OF TESTING/RATER TEAM

- 6.1 The examiner should be a holder of professional pilot licence or an air traffic control licence and have successfully completed an approved raters' course from an ATO in testing for Aviation English language proficiency.
- 6.2 Should be proficiency in English language.
- 6.3 The examiner should remain current on the test instrument by at least attending refresher training on the English language testing once every two years.
- 6.4 A) All members of the Testing Team should be familiar with the following ICAO documents:
- i) The relevant Standards and recommended practices of Annex 1.
  - ii) Holistic descriptors ( Appendix 1 to Annex 1) and ICAO Rating scale (attachment A to Annex 1)
  - iii) Document 9835
  - iv) ICAO Rated Speech CD.
- B) Two raters at least to evaluate a language test for licensing purpose: one with operational expertise. ( a holder of professional pilot licens, Air Traffic Controller and Aeronautical Station Operator), the other, with Language specialist expertise ( a trained Language teacher).
- C) The rater is required to have successfully completed the initial rater's course from an Approved Training Organisation in Testing for Aviation English.
- D) The rater is required to remain current on the test instrument by attending refresher training on English Language testing at least once every year. The training can be organized and conducted by the Authority's qualified raters or designated raters.
- E) Raters are required to demonstrate Language proficiency of at least Extended level 5 of the rating Scale in the language to be tested and level 6 (Expert level) if the test is designed to assess level 6 proficiency.

### 6.5 INTERLOCUTOR EXPERIENCE

- A) Interlocutors are required to have successfully completed initial interlocutor training.
- B) They are also required to have successfully completed recurrent interlocutor training at least once each year.
- C) They should have either operational or language testing expertise.
- D) They are to demonstrate language proficiency of at least Extended level 5 in the language to be tested ( and expert level 6 if the test is designed to access level 6 proficiency).





## 6.6 REQUIREMENTS FOR AVIATION ENGLISH PROFICIENCY TESTING & TRAINING

*Extracts from Doc. 9835 Chapter 6.3.8 and Appendix D- Manual on the Implementation of ICAO Language Proficiency Requirements (2010 edition).*

### **TESTING TEAM QUALIFICATIONS:**

#### **Testing Team to include:**

Test designers, test developers, test administrators, test raters and interlocutors.

The following list expounds on the basic requirement:

#### **1. Familiarity with ICAO Documentation.**

All members of the testing team should be familiar with the following ICAO publications:

- A. The relevant Standards and Recommended Practices of Annex 1
- B. Holistic descriptors (Appendix 1 to Annex 1) and the ICAO Rating Scale (Attachment A to Annex 1).
- C. Doc. 9835
- D. ICAO Rated Speech Samples CD.

#### **2. Rater Team**

Two raters are required to evaluate language tests: one with Operational expertise and the other with Language specialist expertise.

- A. Operational expertise, includes: experienced pilots, air traffic controllers, and ASO licence holders.

- B. Language Specialist expertise includes:

A person with a minimum academic training or qualifications in the teaching of English Language as a second language (TESL) or to speakers of other Languages (TESOL).

For example, holders of: Master's degree, Bachelor's degree, Nigerian Certificate in Education, Diploma in teaching English Language.

- C. Experience: A person with Language specialist expertise with at least one year English Language teaching experience from a government approved educational institution within the last five years preceding the application.



### 3. Demonstration of ICAO Language Proficiency Levels

Raters should demonstrate Language Proficiency of at least ICAO Extended Level 5 in the language to be tested. If the test is designed to assess ICAO Level 6 proficiency, raters should demonstrate language proficiency at ICAO Expert Level.

### 4. Familiarity with Aviation English

Raters should be familiar with Aviation English with any vocabulary and structures that are likely to be elicited by test prompts and interactions.

### 5. Raters training

Successful completion of 40 hours of initial raters training in an Authority's approved Aviation English training facility.

### 6. Recurrent raters training

Successful completion of 24-40 hours of recurrent raters training in an Authority's approved Aviation English training facility.

## 7.0 PRINCIPLES TO BE OBSERVED BY LANGUAGE EXAMINERS

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- 7.1 Language examiners due to the high-stakes involved with respect to the English language testing must maintain high quality by adherence to good language testing principles and practices in addition to aviation safety inspectors' code of ethics described in Order number N CAA-O-GEN004.
- 7.2 The principles hereunder described are based to those adopted by the International Language Testing Association (ILTA) as a guide to its membership to ensure that their test development and testing practices maintain high standards.
- 7.2.1 **Principle 1**  
Language testers shall have respect for the humanity and dignity of each of their test takers. They shall provide them with the best possible professional consideration and shall respect all persons' needs, values and cultures in the provision of their language testing service.
- 7.2.2 **Principle 2**  
Language testers shall hold all information obtained in their professional capacity about their test takers in confidence and they shall use professional judgment in sharing such information.
- 7.2.3 **Principle 3**  
Language testers should adhere to all relevant ethical principles embodied in national and international guidelines when undertaking any trial, experiment, treatment or other research activity.
- 7.2.4 **Principle 4**  
Language testers shall not allow the misuse of their professional knowledge or skills, in so far as they are able.
- 7.2.5 **Principle 5**  
Language testers shall continue to develop their professional knowledge, sharing this knowledge with colleagues and other language professionals.



**7.2.6 Principle 6**

Language testers shall share the responsibility of upholding the integrity of the language testing profession.

**7.2.7 Principle 7**

Language testers in their societal roles shall strive to improve the quality of language testing, assessment and teaching services, promote the just allocation of those services and contribute to the education of society regarding language learning and language proficiency.

**7.2.8 Principle 8**

Language testers shall be mindful of their obligations to the society within which they work, while recognising that those obligations may on occasion conflict with their responsibilities to their test takers and to other stakeholders.

**7.2.9 Principle 9**

Language testers shall regularly consider the potential effects, both short and long term on all stakeholders of their projects, reserving the right to withhold their professional services on the grounds of conscience

**8.0 Organizational Information and Infrastructure**

---

- A) The Aviation Language Test service provider (TSP) needs to provide clear documentation on its organization and all relationships with other organizations.
- B) If the TSP is also a training provider, there should be a clear and documented separation between the two activities.
- C) The TSP should have sufficient numbers of qualified interlocutors and raters to administer the required test.
- D) The TSP to provide explanation of how the test is maintained including an explanation of how on-going test development is conducted.

**REQUIREMENTS FOR AVIATION ENGLISH PROFICIENCY TESTING FACILITY**

**A. SUITABLE ACCOMMODATION:**

- 1. Well ventilated
- 2. Well lit
- 3. Noise- free

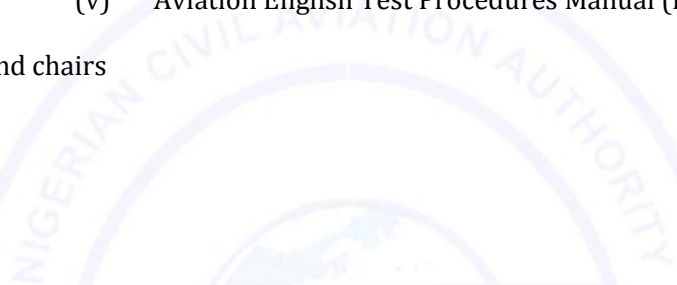
**B. LANGUAGE PROFICIENCY TESTING EQUIPMENT**

- 1. A dedicated Computer/Laptop with two speakers.
- 2. Overhead projector
- 3. Voice Recorder
- 4. Camera
- 5. Head Set



**C. FURNISHING**

1. A Library
2. Reference Materials:
  - (i) The Nigerian Civil Aviation Regulations (Nig. CARs) -2009
  - (ii) ICAO Annex 1-relevant Standards and Recommended Practices
  - (iii) Manual on the Implementation of ICAO Language Proficiency Requirements- Doc. 9835 (2010 Edition).
  - (iv) ICAO Rated Speech Samples CD.
  - (v) Aviation English Test Procedures Manual (Hard and Soft copies).
3. Desks and chairs



FORM

CAA-PEL025A

November 2008

Appendix 1

**NCAA AVIATION LANGUAGE PLACEMENT TEST**

***First Part***

Name .....

Licence No: ..... Date of Issue: .....

Address (For use in connection with this test)

.....  
.....



Date: .....

Signature: .....

**Second Part**

**FOR AUTHORITY USE ONLY**

- 1. WRITTEN : .....
- 2. ORAL : .....
- 3. PROFICIENCY LEVEL: .....

**EXAMINERS:**

- 1. ....
- 2. ....

**DATE:** .....

Appendix 2

**CL: O-PEL025**

**Check List**

**For Issue, Re-issue and Renewal of a English Language Proficiency Endorsement**

Item	The name of the document and action	Remarks*		
		S	NS	NA
1	<b>Application Form</b> – check if all items are filled out properly			
2	<b>ID or Passport</b> – compare to Application Form and check personal details			
	- Name in Full			
	- Date of birth – check if the age of the applicant is appropriate to the licence			
3	<b>Applicant’s status</b>			
	- Check if the applicant applies for or holds a: (i) Pilot licence			
	(ii) Air traffic controller licence			



	(iii) Flight engineer licence			
	(iv) Flight radiotelephone operator licence			
	- Confirm if the licence is valid or is not under revocation or suspension order			
	- Check if the applicant holds a valid medical certificate issued by Approved Aviation Medical Examiner – if applicable			
<b>4</b>	- <b>Evaluation Test Report</b> – check personal details and			
	- Date of test			
	- Result and			
	- If signed by authorised person(s)			
<b>5</b>	<b>English Language Proficiency Level Recommendations</b>			
	<b>Expert Level (Level 6)</b>			
	<b>Extended Level (Level 5)</b>			
	<b>Operational Level (Level 4)</b>			
<b>6</b>	<b>Records substantiating the extensive contact with the language shown on the Application Form</b>			
<b>7</b>	<b>Copy of work permit – if applicable</b>			
<b>8</b>	<b>Receipt of the applicable fees</b>			
<b>9</b>	<b>If others – specify .....</b>			

**GENERAL REMARKS**

.....  
 .....  
 .....

Date:

\_\_\_\_\_

PEL Officer's Name and Signature

\_\_\_\_\_



## CHAPTER 23

### SKILL TEST STANDARDS

---

#### 1.0 PURPOSE

---

The Skill Test Standards Manual has been published by the Nigerian Civil Aviation Authority to establish the standards for skill tests for Private Pilot Licence (A/H), Commercial Pilot Licence (A/H), Airline Transport Pilot Licence (A/H), Aircraft Maintenance Engineers Licence and Flight Dispatchers Licence. NCAA inspectors, designated pilot examiners, aircraft maintenance examiners, etc shall conduct skill tests in compliance with the standards contained in the Skill Test Standards Manual. Flight instructors, aircraft maintenance and other instructors and applicants should find these standards helpful during training and when preparing for the skill test required under Nig.CARs Parts 2 & 8.

#### 2.0 REFERENCES

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2.1 Nigeria Civil Aviation Regulations parts 2 and 8

2.2 Skill Test Standards Manual

#### 3.0 SKILL TEST STANDARDS MANUAL

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The Skill Test Standards Manual which is a stand-alone document covers the following areas:

PRIVATE PILOT LICENSE – AEROPLANE {PPL (A)}

COMMERCIAL PILOT LICENSE AEROPLANE – {CPL (A)}

AIRLINE TRANSPORT PILOT LICENSE AEROPLANE – {ATPL (A)}

AVIATION MAINTENANCE ENGINEERS (AMEL)





## CHAPTER 24

### Licensing Standards Flight Program. Currency Procedure

---

#### 1.0 Flight program participants must meet the requirement of this chapter

---

Licensing inspectors conducting, evaluating, testing, and checking function of **GENERAL AVIATION ( below 5700kg/12,500lbs. Max Weight)** activities are required to meet currency requirements through completion of the licensing standards flight program.

#### 2.0 Assignment of Pilot Evaluating, Treating, and checking Functions.

---

Events and tasks performed as part of the Licensing Standards Flight Program are predicated on the need to maintain currency/proficiency in an inspector's assigned pilot evaluating, testing, and checking functions such as:

- (1) Assigned performance of pilot evaluating, testing, and checking functions,
- (2) Job functions while sitting at the flight controls, or
- (3) The Pilot Licensing Inspector will maintain currency in both Single Engine and Multi-Engine aircraft. The required maneuvers common to both Multi- Engine/Single Engine need not be repeated.
- (4) General Aviation Inspectors/ Licensing Inspectors required to perform duties on Rotorcraft will also be required to maintain currency in this class.

#### 3.0 Currency Required to Perform Pilot Evaluating, Testing and Checking Functions

---

Inspectors are qualified to perform pilot evaluating, testing, and checking functions only after complying with this chapter. Managers and supervisors shall not assign, and inspectors shall not accept, assignments involving flight evaluating, testing, and checking job functions without compliance with the requirements of this chapter., exceptions such as "aircraft that has never been operated in Nigeria common to this policy will be Authorized by the Director of Licensing Standards.



#### **4.0 Assignment of Inspector to Groups, Aircraft Categories, Class and Type.**

---

Manager shall assign inspectors to the appropriate groups, categories, class, and type aircraft based upon a review of the inspector's pilot evaluating, testing, and checking functions.

##### **Program Reviews.**

##### **A. Periodic Review.**

Managers, supervisors, and the participating inspectors will review accomplishments before the first day of the following quarter/semiannual period to:

- (1) Determine whether the inspector's medical certificate is current, as applicable,
- (2) Determine whether the inspector's last Proficiency Check meets the 12 month requirement.
- (3) Determine whether the inspector's last competency check is still valid; and
- (4) Ensure events/tasks ( 3 takeoff/landing ) for the previous quarter/semiannual period are accomplished.

##### **B. Annual Review.**

Managers, supervisors, and inspectors will review the ATO's flight training requirements and amend/update inspector assignments.

#### **5.0 Crew Compliment For each Flight,**

---

Each aircraft used under this chapter should be operated by at least two inspectors, when possible. The benefits for doing so include:

- a. A safety pilot;
- b. Currency in evaluation of maneuvers; and
- c. Observation of the evaluation in line with the Nigerian Civil Aviation Regulations. (Nig.CAR's)

#### **6.0 Eligibility to Conduct Pilot Evaluating, Testing, and Checking Functions.**

---

For an inspector to be eligible/ assigned to perform evaluating, testing, and checking functions, the following criteria must be met:



- a. Annual Proficiency Check.  
The General Aviation Inspector/Licensing Inspector must complete an annual proficiency checks appropriate to the pilot's job requirement, before performing the functions listed above. Grace periods in line with Nig.CAR's will apply in the Licensing Standards Flight Program.
  
- b. Documentation.  
The proficiency check must be conducted and documented in the Inspectors' Training file by,
  1. An Authorized Check Pilot.
  2. Preference will be given to a current and qualified General Aviation Licensing Inspector of the Authority.
  3. In case the Authority's Licensing Inspectors are not available, an ATO instructor may be used at the discretion of the Director of Licensing.
  
- (1) Re-qualification Provisions.
  - (a) A General Aviation inspector/Licensing Inspector who fails to meet the events/tasks requirements of 90 days/3 takeoff & landing shall be required to complete one quarter's events/tasks prior to being reassigned flight evaluating, testing, and checking job functions.
  - (b) Inspectors must also complete one quarter's events/tasks in addition to the Re-qualification tasks in order to be current for the following quarter

Any disagreements over the qualification or experience of the pilot occupying a Pilot seat should be referred to the NCAA, Director of Licensing Standards.

The final decision shall be in accordance with pertinent laws, regulations, NCAA orders, and Policies.

## 7.0 Check Pilot.

General Aviation/ Licensing Inspectors current under these provisions in this chapter will be designated in writing by the Director of Licensing to conduct proficiency checks for other inspectors in specific categories, classes, or types of aircraft.



## CHAPTER 25

### Authorization for Flight Instructor, Ground Instructor and Subject matter Instructor

---

#### 1.0 PURPOSE

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This Chapter is issued to give guidance in determining if an individual meets the qualifications for authorization as a Flight Instructor, Ground Instructor and subject Instructors or renewal of the authorization, under the Nigeria Civil Aviation Regulations part 2.

#### 2.0 REFERENCES

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- 2.1 Regulations [2.2.6](#), [2.3.9](#), [2.3.9.1](#), [2.3.9.2](#), [2.3.9.5](#), [2.5.2](#), [2.6.5](#), [2.8.4](#) and [3.2.4](#) of the Nigerian Civil Aviation Regulations;
- 2.2 The prescribed Application Forms

#### 3.0 GUIDANCE AND PROCEDURES

---

##### 3.1 General Information

3.1.1 In compliance with the provisions of the above referenced Regulations, the Authority shall endorse holders of valid pilot, cabin Crew, Flight Dispatcher licences with appropriate instructor ratings and/ issue Letter of Authorization to Ground and subject matter Instructors

##### 3.2. APPLICATION REQUIREMENTS

---

3.1.2 An applicant for such authorization/endorsement shall demonstrate to the Authority that he/she has:

- (a) Successfully completed an approved course of training specified under the Nigerian Civil Aviation Regulations Parts 2, 3 and 8 resulting in a certificate of competency from an Air Operator/ Aviation Training Organization certificated by the Authority as evidence of having completed an Approved Training Program; or
- (b) Holds a valid Flight/Ground Instructor licence issued by an ICAO contracting State; or
- (c) Successfully completed an approved course of training under an ATO
- (d) A properly completed prescribed application Form;



- (e) A formal letter of application from the ATO substantiating aviation or subject matter experiences for applicants as subject matter instructors
- (f) Applicants for subject matter Instructors shall demonstrate to an Authority Inspector who holds a valid Instructor Licence his/her skill and competency in instructional techniques
- (g) A Government issued photo Identification Card;
- (h) Two (2) recent passport size photographs (full face);
- (i) Payment of appropriate statutory fees

### **3.2 Applicant Arrives to apply for the Licence-**

Collect and evaluate the documents and records listed above.

### **3.3 Review the Application**

3.3.1 Check the Application Form for accuracy, using the instructions attached to the form.

3.3.2 Ensure the applicant or the ATO has provided the required endorsements.

### **3.4 Verify Applicant's Identity**

3.4.1 Inspect the acceptable form of identification to establish the applicants identity. Compare the identification with the personal information provided on the prescribed application form; and if the applicant's identity can be verified, proceed with the task.

3.4.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.

3.4.3 If the applicants identity appears to be different from the information supplied on the application form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Head of the Personnel Licensing office for further action.



### **3.5 Establish Eligibility for endorsement/authorization**

3.5.1 Determine if the applicant meets the specific eligibility, knowledge, competency and experience requirements for the endorsement/authorization as prescribed in Regulation 2.2.6, 2.3.9.2, 2.3.9.5 and 3.4.2 of Parts 2 and 3 of the Nigeria Civil Aviation Regulations respectively.

## **4.0 RESULTS**

---

**4.1 Completion of this task results in the issue of one of the following:**

**4.1.1 Endorsement as a rating in appropriate licence with the required privileges and limitations or**

**4.1.2 Letter of Authorization with the required privileges and limitations**

## **5.0 FUTURE ACTIVITIES**

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Applicant may return for renewal of the authorization/endorsement as appropriate.



## CHAPTER 26

### Approve Training Organisation Certification Procedure

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#### 1.0 PURPOSE

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This procedure is issued to provide general information and over-view to the inspector on the recommended Five Phase certification and approval process of Approved Training Organizations (ATO) in compliance with the Nigerian Civil Aviation Regulations.

#### 2.0 REFERENCE

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- 2.1 Nigerian Civil Aviation Regulations Part 3.
- 2.2 [FORM:O-PEL-026](#), [FORM:O-PEL-026A](#), [FORM:O-PEL-026B](#), [CL:O-PEL010](#) , [CL:O-PEL026](#)

#### 3.0 GUIDANCE AND PROCEDURE

---

##### 3.1 General Information

- 3.1.1** The following certification and approval process provides for a continuous interaction, from the applicant's initial enquiry to the issue or denial of the requested certificate/approval by the Directorate of Licensing Standards. It ensures that the applicant's proposed programmes, systems, arrangements, facilities, documentation, personnel and intended methods of compliance are thoroughly reviewed, evaluated and tested by use of the five phase process.
- 3.1.2** The certification comprises 5 phases and 3 "gates". A phase separates the process into related sequential activities supporting a specific function. A gate is a set of precise requirements that must be met prior to proceeding to the next phase in the process. Each phase is described in sufficient detail to provide a general understanding of the entire certification process. The five (5) phases are:
  - a) Pre – application
  - b) Formal Application
  - c) Document Evaluation
  - d) Demonstration and Inspection
  - e) Approval or Certificate Issue/Grant or Denial (Certification)

The Flow Chart for ATO certification process is illustrated in **the Appendix** to this procedure





## **3.2 Certification Process**

**3.2.1** The Director, Licensing Standards will appoint a team based on the complexity of the proposed operation and a Certification Project Manager (CPM) will be selected among them. The assigned certification CPM will be the designated principal spokesperson for the Director General in the whole process of certification.

**3.2.2** The Pre-application Statement of Intent (PASI) or (PATOPs) form is used to evaluate the complexity of the proposed operation for the establishment of the certification team.

**3.2.3** The designated certification team will process the PATOPS as follows :–

- a) Provide a protocol working certification number for the applicant.
- b) Check the “Information only” cursory review on the PATOPS and enter the date the document was received by the Director General.
- c) Enter “Proceeding with formal certification” in the Remarks section and show the certificate number;
- d) The assigned CPM will contact the applicant to arrange a pre-application meeting.

## **3.3 Pre-application Meeting**

**3.3.1** Meet with the applicant to discuss questions, if any, concerning the certification process, regulatory requirements, the formal application and attachments and any other related issues.

**3.3.2** Accomplish the following during the meeting(s) –

- a) Discuss the regulations applicable to the proposed operation;
- b) Provide the applicant with a copy of the application
- c) Inform the applicant that a formal application is required after a satisfactory completion of the pre-application meeting.

**3.3.3** The formal application will include the following –

- a) A completed application form;
- b) Copies of the required documents and manuals;
- c) A statement of compliance;
- d) A Schedule of events



**3.4 Formal Application Phase** – The following are key steps in the formal application phase.

**3.4.1 Receive the Formal Application** Ensure that all documents have been submitted and are complete.

**3.4.2 Evaluate the Application Package:** Based on the initial survey of the application package a decision must be made on whether or not to continue with the certification process.

**3.4.3 Conduct a Formal Application Meeting** Any unresolved issues concerning the package must be answered before proceeding to the next phase. This should be done in the most effective way possible, e.g., meetings or correspondence.

### **3.5 Document Compliance Phase**

**3.5.1** Review the Application Package by carrying out an in-depth review of the contents of each submitted document for regulatory compliance shall be carried out. The documents to be reviewed include:

- a) The completed application form
- b) All manuals and documents;
- c) The statement of compliance;
- d) The list of all relevant attachments.
- e) Schedule of events

**3.5.2** Discrepancies - Record discrepancies found in any document and determine in discussion with the applicant options for their resolution. Inform the applicant that the certification process will not continue until all discrepancies are resolved. If the discrepancies cannot be resolved or the certification process is stopped, the applicant will be informed in writing with all the discrepancies observed.

### **3.6 Demonstration and Inspection Phase**

**3.6.1** Housing and Facility – Are inspected during the Demonstration and Inspection Phase, to ensure that they comply with Regulations/requirements and are in accordance with procedures stipulated in the associated manuals and documents evaluated.

**3.6.2** The inspection system, to ensure the following:

- a) Employees are familiar with the procedures and capable of performing their assigned duties;
- b) Facilities can support the operation requested.
- c) Procedures are followed.

**3.6.3** Record keeping system to ensure that the requirements and Civil Aviation Regulations are met.



- 3.6.4 A system for reporting serious defects or un-airworthy conditions.
- 3.6.5 Ensure that the number of personnel is sufficient to satisfy the volume and type of work to be performed.
- 3.6.6 Analysing Discrepancies - If discrepancies are noted, meet with the applicant to review discrepancies in detail. Corrective action must be taken and the assigned CPM should notify the applicant in writing, in order that the certification process may continue. Each discrepancy and corrective action must be fully documented and recorded in the certification file.

### 3.7 Certification Phase

- 3.7.1 When the applicant has met all regulatory requirements the assigned CPM will accomplish the following:
  - a) Document the following information –
    - (i) Findings and recommendations;
    - (ii) Discrepancies noted and comments;
    - (iii) Date of inspection;
    - (iv) The assigned CPM and certification team members, office designator and signature.
  - b) Prepare the Approval Certificate which will be signed by the Director General.
  - c) Prepare the Training Specifications (Trg Specs) as appropriate showing the approvals and limitations which will be signed by the Director General.
  - d) Ensure that the certification report contains at least the following –
    - (i) A completed copy of the PATOPS form;
    - (ii) A copy of the statement of compliance;
    - (iii) A completed copy of the inspection form
    - (iv) A copy of the certificate issued;
    - (v) A copy of the Trg Specs issued.

### 3.8 Results

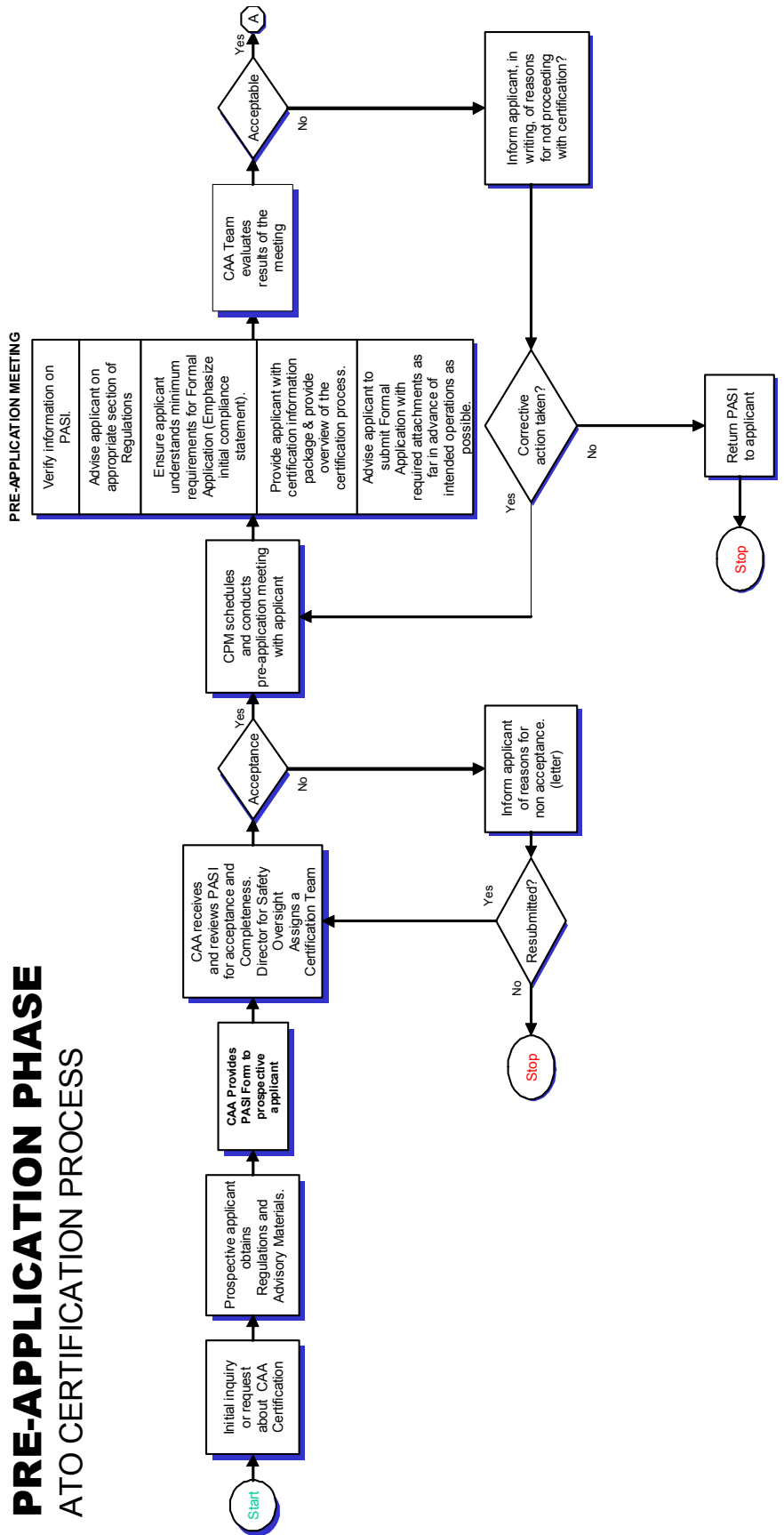
- 3.8.1 Successful completion of this task will result into the following:
  - a) Issue of an Approval Certificate and Training Specifications.
  - b) Notifying the applicant in writing.



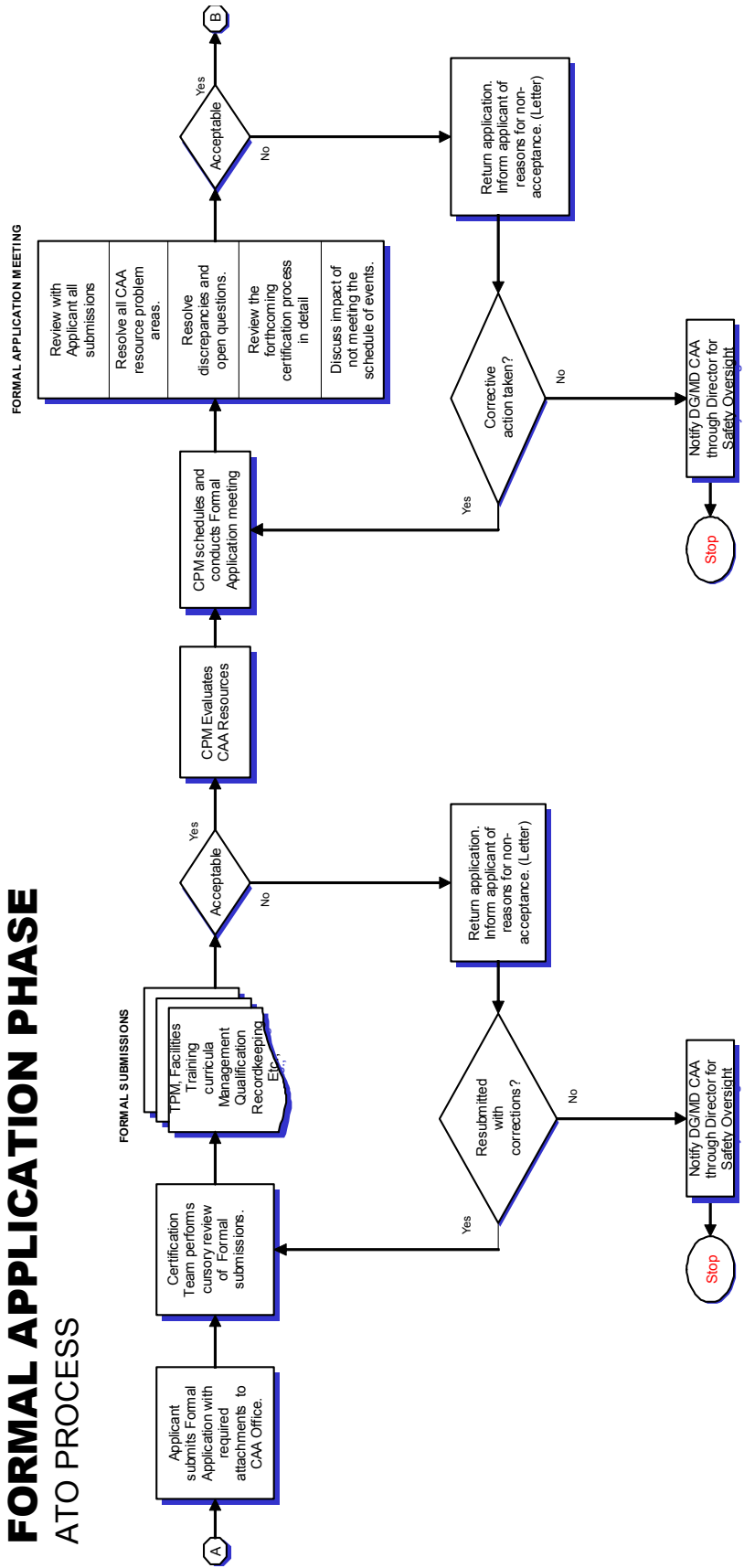
- 3.8.2** If the certification is unsuccessful, due to either applicant termination or the failure of an inspection the person responsible for safety oversight will be briefed and letters will be written to the applicant describing the reasons.
  
- 3.8.3** The original certification report will be retained at the Director, Licensing Standards office.



Page 1 of 5  
 The flow charts on the following pages are representative of the ATO Certification Process.

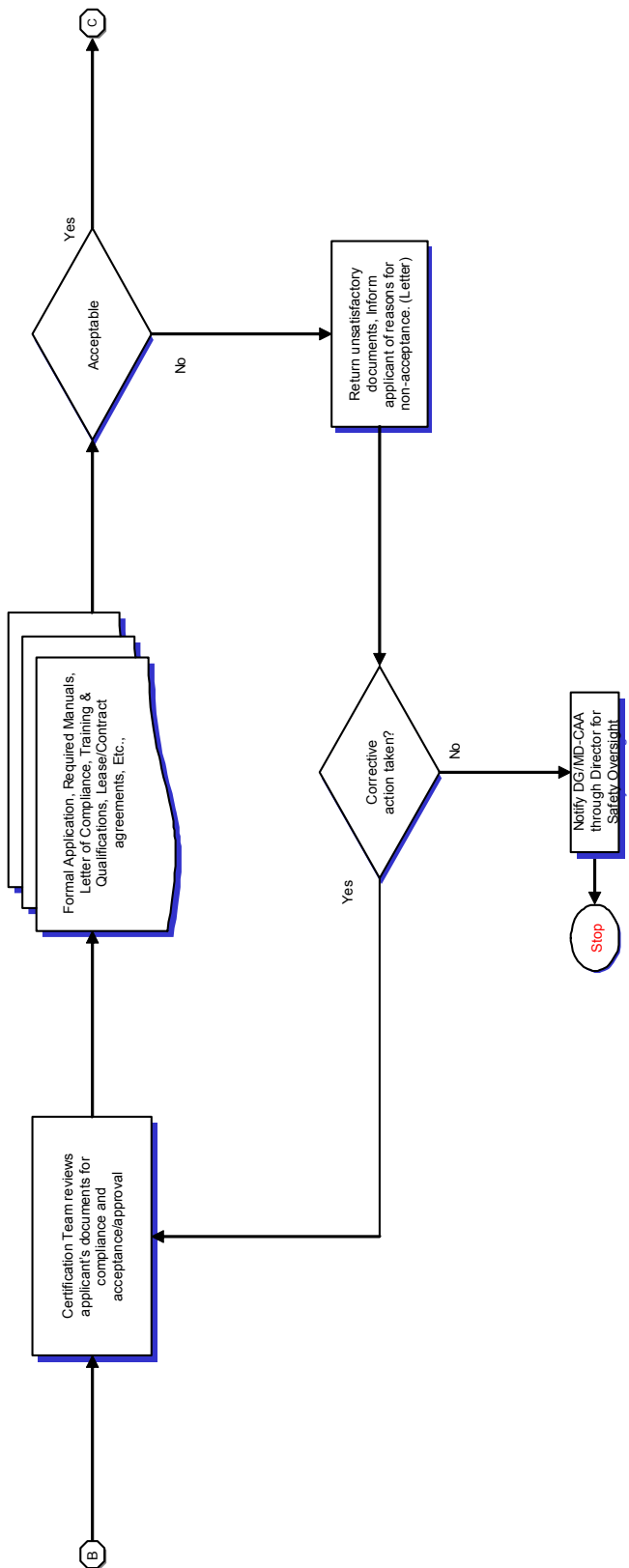


# FORMAL APPLICATION PHASE ATO PROCESS



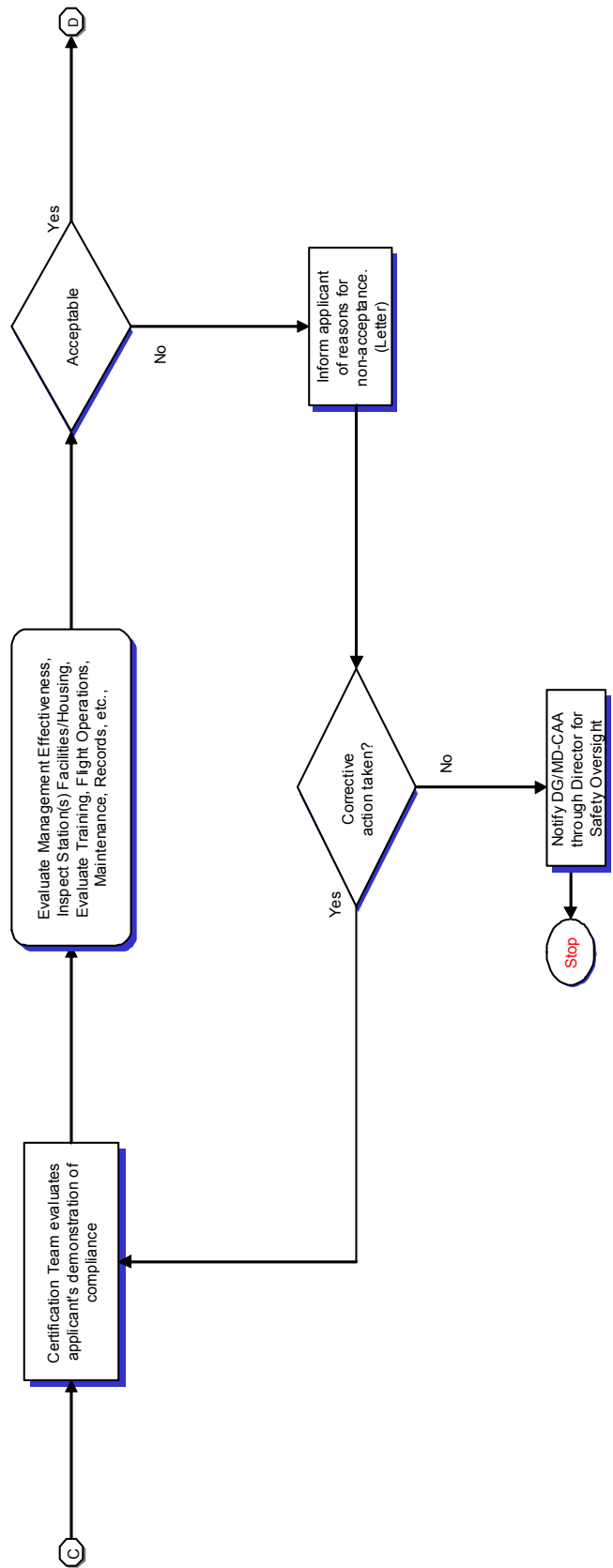
Appendix A -  
 Certification Process  
 Flow Chart.  
 Page 3 of 5

**DOCUMENT EVALUATION PHASE**  
 ATO PROCESS



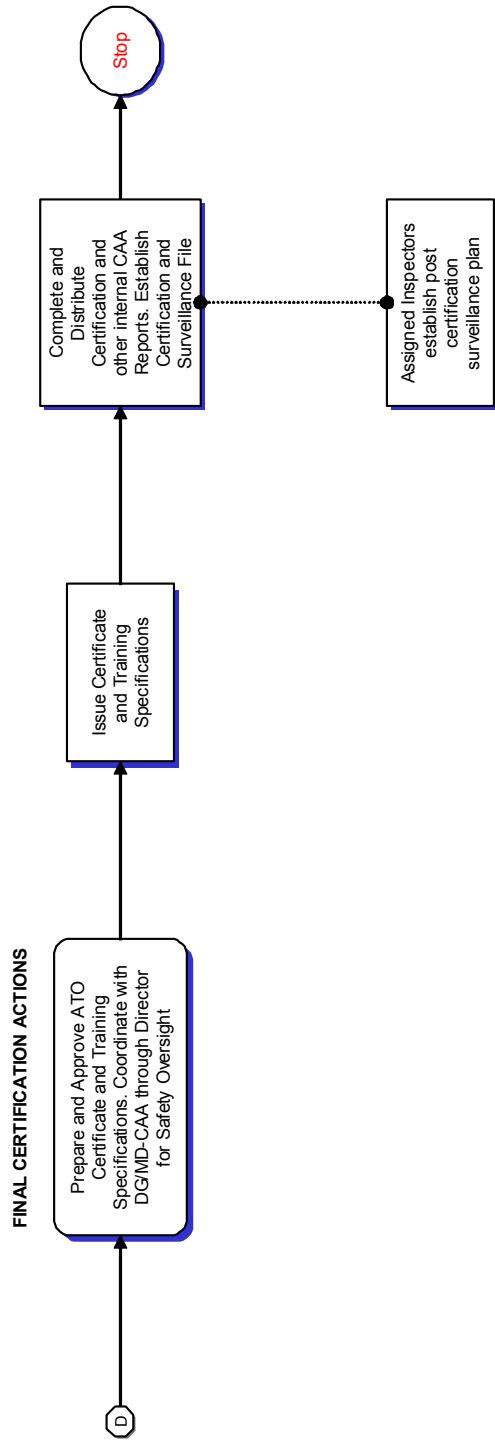


# DEMONSTRATION AND INSPECTION PHASE ATO PROCESS



**Appendix A -  
Certification Process  
Flow Chart.  
Page 5 of 5**

**CERTIFICATION PHASE  
ATO PROCESS**





## CHAPTER 27

### Authorization of Designated Aircraft Maintenance Engineer Examiner

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#### 1.0 PURPOSE

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This Chapter is issued to give guidance on Authorizing Designated Aircraft Maintenance Engineer Examiners or renewal of the authorization, under the Civil Aviation (Personnel Licensing) Regulations.

#### 2.0 REFERENCE

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- 2.1 Regulations [2.2.1.6](#), [2.6.6](#), [2.6.6.6](#) and [2.6.6.7](#) of the Nigeria Civil Aviation Regulations:
- 2.2 The prescribed Application Forms
- 2.3 [CL:O-PEL027](#)

#### 3.0 GUIDANCE AND PROCEDURE

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##### 3.1 Application for the Authorization

3.1.1 An applicant for the Aircraft Maintenance Engineers Examiner authorization shall:

- (a) Shall be at least 23 years of age.
- (b) Show evidence of a high level of aeronautical knowledge in the subject areas for AME certification in Airframe, Power-plant and Avionics.
- (c) Have held a valid AME licence with the ratings for which designations is to be issued for five (5) years.
- (d) Have been actively exercising the privileges of that AME licence in the previous three (3) years.
- (e) Have a good record as an AME and a person engaged in the industry and community with a reputation for honesty and dependability.
- (f) The applicant must have for test conducted using the skill test standard (STS) have a fixed base of operation adequately equipped to test at least 25 percent of all level 1, level 2, level 3 skill elements listed in Objective 3 of each subject area in the STS for the General, Airframe and Power plant. Additionally, be equipped to perform all of the core competencies elements identified in Objective 2 of each subject area in the STS for General, Airframe and Power-plant ratings.
- (g) The applicant must have a fixed base of operation, equipment and materials must be adequate for an applicant to demonstrate the basic skills of the rating sought.
- (h) The applicant must have an airworthy aircraft, other aircraft, aircraft subassemblies, operational mock-ups, and other aids that may be used for testing.



- (i) The applicant must have tools, equipment, material, current publications, and necessary apparatus required to complete a project assignment must be the type recommended by the aircraft manufactures or accepted in the aviation industry.
- (j) The applicant shall pass a pre-designation test on the following:
- (1) Air Law and Regulations for AME personnel.
  - (2) Current practices for the fleet of aircraft to be utilized.
  - (3) Best industry practices.
  - (4) Recent improvement in technology, testing and tooling.

3.1.2 An Aircraft Maintenance Engineers Designated Examiner shall so comply with appropriate standardization procedures for examiners, approved by the Authority.

3.1.3 An Aircraft Maintenance Engineers Designated Examiner may be re-authorized at the discretion of the Authority.

### **3.2 Aircraft Maintenance Engineers Designated Examiner (skill) Test**

(a.) The applicant shall be observed conducting a complete, actual skill test using the approved STS in a satisfactory manner.

(b.) The applicant shall be observed completing the required documentation required by the Authority in a satisfactory manner.

(c.) After designation, a designated aircraft maintenance engineer examiner shall maintain currency by:

- (i) Attending initial and recurrent training conducted by the Authority, and
- (ii) Maintaining a current and valid AME licence and applicable ratings.

### **3.3 Authorization Procedures**

3.3.1 A Aircraft Maintenance Engineers Designated Examiner shall be notified in writing by the Authority, of his responsibilities and privileges.

3.3.2 Whether out of personal interest or on recommendation an interested person shall apply to the Authority for appointment to carry out tests in his field of expertise.

3.3.3 A person could be recommended by an examiner or employer.

3.3.4 Upon receipt of an application under regulation 6.6.6 of Part 2 of the Nigeria Civil Aviation Regulations and where the applicant is certified as a suitably qualified person of integrity to conduct Aircraft Maintenance Engineers tests on behalf of the Authority, the Authority shall advise the applicant in writing.



3.3.6 The applicant is then booked for the relevant test.

3.3.7 The Examiner will present the report of the practical test with relevant limitation and recommendations to the licensing office.

3.3.8 When all the conditions have been satisfactorily met, the applicant will be issued with a Certificate of authorization.

3.3.9 The AME examiner designation shall be valid for **One Year**.

### **3.4 Authorization Numbering**

3.4.1 A system of authorization numbering shall be used to identify the designated examiner.

3.4.2 The Examiner shall be notified in writing by the Authority of his reference number, responsibilities and privileges.

### **3.5 Examining Requirements and Procedures**

3.5.1 An examiner must conduct all tests and skill checks according to the applicable requirements and procedures.

3.5.2 An examiner is expected to honour appointments unless circumstances warrant cancellation or postponement. It is the examiner's responsibility to reschedule a test if the postponement is at the examiner's request.

3.5.3 If an examiner cancels a test without rescheduling, the examiner shall instruct the applicant to contact the PEL office of the Authority. The PEL office will make arrangements to provide another examiner.

3.5.4 The examiner must conduct the test in a private area free from distractions.

The examiner must give the applicant undivided attention during the test and ensure that any discussion of test results with the applicant is in private unless, by mutual agreement, a person other than the applicant's instructor is present.

3.5.5 An examiner must not allow personal prejudices to interfere with objective evaluation of an applicant.

### **3.6 Annual Meeting.**

The Authority shall hold at least two examiner meetings every year to review problem areas, examiner performance, requirements and procedures and all examiners are required to attend at least one meeting, attendance at this meeting shall be recorded in the examiners file.



### **3.7 Re-Authorization**

3.7.1 Examiners should apply for re-authorization at least 21 days before the authorization expires. If the examiner has not applied within 21 days before the expiration date it could be understood that the examiners does not desire to renew the authorization.

3.7.2 The examiner must submit to the Authority a completed prescribed application form for re-authorization along with a list of activities and tests done within the previous 12 months preceding the application. The examiner should have conducted at least six training courses within the period and that the services of the examiner are still required.

### **3.8 Aircraft Maintenance Designated Examiner's Records**

3.8.1 An Examiner shall:

- a) Sign the logbook or any other approved record keeping document of each person to whom the examiner has tested;
- b) Maintain a record in a separate document that contains the following
  - (i) The name of each person who the examiner has tested or endorsed and the date of Test or endorsement; and
  - (ii) The name of each person the examiner has endorsed for knowledge, practical, oral test or skill test and a record of the kind of test, the date, and the results;
- c) Retain the records required by regulation 6.6.7 of Part 2 of the Nigeria Civil Aviation Regulations for at least three years from the date of conducting the test.

### **3.9 Discrepancies or Ineligibility**

If a discrepancy that cannot be immediately corrected exists in any of the documents, the application form and all the submitted documents will be returned to the applicant and should not be resubmitted until the discrepancy has been rectified.

### **3.10 Issue of the Authorization**

Applicants who meet all requirements for the authorization will be advised to pay the authorization fees, if applicable, after which an Aircraft Maintenance Engineer Examiner Authorization is issued in a form of a Designation certificate indicating the type and details of the authorization.



### **3.11 Non-Renewal or Termination of the Authorization**

3.11.1 The examiner services could be terminated by not renewing the authorization, rather than by cancellation of the authorization during its validity period.

3.11.2 Where there is no longer a need for the examiner's services the authorization will be terminated either for the whole authorization or for part of the authorization.

### **3.12 RESULTS**

#### **3.12.1 Completion of this task results in issuance of a letter of authorization**

### **3.13 FUTURE ACTIVITIES**

#### **The examiner may return to re-apply or to renew the authorization**

3.13.1 Designated Aircraft Maintenance Engineer Examiners shall be:

- (a) Supervised by NCAA Licensing Inspectors annually; and while exercising the privileges of his/her designation. This may be accomplished in the Aircraft Maintenance Engineer approved training program.
- (b) Evaluated at least once annually before renewal.
- (c) Expected to maintain the highest standard of professionalism and conduct in the discharge of his/her function.

3.13.2 In addition to 3.19.1 the following circumstances shall require the NCAA Licensing inspector to conduct Inspection of the Aircraft Maintenance Engineers Designated Examiner:

- (a) Examiners practical test passing/failure rate is unreasonable.
- (b) An Examiner conducts more than three practical test in one day.
- (c) An Examiner conducts practical test without the approval of the Authority NCAA.
- (d) Examiner Certification file is free of errors.
- (e) Examiner is involved in violation of the Regulation.
- (f) Examiner recent files of violations will be review.

3.13.3 Methods of Evaluation/Inspection shall be accomplished as follows:

- (i) An NCAA Licensing Inspector or an Aircraft Maintenance Engineers Examiner (if approved or authorized to perform this function by the Director of Licensing Standards) shall observe the Designee who conducts a complete practical test.





(ii) For the purpose of this paragraph a complete practical test is a test that has to do with knowledge, skill and oral portions of a practical skill test.

(iii) If an Inspector is unable to observe any part of these portions of the test, the Designee must be evaluated by some other method once every 12 months.

#### 3.14.4 Unsatisfactory Performance

(i) If an Inspection's report indicates a deficiency in the technique, standard or judgment of the Aircraft Maintenance Engineers Examiner, the Authority may initiate an appropriate training to correct the deficiency.

(ii) The Examiners testing privilege will be suspended until satisfactory report is accomplished.

(iii) All these reports must be submitted on the appropriate form.





## CHAPTER 28

### Authorization of Designated Flight Dispatcher Examiner

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#### 1.0 PURPOSE

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This Chapter is issued to give guidance in determining if an individual meets the qualifications for authorization as a Designated Flight Dispatcher Examiner or renewal of the authorization, under the Civil Aviation (Personnel Licensing) Regulations.

#### 2.0 REFERENCE

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2.1 Regulations 2.8.5.1 of the Nigeria Civil Aviation Regulations;

2.2 The prescribed Application Forms

#### 3.0 GUIDANCE AND PROCEDURE

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##### 3.1 Application for the Authorization

3.1.1 An applicant for the Flight Dispatcher Examiner authorization shall:

- a) Hold a licence and rating at least equal to the licence or rating for which the authorization is sought for;
- b) Pass an examiner authorization test prescribed by the Authority and supervised by an Inspector of the Authority or by a Flight Dispatcher Examiner specifically authorized by the Authority for the purpose in the role of an examiner for which authorization is sought, including -
  - (i) Briefing;
  - (ii) Conduct of the practical (skill) test check;
  - (iii) Assessment of the applicant to whom the skill test is given; and
  - (iv) De-briefing, recording and documentation.

3.1.2 A Flight dispatcher examiner of an Aviation Training Organization or air operator, who has undergone the full training programme of the air operator or Aviation Training Organization may not be required to be assessed under 3.1.1(b) above.

3.1.3 A Flight Dispatcher Examiner shall comply with appropriate standardization procedures for examiners, approved by the Authority.

3.1.4 A Flight Dispatcher Examiner may be re-authorized at the discretion of the Authority.



### **3.2 Flight Dispatcher Practical (skill) Test**

- (a) The Authority shall observe the applicant conducting a complete actual FD certification using the approved STS in a satisfactory manner.
- (b) The applicant shall complete all required paper work for the certification as required by the Authority.

#### **3.2.1 THE APPLICANT IS REQUIRED TO MEET THE FOLLOWING REQUIREMENTS:**

- a) Should be a person of integrity,
- b) Should be a holder of a valid Flight Dispatcher Licence and;
- c) Show evidence of a high level of aeronautical knowledge in the subject areas for the FD certification.
- d) Have held a FD license for at least five years prior to the designation.
- e) Have been actively exercising the privileges of the FD license in commercial air transport in the previous three years.
- f) Have satisfactorily completed the FD examiner orientation program with the Authority.
- g) The applicant must have available a test site that is fully capable of doing all items required for the proper dispatch of a commercial flight in accordance with the regulatory requirements. This may be the flight dispatch of an active commercial airline.

### **3.3 Authorization Procedures**

3.3.1 A Flight Dispatcher Examiner shall be notified in writing by the Authority of his responsibilities and

3.3.2 The Authority shall notify each approved Air operator Certificate Holder or Aviation Training Organization of the Flight Dispatcher Examiners who have been designated to conduct skill test for the issue of flight dispatcher licences, certificates and ratings.

3.3.3 Whether out of personal interest or on recommendation an interested person shall apply to the Authority for appointment to carry out tests in his field of expertise.

3.3.4 A person could be recommended by an examiner or employer.

3.3.5 Upon receipt of an application under regulation 8.5.1 of Part 2 of the Nigeria Civil Aviation Regulations and where the applicant is certified as a suitably qualified person of integrity to conduct flight dispatcher tests on behalf of the Authority, the Authority shall advise the applicant in writing of the training required as specified in IS 8.3.2 of Part 2 of the Nigeria Civil Aviation Regulations The Instructor will then present the report of training with the recommendations to the licensing office.

3.3.6 The applicant is then booked for the relevant test.

3.3.7 The Examiner will present the report of the practical test with relevant limitation and recommendations to the licensing office.



3.3.8 When all the conditions have been satisfactorily met, the applicant will be issued with a letter of authorization.

3.3.9 The FD examiner designation shall be valid for **One Year**.

### **3.4 Authorization Numbering**

3.4.1 A system of authorization numbering shall be used to identify authorized examiner.

3.4.2 The Examiner shall be notified in writing by the Authority, of his reference number, responsibilities and privileges.

### **3.5 Examining Requirements and Procedures**

3.5.1 An examiner must conduct all skill tests and proficiency checks according to the applicable requirements and procedures.

3.5.2 An examiner is expected to honour appointments unless circumstances warrant cancellation or postponement. It is the examiner's responsibility to reschedule a skill test if the postponement is at the examiner's request.

3.5.3 If an examiner cancels a skill test without rescheduling, the examiner shall instruct the applicant to contact the PEL office of the Authority. The PEL office will make arrangements to provide another examiner.

3.5.4 The examiner must conduct the oral portion of the skill test in a private area free from distractions. The examiner must give the applicant undivided attention during the test and ensure that any discussion of test results with the applicant is in private unless, by mutual agreement, a person other than the applicant's instructor is present.

3.5.5 An examiner must not allow personal prejudices to interfere with objective evaluation of an applicant.

3.5.6 An examiner is responsible for maintaining personal his currency, for remaining up to date with regulatory and procedural changes, and for demonstrating aviation safety at all times.

### **3.6 Annual Meeting.**

Applicants who meet all requirements for the authorization will be advised to pay the authorization fees, if applicable, after which an Aircraft Maintenance Engineer Examiner Authorization is issued in a form of a Designation certificate indicating the type and details of the authorization.



### **3.7 Re-Authorization**

3.7.1 Examiners should apply for re-authorization at least 21 days before the authorization expires. If the examiner has not applied within 21 days before the expiration date it could be understood that the examiners does not desire to renew the authorization.

3.7.2 The examiner must submit to the Authority a completed prescribed application form for re-authorization along with a list of activities and tests done within the previous 12 months preceding the application. The examiner should have conducted at least four skill tests within the period and that the services of the examiner are still required.

### **3.8 Flight Dispatcher Examiner's Records**

3.8.1 An Examiner shall:

- a) Sign the logbook or any other approved record keeping document of each person to whom the examiner has tested;
- b) Maintain a record in a logbook or a separate document that contains the following -
  - (i) The name of each person whose logbook the examiner has endorsed and the date of the endorsement; and
  - (ii) The name of each person the examiner has endorsed for a knowledge, practical, oral and skill test and a record of the kind of test, the date, and the results;
- c) Retain the records required by regulation 8.5.1 of Part 2 of the Nigeria Civil Aviation Regulations for at least three years from the date of conducting the test.

### **3.9 Discrepancies or Ineligibility**

If a discrepancy that cannot be immediately corrected exists in any of the documents, the application form and all the submitted documents will be returned to the applicant and should not be resubmitted until the discrepancy has been rectified.

### **3.10 Issue of the Authorization**

Applicants who meet all requirements for the authorization will be advised to pay the authorization fees, if applicable, after which a Flight Dispatcher Examiner Authorization is issued in a form of a designation letter indicating the type and details of the authorization



### **3.11 Non-Renewal or Termination of the Authorization**

3.11.1 The examiner services could be terminated by not renewing the authorization, rather than by cancellation of the authorization during its validity period.

3.11.2 Where there is no longer a need for the examiner's services the authorization will be terminated either for the whole authorization or for part of the authorization.

### **3.12 Supervision and control of General Aviation and ATO Designated Flight Dispatch Examiners.**

**3.12.1** Designated Flight Dispatcher Examiners shall be:

- (a) supervised by NCAA Licensing Inspectors annually in exercising the privileges of his/her designation. This may be accomplished in the dispatcher approved programme.
- (b) Evaluated at least once annually before renewal
- (c) Expected to maintain the highest standard of professionalism and conduct in the discharge of his/her function.

**3.12.2** In addition, the following circumstances shall require the NCAA Licensing inspector to conduct Inspection of the Designated Flight Dispatcher Examiner:

- (a) Examiners practical test passing/failure rate is unreasonable.
- (b) An Examiner conducts more than three practical tests in one day.
- (c) An Examiner conducts practical test without the approval of the Authority.
- (d) Examiner Certification file is free of errors.
- (e) Examiner is involved in violation of the Regulation.
- (f) Examiner's recent files violations will be reviewed.

**3.12.3** Methods of Evaluation/Inspection shall be accomplished as follows:

- (i) An NCAA Licensing Inspector or a Designated Flight Dispatcher Examiner (if approved or authorised to perform this function by the Director of Licensing Standards) shall observe the Designee who conducts a complete practical test.
- (ii) For the purpose of this paragraph a complete practical test is a test that has to do with knowledge, skill and oral portions of a practical skill test.



(iii) If an Inspector is unable to observe any part of the portion the test , the Designee must be evaluated by some other method once every 12 months.

#### **3.12.4 Unsatisfactory Performance**

(i) If an Inspection's report indicates a deficiency in the technique, standard or judgment of the Designated Flight Dispatcher Examiner, the Authority may initiate an appropriate training to correct the deficiency.

(ii) The Examiners testing privilege will be suspended until satisfactory report is accomplished.

(iii) All these reports must be submitted on the appropriate form.

## **4.0 RESULTS**

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### **4.0.1 Completion of this task results in issuance of a letter of authorization**

### **4.0.2 FUTURE ACTIVITIES**

**The examiner may return to re-apply or to renew the authorization**





## CHAPTER 29

### Validation and Conversion of a Foreign Flight Dispatcher Licence

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue of a validation certificate or a converted licence based on a foreign licence under Part 2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCES

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- 2.1 Regulation [2.2.4.11](#); [2.2.4.12](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms: [Form O-PEL012A](#)
- 2.3 Validation Certificate and the licence card.
- 2.4 Notice of Disapproval
- 2.5 Checklist: [CL:O-PEL005C](#) ; [CL: O-PEL005D](#)

#### 3.1 GUIDANCE AND PROCEDURES

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##### 3.2 General Information

- 3.2.1 Under Regulation [2.4.11](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations, the Authority may validate a foreign licence issued by another Contracting State, by issuing a validation certificate which will be carried with the foreign licence, with limitations or restrictions imposed as appropriate. This process is called validation.
- 3.2.2 Under Regulation [2.4.12](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations, the Authority may issue a licence, based on a foreign licence, to an applicant who holds a valid licence issued by another Contracting State, with limitations and restrictions imposed as appropriate. This process is called conversion

##### 3.2 Validation Information

- 3.2.1 A certificate of validation is issued to a holder of a foreign licence and NOT to a Nigerian Licence holder. The basis for validation of a foreign flight dispatcher licence is Regulation [2.4.11](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations. The Authority may grant a validation certificate with Flight Dispatcher privileges to an individual, based on a foreign licence of an ICAO Contracting State.



3.2.2 A validation certificate is a means of recognising a foreign licence and giving authority to the holder to use the foreign licence to Dispatch and issue flight release to Nigerian registered aircraft.

### 3.3 Conversion Information

The basis for conversion of a foreign flight crew licence is Regulations 2.4.12 of Part 2 of the Nigeria Civil Aviation Regulations. The Authority may grant a licence to an applicant, based on a valid foreign licence of an ICAO Contracting State, if the applicant meets the conversion requirement.

### 3.4 Verify the Foreign Licence

One of the first procedures that needs to be performed is to verify with the foreign Authority, the authenticity of the licence and certificate presented by sending The Authority Verification of Authenticity of Foreign Licence Form to the foreign Authority, requesting that the form be returned with the requested details filled in for verification.

### 3.5 Application Process

#### 3.5.1 Advise the applicant to bring the following documents applying for the validation or conversion:

- a) A properly completed prescribed application form;
- b) The foreign licence to be validated or converted;
- c) A knowledge test report (if applicable);
- d) Personal logbooks or other records substantiating the flight dispatcher experience shown on the Application Form;
- e) Two (2) recent photographs (full face) (if applicable);
- f) A photo Identification Card or Passport; and
- g) The applicable fees.

#### 3.6 Applicant arrives to Apply for the Validation Certificate or for the Conversion of the Licence -Collect the documents and records listed above.

### 3.7 Review Application:

3.7.1 Check the Application Form for accuracy, using the instructions attached to the form; and

3.7.2 Ensure that the flight instructor has provided the required endorsements and reports.



### 3.8 Verify applicant's identity

- 3.8.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.
- 3.8.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.8.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### 3.9 Establish Eligibility for the Validation or The Conversion.

- 3.9.1 Determine if the applicant meets the general and skill test requirements for the issue of a validation or conversion of a foreign licence specified under Regulations 2.8.3.1 and 2.8.3.2 of Part 2 of the Nigeria Civil Aviation Regulations.
- 3.9.2 The following list expounds on the basic requirements.
- a) **Age:** Ensure that the applicant is of the age specified for the licence privileges sought;
  - b) **Knowledge:** Request and evaluate the knowledge test report if applicable, to confirm that the knowledge test is passed;
  - c) **Experience:** Check to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable logbook or other reliable record;
  - d) **Instructors Recommendation:** - An applicant should present the Instructor's recommendation Form as evidence of having met the practical requirements;
  - e) **Language proficiency:** Check if the flight dispatcher is proficient in English language under Regulation 2.2 of Part 2 of the Nigeria Civil Aviation Regulations;
  - f) **For a Validation Certificate -**
    - (i) The licence to be validated must be valid;
    - (ii) Any limitations on the licence will apply as appropriate;
    - (iii) The validation certificate will authorize the applicant to Dispatch Flight and flight release only in accordance with privileges and limitations of the foreign licence and in aircraft which are on the Nigerian Aircraft Register;



(iv) The applicant for a validation to exercise the privileges of professional flight dispatcher commercial operations must pass the Air law examination.

g) **For Conversion**

- (i) The licence to be converted must be valid;
- (ii) Any limitations on the licence will apply as appropriate;
- (iii) The applicant for a conversion must pass Air-law exams.
- (iv) A Nigerian national seeking for conversion should show an evidence of Nigerian Citizenship.

**3.10 The Practical (skill) tests (if required)**

The skill test for the licence privileges sought will be conducted by either an inspector of the Authority or an examiner authorized and designated by the Authority.

**3.11 Discrepancies or Ineligibility**

3.11.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the validation certificate cannot be issued and explain how the applicant may correct the discrepancies.

3.11.2 If the applicant is not eligible for the validation certificate sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the validation certificate or a converted licence, with privileges and limitations as applicable.

**3.12 Validity of the Validation Certificate and the Converted Licence**

The validity of the certificate of validation shall be for the same period as the foreign licence being validated for a maximum period of 12 months provided the foreign licence, ratings or authorisations remains. The converted licence will be valid as per the requirements Regulation 2.1.7 of Part 2 of the Nigeria Civil Aviation Regulations.

**3.13 Issue of a Validation Certificate or a Converted Licence**

3.13.1 When an applicant has satisfactorily met all requirements for the Validation or Conversion, and he prescribed application form has been completed a certificate of validation or a licence shall be issued.

3.13.2 Ensure the prescribed fees for the licence or certificate is paid;

3.13.3 Prepare the licence or the certificate;

3.13.4 When a rating needs to be added, enter the additional rating on the existing licence;

3.13.5 Make copy of the licence or certificate for the licensing file;

3.13.6 Provide applicant with the completed licence or certificate;

3.13.7 File all documents on the licensing file;



3.13.8 Provide applicant with completed certificate or licence;

3.13.9 File all documents on licensing file.

#### **4.0 RESULTS**

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**4.1 Completion of this task results in the issue of one of the following:**

**4.1.1 A validation Certificate; or**

**4.1.2 A converted licence;**

**4.1.3 Notice of Disapproval**

#### **5.0 FUTURE ACTIVITIES**

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**An applicant may return for re-issue of the Validation Certificate or licence**





## CHAPTER 30

### Validation and Conversion of a Foreign Aircraft Maintenance Engineer Licence

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#### 1.0 PURPOSE

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This Chapter is issued to guide the Personnel Licensing Officers in determining if the applicant meets the requirements for the issue of a validation certificate or a converted licence based on a foreign licence under Part2 of the Nigeria Civil Aviation Regulations.

#### 2.0 REFERENCE

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- 2.1 Regulation [2.2.4.9](#); [2.2.4.10](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed Application Forms:
- 2.3 Validation Certificate and the licence card.
- 2.4 Notice of Disapproval
- 2.5 Checklist: [CL: O-PEL005E](#); [CL: O-PEL005F](#)

#### 3.0 GUIDANCE AND PROCEDURE

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##### 3.2 General Information

- 3.2.1 Under Regulation [2.2.4](#) of the Nigeria Civil Aviation Regulations, the Authority may validate a foreign licence issued by another Contracting tate, by issuing a validation certificate which will be carried with the foreign licence, with limitations or restrictions imposed as appropriate. This process is called validation.
- 3.2.2 Under Regulation [2.2.4.9](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations, the Authority may issue a licence, based on a foreign licence to an applicant who holds a valid licence issued by another Contracting tate, with limitations and restrictions imposed as appropriate. This process is called conversion

##### 3.2 Validation Information

- 3.2.1 A certificate of validation is issued to a holder of a foreign licence and NOT to a Nigerian Licence holder. The basis for validation of a foreign Aircraft Maintenance Engineer licence (AMEL) is Regulation [2.2.4.9](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations. The Authority may grant a validation certificate with AMEL privileges to an individual, based on a foreign licence of an ICAO Contracting tate.
- 3.2.2 A validation certificate is a means of recognizing a foreign licence and giving authority to the holder to use the foreign licence to Maintain Nigerian registered aircraft and issue Certificate of Release to Service.

##### 3.3 Conversion Information

The basis for conversion of a foreign aircraft maintenance engineer licence is Regulations [2.4.10](#) of [Part 2](#) of the Nigeria Civil Aviation Regulations. The Authority may grant a licence to an applicant, based on a valid foreign licence of an ICAO Contracting State, if the applicant meets the conversion requirement.





### 3.4 Verify the Foreign Licence

One of the first procedures that need to be performed is to verify with the foreign Authority, the authenticity of the licence and certificate presented by sending. The Authority Verification of Authenticity of Foreign Licence Form to the foreign Authority, requesting that the form be returned with the requested details filled in for verification.

### 3.5 Application Process

#### 3.5.1 Advise the applicant to bring the following documents attached to the application form on applying for the validation or conversion:

- a) A properly completed prescribed application form;
- b) The foreign licence to be validated or converted;
- c) Acknowledge test report (if applicable);
- d) Personal logbooks or other records substantiating the Aircraft Maintenance Logging experience shown on the Application Form;
- e) Two (2) recent photographs (full face) (if applicable);
- f) A photo Identification Card or Passport;  
and
- g) The applicable fees.

#### 3.6 Applicant arrives to Apply for the Validation Certificate or for the Conversion of the Licence - Collect the documents and records listed above.

### 3.7 Review Application:

- 3.7.1 Check the Application Form for accuracy, using the instructions attached to the form; and
- 3.7.2 Ensure that a Certified Aircraft Maintenance Engineer has provided the required endorsements and reports.

### 3.8 Verify applicant's identity

- 3.8.1 Inspect acceptable forms of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application Form. If the applicant's identity can be verified, proceed with the task.
- 3.8.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.8.3 If the applicant's identity appears to be different from the information supplied on the prescribed application Form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Director of Licensing for further action.

### 3.9 Establish Eligibility for the Validation or The Conversion.

- 3.9.1 Determine if the applicant meets the specific eligibility, knowledge, experience and skill requirements for the issue of a validation or conversion of a foreign licence specified under Regulations [2.4.9](#); [2.4.10](#) of Part 2 of the Nigeria Civil Aviation Regulations.





3.9.2 The following list expounds on the basic requirements.

- a) **Age:** Ensure that the applicant is of the age specified for the licence privileges sought;
- b) **Knowledge:** Request and evaluate the knowledge test report if applicable, to confirm that the knowledge test is passed;
- c) **Experience:** Check the record of Aircraft Maintenance Engineering experience to determine if the applicant has the minimum experience required for the licence and rating sought. Use an acceptable logbook or other reliable record;
- d) **For a Validation Certificate-**
  - (i) The licence to be validated must be valid;
  - (ii) Any limitations on the licence will apply as appropriate;
  - (iii) The validation certificate will authorize the applicant to maintain and release to service only in accordance with privileges and limitations of the foreign licence and in aircraft which are on the Nigerian Aircraft Register;
- e) **For Conversion**
  - (i) The licence to be converted must be valid;
  - (ii) Any limitations on the licence will apply as appropriate;
  - (iii) The applicant for a conversion must pass Air-law.
  - (iv) A Nigeria national seeking for conversion should show an evidence of Nigerian Citizenship.

### 3.10 The Practical (skill) tests (if required)

The skill test for the licence privileges sought will be conducted by either an inspector of the Authority or an examiner authorized and designated by the Authority.

### 3.11 Discrepancies or Ineligibility

3.11.1 If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons why the validation certificate cannot be issued and explain how the applicant may correct the discrepancies.

3.11.2 If the applicant is not eligible for the validation certificate sought, inform the applicant of the reasons for ineligibility and explain how the applicant may obtain the validation certificate or a converted licence, with privileges and limitations as applicable.

### 3.12 Validity of the Validation Certificate and the Converted Licence

The validity of the certificate of validation shall be for the same period as the foreign licence being validated for a maximum period of 12 months provided the foreign licence, ratings or authorisations remains valid. The converted licence will be valid as per the requirements Regulation 2.1.7 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.13 Issue of a Validation Certificate or a Converted Licence

3.13.1 When an applicant has satisfactorily met all requirements for the Validation or Conversion, and the prescribed application form has been completed a certificate of validation or a licence shall be issued.

3.13.2 Ensure the prescribed fees for the licence or certificate is paid;



- 3.13.2 Ensure the prescribed fees for the licence or certificate is paid;
- 3.13.3 Prepare the licence or the certificate;
- 3.13.4 When a rating needs to be added, enter the additional rating on the existing licence;
- 3.13.5 Make copy of the licence or certificate for the licensing file;
- 3.13.6 Provide applicant with the completed licence or certificate;
- 3.13.7 File all documents on the licensing file;
- 3.13.8 Provide applicant with completed certificate or licence;
- 3.13.9 File all documents on licensing file.

#### **4.0 RESULTS**

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##### **4.1 Completion of this task results in the issue of one of the following:**

- 4.1.1 A validation Certificate; or
- 4.1.2 A converted licence;
- 4.1.3 Notice of Disapproval

#### **5.0 FUTURE ACTIVITIES**

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**An applicant may return for re-issue of the Validation Certificate or licence**



## CHAPTER 31

### Appeal Review Procedure

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#### 1.0 PURPOSE

This Chapter is issued to provide guidance and procedures for reviewing an appeal lodged by an applicant against any decision or action taken by the Authority under **Parts 2 and 3** of the Nigerian Civil Aviation Regulations.

#### 2.0 REFERENCE

2.1 Regulations **1.3.3.5** and **1.10** of the Nigeria Civil Aviation Regulations;

#### 3.0 GUIDANCE AND PROCEDURE

3.1 The application process

3.1.1 Application preparation

The responsibility for preparing and submitting documents for review shall rest with the aggrieved person. However, he may seek assistance from his employer/operator, lawyer, or any other person when preparing such submission.

In order to maintain their neutrality and independence, the staff of Civil Aviation Authority is not allowed to assist him in preparing review documents. However, the NCAA inspector can provide advice on regulatory matters including the content required.

#### 3.2 Application content

An application for review shall be in writing and signed by the aggrieved person. Such application shall be done by completing the **FORM O-PEL-019**

- Give his names, mailing address and telephone number, the date;
- i. Specify in plain language the NCAA licensing decision that he/she is appealing;
  - ii. Set out the grounds for application – state the provisions of the Nig.CAR's that he/she considers not complied with;
  - iii. Provide evidence to support the case;
  - iv. Attach a copy of the decision he/she is appealing where applicable or the licensing document relevant to the application.
  - v. State the action he would like the Review Panel to take.



### **3.3 Lodging an application for Review**

The aggrieved person shall lodge his application with the Authority by mailing, or by hand delivery to the office of the Director General. An application shall be considered lodged when it is physically received in the DG's office, the email is received, or if mailed, on the date it is post marked.

The section which has issued the document in dispute shall always form part to the application hearing. Interested parties are therefore advised and are free to contact the Licensing Authority to establish whether another party or applicant has lodged a similar application to the authority.

### **3.4 When Does an Application have to be lodged?**

Applications shall be lodged with the Authority within seven (7) day after receipt of the record of the decision.

The 7 day period starts on the day that the aggrieved person is notified of the Licensing decision/action. If the applicant is notified of the decision/action in writing, the 7 day period starts on the day the he receives the notification in writing, even if he/she received oral advice prior to that.

The Authority will not accept applications that are lodged after the 7 day statutory limit.

### **3.5 What happens after the application has been lodged?**

On receiving an application, the Director General at its discretion shall take either of the following options:

- i. Dismiss the application
- ii. Substitute the decision being appealed against for any other decision the licensing authority could have made
- iii. Consider the case for hearing

### **3.6 Hearing of the Application**

- i. Once the Review Panel has accepted and processed the application submission, it will set and notify a date for a Hearing. A "Notice of Hearing" will be communicated to both the aggrieved person and the other party involved. The Notice will specify the time, date and place of the Hearing, together with a summary of the issues to be covered.
- ii. If either party to the application is unable to attend the Hearing on the date notified, they may request that the Hearing be rescheduled. This can be done by submitting a written request to reschedule the Hearing to the Review Panel. This should be done at least 3 days prior to the Hearing date.
- iii. The request must outline the reason for the request i.e. what is preventing attendance at the Hearing on the originally scheduled date.
- iv. The Review Panel will consider the request to reschedule, consult with the other party as appropriate, and notify a new Hearing date if it agrees to reschedule.



### 3.7 Requesting for Application Rescheduling

The Review Panel will only consider rescheduling a Hearing when there are valid reasons to do so and even then will only do so in extraordinary circumstances. Valid reasons would include an unavoidable conflict with another significant event, or a family or medical emergency.

### 3.8 Process

For a free and fair hearing, a reasonable degree of formality is required during the application hearing process, the Review Panel aims at making Hearings as relaxed and informal as possible.

The exact process and procedure for a particular Hearing is likely to vary from Hearing to Hearing depending on the nature and circumstances of the application itself. However, in general terms a Hearing is likely to operate as follows:-

- i. The Chairman will begin by outlining the procedures that the Review Panel will follow.
- ii. The aggrieved person and, or their representative will be invited to make a brief statement before the Review Panel puts any questions to them. The statement should briefly explain why you think the decision you are appealing is unfair; there is no need to go through the written material in detail as Review Panel Members will have read the papers prior to the Hearing.
- iii. Questions will then be put to the aggrieved person by the Review Panel.
- iv. The Authority will be invited to outline his/her position.
- v. Questions will then be put to the Authority by the Review Panel.
- vi. Both parties will be allowed to call and question witnesses.
- vii. The aggrieved person and Authority will then be given a chance to make a final statement to the Review Panel.
- viii. The Hearing will conclude and all the parties will be asked to leave.

### 3.9 Decision

Following the Hearing, the Review Panel will consider facts of the Application as presented in submissions and at the Hearing. It will then reach a decision in a form of recommendation which will be notified to the Authority and aggrieved person in writing.

The Review Panel Committee may recommend to the Authority to

- (a) dismiss the application;
- (b) set aside the original decision and make a different decision;
- (c) vary the decision; or
- (d) set aside the decision and delegate the matter to a Committee or one or more members or officers of the Authority for a fresh decision without directions as to ways in which that decision will be made.

**3.10** Where a person is aggrieved by any order of the Review Panel he / s h e may appeal against the order to a higher court.



## CHAPTER 32

### Authorization of Designated Air Traffic Controller Examiners

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#### 1.0 PURPOSE

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This Chapter is issued to give guidance in determining if an individual meets the qualifications for authorization as a Designated Air Traffic Controller Examiner or renewal of the authorization, under the Civil Aviation (Personnel Licensing) Regulations.

#### 2.0 REFERENCE

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2.1 Regulations 2.2.1.6, 2.7.1 of the Nigeria Civil Aviation Regulations;

2.2 The prescribed Application Forms

#### 3.0 GUIDANCE AND PROCEDURE

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##### 3.1 Application for the Authorization

- (1) ATC Examiners are designated by the Authority for the sole purpose of conducting practical tests at ATC facilities for candidates aspiring to apply for the issuance of an Air Traffic Controller licence and the appropriate category rating(s) and also for continuing proficiency checking of air traffic controllers on behalf of the Authority.
- (2) An applicant for designation as an ATS Examiner may either be in the service of the Authority or an employee of an approved ATS provider, who meets the requirements of the Authority for designation.

##### 3.2 Scope of Designation:

- (1) The designation is usually limited to a specific function, facility, airport and airspace, where the applicant for designation maintains his or her current ratings appropriate to the service to be designated.
- (2) However, where the applicant maintains currency in one or more functional areas, facility, airport or airspace, the authority may also issue multiple authorizations to the applicant.
- (3) The designation shall be for an initial period of one year and further renewed annually subject to satisfactory performance.
- (4) The objective of this task is to determine if an individual meets the qualification for designation as an ATC Examiner. If selected, the applicant must meet the Authority's requirements and successfully complete the procedures for initial designation.





### **3.3 Application for Initial designation**

#### **(1) General Requirements**

An applicant for designation as an ATC Examiner must:

- a) Be at least 21 years old.
- b) Be highly qualified technically and professionally as air traffic controllers; and
- c) Submit a written application through his or her head of organization for external candidates or through the appropriate director of NCAA;
- d) Submit relevant documents including the CV to the office of the Director General of the Authority.
- e) Have reputation for integrity, reliability and dependability in the industry and his community.
- f) Have a history of co-operation with constituted authority

#### **3.4 Eligibility and Experience Requirements for Designation**

To be eligible for an Air Traffic Service Examiner rating an applicant shall:

- a) hold an air traffic controller licence with current class 2 medical certificate and appropriate ratings relevant to the areas to be examined; and
- b) have at least 10 years post-rating experience exercising the privileges of an air traffic controller; and,
- c) demonstrate to the Authority's testing officers the ability to perform the duties of an air traffic service examiner.

#### **3.5 Evaluation of Competency**

- a) A candidate of initial designation after meeting the knowledge requirement specified is to conduct practical tests to be supervised by an NCAA ATC Licensing Inspector in an ATS provider's OJT training facility.
- b) The Designated Inspector (ATC Licensing) then sends his recommendation for authorization for document for final authorization and a file is opened for the designee of which all correspondences relating to the designation kept.





### 3.6 *Practical Test*

The practical tests for the initial ATS Examiner designation or for the issuance of additional designations and annual renewal of ATS Examiner designation must contain both oral question and practical demonstration in the appropriate working positions in an ATS Provider OJT training facility and must be supervised by an NCAA ATC Licensing Inspector.

### 3.7 *Review of an examiner's decision*

**(a) Reason for review:** Any applicant who is not satisfied with an examiner's decision may obtain another skill test or proficiency check or appropriate re-evaluation from a NCAA inspector without prejudice. In such cases, the applicant shall be given the complete test/check, including any phases already approved by the examiner. A complete new application and licence/rating test/check file must be prepared.

**(b) Inspector's Role.** Following the retest, both the examiner's and inspector's licence/rating files must be forwarded to the NCAA. The inspector's report determines if a licence/rating is issued. The inspector should discuss the results with the applicant and answer any questions relevant to the evaluation. If appropriate, the inspector should also discuss the test results with the examiner.

### 3.8 *Method of Testing*

The Inspector will observe the Examiner candidate testing an actual applicant for a rating or proficiency or licence. The Inspector will evaluate the candidate performance and his ability to impart knowledge to the student. Any discussion between the Examiner candidate and the Inspector concerning the candidate's performance should be done in private briefing.

### 3.9

#### *Supervision of Designated Examiners*

(a) Designated Examiners are supervised by NCAA ATC Licence Inspectors annually in the conduct of exercising the privileges of their authorisations. This is done at the ATS provider's facilities. All examiners will be inspected at least once a year before renewal.

(b) The Authority may require more frequent Inspection depending on the standard of performance air traffic controllers at the facility for which the examiner is authorized to exercise his or her privileges.

### 3.10 *Other Inspections*

In addition to the requirements described in paragraph 5.6 above, the following circumstances will cause the ATC Licensing Inspector to Inspect an Examiner:

- a) Examiners' practical test passing result exceeds 90%
- b) An Examiner tests a student trained by that Examiner without approval from the Authority.
- c) Examiner certification file error rate exceeds 10%.



- d) Examiner is the subject of valid public complaints or
- e) Examiner is involved in incident/accident or violation of the regulation

### 3.11 **Method of Evaluation**

The NCAA Licence Inspector/Examiner shall use observation of complete practical tests method to evaluate an applicant for designation as an ATC Examiner.

### 3.12 **Approval as a designated ATC Examiner**

- (1) Upon the completion of the evaluation process mentioned in paragraph above, the ATC licenceinspector shall submit to the Director of Licensing, a report of the evaluation along with the appropriate recommendation for approval.
- (2) Upon approval of the recommendation by the Director of Licensing, the applicant shall be notified of his approval as an ATC Examiner, specifying any restrictions, if any, in his or her authorization.

### 3.13 **Withdraw/Revocation of Approval**

The Authority may withdraw the ATC Examiners designation for the following Reasons:

- a) Upon written request either by the holder of the ATC Examiner authorization or the holder's employer; or
- b) When the Authority determines that there is no longer need for the ATC Examiner's service; or
- c) Upon findings by the Authority that the ATC Examiner has not properly performed the duties; or
- d) For any reason the Authority considers appropriate in the interest of public interest; or
- e) Any actions by the ATC Examiner that may reflect discredit to NCAA or misuse of Authority or failure to maintain a reputation for integrity and dependability in the Industry and the Community; or
- f) There is evidence that Examiner's general and or professional qualification and requirement including continued ability to meet medical requirements for the designation held were not met at the time of the original designation or at any time thereafter.



### **3.14 *Renewal of designation***

Not less than 60 days before the expiration of Examiners current Certificate of Authorization the designee will apply to the Authority through the ATC provider for which the designation was issued.

### **3.15 Application for Renewal of designation**

The application for renewal shall be accompanied by the following:

- (a) Copy of last designation
- (b) Evidence of accomplished recurrent and standardization training
- (c) Attendance at regular seminars/meetings conducted by the Authority
- (d) Complete practical demonstration conducted and observed by NCAA ATC Licence Inspector or Examiner
- (e) Payment of appropriate fee
- (f) Evidence of currency on appropriate ratings for which designation is forwarded for renewal; and
- (g) Evidence of conducting at least three proficiency checks within 12 months.

### **3.16 Code of Conduct for designated ATC Examiner**

- (1) The ATC Examiners are expected to maintain highest standard of professionalism and conduct.
- (2) Attend promptly meetings and workshops conducted by the Authority.



## CHAPTER 33

### CONTINUING SURVEILLANCE

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#### 1.0 PURPOSE

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This chapter is issued to provide guidance and procedure for continuing surveillance of Approved Training Organisation (ATO).

#### 2.0 REFERENCE

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- 2.1 Regulations 3.2.1.9 of the Nigeria Civil Aviation Regulations;
- 2.2 Approve Training Organisation Audit/Inspection Checklist [CL: O-OPEL-010](#)

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information

- 3.1.1 Continuing surveillance by the NCAA on Approve Training Organisation is an inherent system of certification and is essential part of NCAA responsibility to ensure that the required standards are maintained.
- 3.1.2 The required surveillance and inspections shall be planned and the areas to be covered will be essentially the same as those examined during the original certification process and will include at least a re-evaluation of facilities, personnel, Training Programs, certified staff, tools, equipment and materials, certification detailed procedures, quality system, student assessments among others.
- 3.1.3 The NCAA has an annual plan of inspections and observations of each ATO to ensure that they continue to meet the basis for issuance of the approvals given during the original certification.
- 3.1.4 If the NCAA determines that there are safety issues, the certificate holder will be requested to take the necessary action to achieve a mutual resolution. Correction of some of these issues may require "document evaluation," "satisfactory demonstration," and "acceptance or approval." It should be noted that, even when there are no certificate requests for certification actions, the Approved Training Organisation is being "re-certificated" on an annual basis.
- 3.1.5 The Approve Training Organisation is responsible for conducting all Trainings in full compliance with applicable:
  - ICAO Standards
  - Nigeria Civil Aviation Regulations

If at any time, the ATO and its trainings activities are found not to be equal to or exceeding these standards, this could be the basis for suspension and/or revocation of the certificate.



### 3.2 Post Certification inspections

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- 3.2.1 Following the completion of the certification, the NCAA will continue to do a heightened level of surveillance to ensure that the ATO transitions smoothly into a mature status. This is not considered a part of the original Inspection and Demonstration Phase, but is in fact an extension of the concept of early validation of ATO Certificate. The certification team will discuss and produce post certification surveillance program that will be incorporated into the annual surveillance program.

### 3.3 Surveillance and Inspection Program

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- 3.3.1 The surveillance and inspection Program for each ATO will contain both planned and random events. An annual Program of required minimum inspections for each ATO will be developed in November for the coming calendar year. Other more specific Inspections may be scheduled at intervals to sample the on-going training activities of an Approved Training Organisation. These inspections may be referred to as "Training-in-progress Inspections".

This is to enable the Authority monitor ATO continuous compliance.

- 3.3.2 There shall be a annual review of surveillance activities, inspections and incidents reports by FSG. The FSG annual reviews will include inspections, incidents, findings from Operations, Airworthiness and Personnel licensing/ Medicals. Items reviewed will include follow up actions / enforcement actions, trends affecting safety and need to increase or refocus future Operators Inspections.

### 3.4 Minimum Required Annual Inspections

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- 3.4.1 The following are to be inspected during the annual surveillance of the ATO. The frequency may be increased at the discretion of the Director, Licensing.
- **Manuals conformity.** one (1) inspection each calendar year for all the approved manuals.
  - **Housing and Facilities.** one (1) inspections each calendar year of the main training facilities and satellite.
  - **Personnel and Training.** one (1) inspections per each calendar year of the personnel qualifications and training records.
  - **Training Records.** one (1) inspections per each calendar year of the personnel qualifications and training records.



- **Tools, Equipment and Materials.** one (1) inspections each per calendar year.
- **Quality System.** one (1) inspections each per calendar year.
- **Student Assessments.** one (1) inspections each per calendar year.
- **Foreign ATO.** Foreign ATO will be Audited every one (1) year during ATO renewal

### 3.5 Deficiencies

- 3.5.1 If a deficiency is observed during the inspection, the inspector shall record the deficiency in the **Approve Training Organisation Audit/Inspection Checklist**  
**CL: O-OPEL-010.section "L".**
- 3.5.2 The Certificate holder and the Inspector must agree on the corrective action plan and the target date. For deficiency that is a violation of the regulations, the inspector should follow the procedures detailed in the **Compliance and Enforcement Handbook.**
- 3.5.3 For ATO audit, the **APPROVE TRAINING ORGANISATION Audit/Inspection Checklist**  
**CL: O-OPEL-010.** must be used by the inspector.
- 3.5.4 **After an inspection is made, the certificate holder will be notified, in writing, of any deficiencies found during the inspection.**  
**ATO certificate Holders are required to close deficiencies and inform the Authority within 21 days of receipt of the letter.**

# **PERSONNEL LICENSING CHECKLISTS**



**DIRECTORATE OF PERSONNEL LICENSING STANDARDS**  
**CHECKLIST INDEX**

ITEM	CHECKLIST NO	SUBJECT
1.	CL:O-PEL002	<b>AERONAUTICAL EXPERIENCE REQUIREMENTS FOR PPL LICENCE</b>
2.	CL:O-PEL003	<b>AERONAUTICAL EXPERIENCE REQUIREMENTS FOR COMMERCIAL PILOT LICENCE (CPL) LIGHTER THAN AIR</b>
3.	CL:O-PEL004	<b>AERONAUTICAL EXPERIENCE REQUIREMENTS FOR AIRLINE TRANSPORT PILOT LICENCE (ATPL). AEROPLANE; HELICOPTER</b>
4.	CL:O-PEL004C	<b>ISSUE /RENEWAL/CONVERSION/VALIDATION CHECKLIST</b>
5.	CL:O-PEL005	<b>CHECKLIST FOR THE CONVERSION OF A FOREIGN PILOT LICENCE</b>
6.	CL:O-PEL005A	<b>CHECK LIST FOR THE VALIDATION OF FOREIGN FLIGHT CREW LICENCE AND RATINGS</b>
7.	CL:O-PEL005B	<b>CHECK LIST FOR THE CONVERSION OF A FOREIGN FLIGHT ENGINEER LICENCE</b>
8.	CL:O-PEL005C	<b>CHECKLIST FOR THE CONVERSION OF A FOREIGN FLIGHT DISPATCHER</b>
9.	CL:O-PEL005D	<b>CHECK LIST FOR THE VALIDATION OF FOREIGN FLIGHT DISPATCHER LICENCE AND RATINGS</b>
10.	CL:O-PEL005E	<b>CHECKLIST FOR THE CONVERSION OF A FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE</b>
11.	CL:O-PEL005F	<b>CHECK LIST FOR THE VALIDATION OF FOREIGN AIRCRAFT MAINTENANCE ENGINEERS LICENCE AND RATINGS</b>
12.	CL:O-PEL006	<b>DESIGNATED PILOT EXAMINER (DPE) SKILL TEST CHECKLIST</b>
13.	CL: O-PEL007	<b>ATO INITIAL MANUAL REVIEW GUIDE</b>
14.	CL: O-PEL007A	<b>EVALUATION OF ATO'S PROCEDURES MANUAL ( FLYING SCHOOL)</b>
15.	CL: O-PEL007B	<b>EVALUATION OF ATO'S PROCEDURES MANUAL (NON- FLYING SCHOOL)</b>

16	CL: O-PEL008A	<b>EVALUATION OF ATO'S TRAINING MANUAL (FLYING SCHOOL)</b>
17	CL: O-PEL008B	<b>EVALUATION OF ATO'S TRAINING MANUAL (NON-FLYING SCHOOL)</b>
18	CL: O-PEL009	<b>EVALUATION OF ATO'S QUALITY MANUAL</b>
19	CL: O-PEL010	<b>APPROVED TRAINING ORGANIZATION (ATO) AUDIT/INSPECTION CHECKLIST</b>
20	CL: O-PEL011	<b>EVALUATION OF APPROVED TRAINING ORGANISATION SAFETY MANAGEMENT SYSTEM (SMS) MANUAL</b>
21	CL: O-PEL012	<b>APPROVED TRAINING ORGANISATION CERTIFICATION CHECKLIST AND SCHEDULE OF EVENTS</b>
22	CL: O-PEL022	<b>AVIATION ENGLISH TESTING CENTRE/TRAINING INSPECTION REPORT</b>
23	CL: O-PEL022A	<b>CHECKLIST FOR AVIATION LANGUAGE TESTING</b>
24	CL: O-PEL026	<b>APPROVED TRAINING ORGANISATION JOB-AID</b>
25	CL: O-PEL027	<b>DESIGNATED AIRCRAFT MAINTENANCE ENGINEER EXAMINER (DAME) SKILL TEST CHECKLIST</b>
26	CL: O-PEL028	<b>CABIN CREW TRAINING INSPECTION</b>
27	CL: O-PEL029	<b>INSPECTION REPORT CABIN CREW EMERGENCY DRILLS</b>



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**AERONAUTICAL EXPERIENCE REQUIREMENTS FOR PPL LICENCE**

**1. AEROPLANE**

			Applicant	Official Use Only	
<b>(1) PPL Single engine class rating</b>			<b>C</b>	<b>S</b>	<b>NS</b>
1.	Total flight time	40			
2.	Synthetic Flight Trainer time	5			
3.	Solo flight time	10			
4.	Solo cross-country flight time	5			
5.	Number cross-country flights not less than 270 km (150 NM)	1			
6.	Full-stop landings at two different aerodromes	2			
<b>(2) PPL Multi engine class rating – after meeting meeting the the requirements of paragraph (1), the applicant must complete training in the areas of operation for the multi-engine practical test by an authorized flight instructor in the category sought.</b>			<b>10</b>	-	-
<b>If the privileges of the licence are to be exercised at night</b>					
	Number of hours dual instruction under a qualified instructor in night flying	5			
	Number of flights as pilot in command including five take offs and landings in an aircraft	5			

## 2. ROTORCRAFT

<b>PPL Single rotorcraft type rating</b>		<b>QM</b>	<b>C</b>	<b>S</b>	<b>NS</b>
1.	Total flight time	40			
2.	Synthetic Flight Trainer time	5			
3.	Solo flight time	10			
4.	Solo cross-country flight time	5			
5.	Number cross-country flights not less than 180 km (100 NM)	1			
6.	Full-stop landings at two different points	2			
7.	<b>If the privileges of the licence are to be exercised at night</b>				
8.	Number of hours dual instruction under a qualified instructor in night flying	5			
9.	Number of flights as pilot in command including five take offs and landings in an aircraft	5			

## 3. GLIDE

<b>(1) PPL glider without logged flight time in aeroplane</b>		<b>QM</b>	<b>C</b>	<b>S</b>	<b>NS</b>
1.	Total flight time	6			
2.	Solo flight time	2			
3.	Number launches and landings have been performed	20			
<b>(2) If the privileges of the licence are to be exercised at night</b>		-	-	-	-
1.	Total flight time	3			
2.	Solo flight time	2			
3.	Number launches and landings have been performed	10			

## 4. BALOON

		<b>QM</b>	<b>C</b>	<b>S</b>	<b>NS</b>
1.	Total flight time	16			
2.	Number training flights in the areas of operation that includes-	8			
<b>(1) PPL-Training performed in gas balloon</b>		-	-	-	-
a)	Number flights of two hours each that consists of one training flight within sixty days prior to application for the rating on the areas of operation for a gas balloon	2			

b)	Solo flight time in a gas balloon under an authorised instructor	5			
c)	Number flights involving a controlled ascent to three thousand feet above the launch site	1			
<b>(2) PPL-Training performed in a balloon with an airborne heater</b>					
a)	Number flights of one hour each within sixty days prior to application for the rating on areas of operation appropriate to a balloon with an airborne heater	2			
b)	Solo flight time in a balloon with an airborne heater under an authorised instructor	5			
c)	Number flights involving a controlled ascent to three thousand feet above the launch site	1			

<b>5. AIRSHIP</b>		<b>QM</b>	<b>C</b>	<b>S</b>	<b>NS</b>
1.	Flight training time in airships on the areas of operation which consists of at least-	25			
2.	Solo flight time in an airship with an authorised instructor 5	5			
<b>(3) If the privileges of the licence are to be exercised at night</b>		-	-	-	-
a)	Night flight time training in an airship that includes	3			
b)	Number cross-country flights of over ?? km (25 NM) total distance; and	1			
c)	Number takeoffs and landings to a full stop, with each landing involving a flight in the traffic pattern, at an airport	5			

**QM – Qualifying Minima; C – Claimed; S – Satisfactory; NS – Not Satisfactory**

**\* – please fill in the appropriate only**

6. The personal flying log books or other acceptable flight record must be submitted with this application, and entries relating to cross-country flying should be marked in pencil in the margin.

7. The particulars given by me in this form are true to the best of my knowledge and belief.

Date .....

Name and Signature.....



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

## AERONAUTICAL EXPERIENCE REQUIREMENTS FOR COMMERCIAL PILOT LICENCE (CPL) LIGHTER THAN AIR

<b>(1) AIRSHIP</b>		<b>QM</b>	<b>C</b>	<b>S</b>	<b>NS</b>
1.	Flight training time in airship on the areas of operation listed in regulation 43	20			
a)	Cross-country flight time in airship in day VFR as a part of par. 1	1			
b)	Number of straight-line distance flights in day of more than 25 NM from original point of departure as a part of par. 1	1			
c)	Cross-country flight time in airship in night VFR as a part of par. 5	1			
d)	Number of straight-line distance flights at night of more than 25 NM from original point of departure as a part of par. 5	1			
2.	Flight training time as pilot-in-command	10			
a)	Number cross-country flights as a part of par. 2	1			
b)	Number of landings in different points as a part of par. 2	3			
c)	Number of straight-line distance flights of more than 25 NM from original point of departure as a part of par. 2	1			
3.	Night flight time VFR	5			
a)	Number of take-offs and landings	10			
<b>(2) BALLOON</b>		-	-	-	-
1.	Flight training time on the areas of operation listed in regulation 43	35			
<b>Gas Balloon</b>		-	-	-	-
a)	Numbers of training flights of not less than 2 hours each in appropriate areas of operation within 60 days prior to application for the rating	2			
b)	Flight time as pilot-in-command	10			
c)	Number of flights involving a controlled ascent to 5 thousand feet above the launch site	2			
<b>Balloon With An Airborne Heater</b>		-	-	-	-
a)	Numbers of training flights of not less than 2 hours each in appropriate areas of operation within 60 days prior to application for the rating	2			
b)	Flight time as pilot-in-command	10			

c)	Number of flights involving a controlled ascent to 5 thousand feet above the launch site	2			
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**QM – Qualifying Minima; C – Claimed; S – Satisfactory; NS – Not Satisfactory**  
**• Please fill in the appropriate only.**

3. The personal flying log books or other acceptable flight record must be submitted with this application, and entries relating to cross-country flying should be marked in pencil in the margin.
4. The particulars given by me in this form are true to the best of my knowledge and belief.

**Date .....**

**Name and Signature.....**





**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**AERONAUTICAL EXPERIENCE REQUIREMENTS FOR AIRLINE TRANSPORT PILOT LICENCE (ATPL). AEROPLANE; HELICOPTER**

<b>1. AEROPLANE</b>		<b>QM</b>	<b>C</b>	<b>S</b>	<b>NS</b>
	<b>ATPL intial without ATPL helicopter</b>				
1.	Total flight time in aeroplane	1500			
(a)	Synthetic Flight Trainer time – as a part of total flight of time from par. 1	100			
(i)	Time in Flight Procedure Trainer or Basic Instrument Flight Trainer as a part of par. 1(a)	25			
2.	Flight time as pilot-in-command or see par. 3	250			
3.	Flight time as pilot-in-command and	100			
	Flight time as co-pilot under supervision of pilot in command	150			
4.	Cross-country flight time	200			
(a)	Flight time as pilot-in-command or as co-pilot under supervision of pilot in command as a part of time from par. 4	100			
5.	Instrument flight time in aeroplane	75			
(a)	Synthetic Flight Trainer time – as a part of instrument flight time from par. 5	30			
6.	Night flight time	100			
7.	<b>Credit 50% of the flight time as pilot-in-command in helicopter towards the flight time required for aeroplane</b>				
<b>2. HELICOPTER</b>		-	-	-	-
	<b>ATPL intial without ATPL aeroplane</b>	1000			
1.	Total flight time in helicopter				
(a)	Synthetic Flight Trainer time – as a part of total flight of time from par. 1	100			
(i)	Time in Flight Procedure Trainer or Basic Instrument Flight Trainer as a part of par. 1(a)	25			
2.	Flight time as pilot-in-command or see par. 3	250			
3.	Flight time as pilot-in-command and	100			
	Flight time as co-pilot under supervision of pilot in command	150			
4.	Cross-country flight time	200			

(a)	Flight time as pilot-in-command or as co-pilot under supervision of pilot in command as a part of time from par. 4	100			
5.	Instrument flight time in helicopter	30			
(a)	Synthetic Flight Trainer time – as a part of instrument flight of time from par. 5	10			
6.	Night flight time	50			
7.	<b>Credit 50% of the flight time as pilot-in-command in aeroplane towards the flight time required for helicopter</b>				

**QM – Qualifying Minima; C – Claimed; S – Satisfactory; NS – Not Satisfactory**  
• – please fill in the appropriate only.

3. The personal flying log books, or other acceptable flight record must be submitted with this application, and entries relating to cross-country flying should be marked in pencil in the margin.
4. The particulars given by me in this form are true to the best of my knowledge and belief.

Date .....

Name and Signature.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria.

**FOR OFFICIAL USE ONLY**

<b>CHECKLIST FOR ISSUE/RENEWAL/CONVERSION/VALIDATION/ENDORSEMENT/          INCLUSION OF LICENCES/RATINGS AS CONTAINED IN PEL TGM   √ - Provided</b>  <b>TICK AS APPROPRIATE:</b> <input type="checkbox"/> <b>√</b> or <input type="checkbox"/> <b>X</b> or <input type="checkbox"/> <b>N/A</b>	<b><u>Legend</u></b>  <b>X – Not Provided</b> <b>N/A- Not Applicable</b>
<input type="checkbox"/> The appropriate fees paid and NCAA receipt attached.	<b><u>VETTING</u></b> <input type="checkbox"/>
<input type="checkbox"/> Identification document: Document relating to proof of age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).	<input type="checkbox"/>
<input type="checkbox"/> Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).	<input type="checkbox"/>
<input type="checkbox"/> Evidence of incident, accident, enforcement actions of any medical condition (if any) <input type="checkbox"/> Copy of Medical: Medical certificate from authorized NCAA Medical examiner. (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> All personal flying Log Book(s) and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc. (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Knowledge Test Report	<input type="checkbox"/>
<input type="checkbox"/> Skill Test Drills report (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Proficiency /Competency Test Report (if applicable) <input type="checkbox"/> Copy of Last Three Pages of Log Book(Original to be provided for sighting) <input type="checkbox"/> Copy of Valid License	<input type="checkbox"/>
<input type="checkbox"/> Professional Graduation Certificate (copy) - (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Verification of authenticity of foreign licence (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Due diligent documentation by employer <input type="checkbox"/> Background check <input type="checkbox"/> Evidence of incident, accident, enforcement actions (if any)	<input type="checkbox"/>
<input type="checkbox"/> Curriculum Vitae/Resume	<input type="checkbox"/>
<p><b><u>Verifying Officer</u></b></p> <p><b>Name:</b> _____ <b>Title:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p>Forwarded for final approval .        Yes        No</p> <p>Comments if any:.....</p>	

***I have reviewed this person's application and the required documentation and authorize the issue/Renewal/Conversion/Endorsement of the licence/validation/authorization for final DOL Signature.***

***Name/title and signature or stamp of CAA official who conducted the review*** \_\_\_\_\_

***Date: (dd/mm/yyyy)*** \_\_\_\_\_



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**CHECKLIST FOR THE CONVERSION OF A FOREIGN PILOT LICENCE**

Item	The name of the document and action	Remarks*		
		C	S	NS
1.	<b>Application Form</b> – check if all items are filled out properly			
2.	<b>Photo identification card or Passport</b> – compare to Application Form and check personal details			
	- Name in Full			
	- Date of birth – check if the age of the applicant is appropriate to the licence			
	- Nationality			
3.	<b>Pilot's Licence</b>			
	- Check if foreign licence is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	- Compare personal details to photo identification card or Passport			
	- Check the date of issue and expiry – licence must be valid			
	- Check and confirm the data below – prepare a request to CAA of issue of the licence for confirmation of licence, ratings and medical certificate			
	- Check if the applicant (i) Has a licence which is not under an order of revocation or suspension by the country that issued the licence (ii) Meets all the International Civil Aviation Organization standards for that licence (iii) Holds a valid medical certificate issued by the contracting state that issued the licence (iv) Meets the applicable aeronautical experience requirements (v) Has passed examinations specified in Regulation 16(4) – see the item 6 – 9 Aeronautical knowledge requirements			
4.	<b>Medical certificate</b> – check personal details and			
	- Check if the foreign medical certificate is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	- Check if the applicant has passed required medical examinations (i) Class 1 medical certificate issued by the authority for ATPL, CPL and PPL with IR			

	(ii) Class 2 medical certificate issued by the Authority for PPL without IR and for lighter-than-air category aircraft licence			
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<sup>1</sup> The applicant for a certificate of validation shall use only one foreign licence as a basis for obtaining a certificate of validation

		C	S	NS
4.	- Limitations			
	- Check if both medical certificates were issued by appropriate authorized medical examiner			
	- Check the dates of issue and expiry of the medical certificates			
5.	<b>Proficiency in English language</b> - Check if the applicant has met the requirements of the English language proficiency in accordance with the requirements contained in the CARs			
6.	<b>Aeronautical knowledge for conversion ATPL</b>			
	- Check if the applicant (i) has passed a composite knowledge test comprising of air law, meteorology, aircraft general knowledge, flight planning, radio aids, navigation, flight performance and planning, human performance, operational procedures, principles of flight and radiotelephony knowledge; and (ii) an initial instrument rating practical test			
7.	<b>Aeronautical knowledge for conversion CPL</b>			
	- Check if the applicant (i) has passed a composite knowledge test comprising of air law, meteorology, aircraft general knowledge, flight planning, radio aids, navigation, flight performance and planning, human performance, operational procedures, principles of flight and radiotelephony knowledge; and (ii) an initial instrument rating practical test if the rating is to be included in the licence			
8.	<b>Aeronautical knowledge for conversion PPL</b>			
	- Check if the applicant (i) has passed a composite knowledge test comprising of air law, meteorology, aircraft general knowledge, flight planning, radio aids, navigation, flight performance and planning, human performance, operational procedures, principles of flight and radiotelephony knowledge and meteorology (ii) an initial instrument rating practical test if the rating is to be included in the licence			
9.	<b>Aeronautical knowledge for conversion lighter-than-air licence</b>			
	- For PPL as specified in item 8 as appropriate			
	- For CPL as specified in item 7 as appropriate			

10.	<b>Aeronautical experience for licence</b>			
	- Check if the applicant for conversion of CPL or ATPL has included in the licence an aircraft type rating for either pilot in command or co-pilot respectively			
	- Check if the applicant for conversion of CPL or ATPL has (i) the aircraft type endorsed on a foreign licence; (ii) the pilot is current on the aircraft type; and (iii) the type of aircraft is registered in Nigeria			
	- Check if the applicant for conversion has passed the composite knowledge test for conversion of a foreign licence within the six months preceding the date of the application for the licence			
11.	<b>Personal logbook and photocopies of the relevant page(s)</b>			
	- Compare personal details to photo identification card or Passport			
	- Check clarity, record keeping and the endorsements pertaining to the category, class or type rating training and aeronautical experience requirements			
12.	<b>Other records substantiating the flight experience shown on the Application Form</b>			
13.	<b>Two (2) recent passport size photographs</b> (full face).			
14.	<b>Copy of work permit</b> – if applicable			
15.	<b>Receipt of the applicable fees</b>			
16.	<b>If others – specify</b> .....			

Remarks\* S==Satisfactory; NS== Not Satisfactory; NA== Not Applicable

**GENERAL REMARKS AND RECOMMENDATIONS**

.....  
.....

Date .....

PEL Officer's Name and Signature.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**CHECK LIST FOR THE VALIDATION OF FOREIGN FLIGHT CREW LICENCE AND RATINGS**

Item	The name of the document and action	Remarks*		
		C	S	NS
1.	<b>Application Form</b> – check if all items are filled out properly			
2.	<b>Photo identification card or Passport</b> – compare to Application Form and check personal details			
	- Name in Full			
	- Date of birth – check if the age of the applicant is appropriate to the licence			
	- Nationality -			
3.	<b>Private Pilot Licence</b>			
	<b>Commercial Pilot Licence</b>			
	<b>Airline Transport Pilot Licence</b>			
	<b>Flight Engineer Licence</b>			
	<b>Instrument Rating</b>			
	<b>Category, class and type rating</b>			
	- Check if foreign licence is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	- Compare personal details to photo identification card or Passport			
	- Check the dates of issue and expiry			
	- Check and confirm the data below – prepare a request to CAA of issue of the licence for confirmation of licence, ratings and medical certificate			
	- Check if the applicant or his/her licence			
	(i) is not under an order of revocation or suspension by the country that issued the licence			
	(ii) does not contain an endorsement stating that the applicant has not met all of the standards of ICAO for that licence			
(iii) does not currently hold a flight crew license issued by the Authority				
(iv) holds a valid flight crew licence as noted in par.3, issued by a CAA other than the Authority				
(v) holds a valid medical certificate issued by the contracting state				



	that issued the licence			
	(vi) Meets the applicable aeronautical experience requirements for the licence privileges sought.			
	(vii) except as the Authority may decide otherwise has passed air law, flight rules and procedures examinations, and a flight checkout, as applicable			

**<sup>1</sup> The applicant for a certificate of validation shall use only one foreign licence as a basis for obtaining a certificate of validation**

		C	S	NS
4.	<b>Medical certificate</b> – check personal details and			
	- Check if medical certificate is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	- Check if issued by authorised medical examiner – compare to 3(v)			
	- Class 1 medical certificate for ATPL, CPL, PPL with IR, and FEL			
	- Class 2 medical certificate for PPL without Instrument Rating			
	- Limitations on medical certificate			
	- Check the dates of issue and expiry of medical certificate			
5.	<b>Proficiency in English language</b>			
	- Check if the applicant has met the requirements of English language proficiency in accordance with the requirements contained in the CARs			
6.	<b>Personal logbook and photocopies of the relevant page(s)</b>			
	- Compare personal details to photo identification card or Passport			
	- Check clarity, record keeping and the endorsements pertaining to the category, class or type rating			
7.	<b>Other records substantiating the flight experience shown on the Application Form</b>			
8.	<b>Two (2) recent passport size photographs</b> (full face); if applicable.			
9.	<b>Copy of work permit</b> – if applicable			
10.	<b>Payment of the applicable fees</b>			
11.	<b>If others – specify .....</b> .....			

**GENERAL REMARKS AND RECOMMENDATIONS**

.....  
 .....

Date .....

PEL Officer's Name and Signature.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**CHECK LIST FOR THE CONVERSION OF A FOREIGN FLIGHT ENGINEER LICENCE**

Item	The name of the document and action	Remarks*		
		C	S	NS
1.	<b>Application Form</b> – check if all items are filled out properly			
2.	<b>Photo identification card or Passport</b> – compare to Application Form and check personal details			
	- Name in Full			
	- Date of birth – check if the age of the applicant is appropriate to the licence			
	- Nationality -			
3.	<b>Flight Engineer Licence</b>			
	- Check if foreign licence is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	- Compare personal details to photo identification card or Passport			
	- Check the dates of issue and expiry – licence must be valid			
	- Check and confirm the data below – prepare a request to CAA of issue of the licence for confirmation of licence, ratings and medical certificate			
	- Check if the applicant			
	(i) Has a licence which is not under an order of revocation or suspension by the country that issued the licence			
	(ii) Meets all the International Civil Aviation Organization standards for that licence			
	(iii) Holds a valid Class 1 medical certificate issued by the contracting state that issued the licence			
	(iv) Meets the applicable aeronautical experience requirements			
(v) Has passed examinations specified in Regulation 18(4) – see item 6 Aeronautical knowledge requirements				
4.	<b>Medical certificate</b> – check personal details and			
	- Check if the foreign medical certificate is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	- Check if the applicant has valid Class 1 medical certificate issued by the Authority			
	- Limitations			

	- Check if both medical certificates were issued by the appropriate authorized medical examiners			
	- Check the dates of issue and expiry of the medical certificates			

		C	S	NS
5.	<b>Proficiency in English language</b> - Check if the applicant has met the requirements of English language proficiency in accordance with the requirements contained in the CARs			
6.	<b>Aeronautical knowledge for conversion FEL</b> - Check if the applicant (i) Has passed a composite knowledge test comprising of air law, meteorology, aircraft general knowledge, flight performance and planning, human performance, operational procedures, principles of flight and radiotelephony			
7.	<b>Aeronautical experience for conversion FEL</b> - Check if the applicant for conversion of FEL has (i) the aircraft type endorsed on a foreign licence (ii) the flight engineer is current on the aircraft type; and (iii) the type of aircraft is registered in Nigeria - Check if the applicant for conversion has passed the composite knowledge test for conversion of a foreign licence within the six months preceding the date of the application for the licence			
8.	<b>Personal logbook and photocopies of the relevant page(s)</b> - Compare personal details to photo identification card or Passport - Check clarity, record keeping and the endorsements pertaining to the category, class or type rating training and aeronautical experience requirements			
9.	<b>Other records substantiating the flight experience shown on the Application Form</b>			
10.	<b>Two (2) recent passport size photographs (full face).</b>			
11.	<b>Copy of work permit – if applicable</b>			
12.	<b>Receipt of the applicable fees</b>			
13.	<b>If others – specify .....</b> .....			

Remarks\*S==Satisfactory; NS==Not Satisfactory; NA== Not Applicable

**GENERAL REMARKS AND RECOMMENDATIONS**

.....

.....

Date .....

PEL Officer's Name and Signature.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P.M.B.21029,21038,Ikeja,Lagos,Nigeria

**CHECKLIST FOR THE CONVERSION OF A FOREIGN FLIGHT DISPATCHER LICENCE**

Item	The name of the document and action	Remarks*		
		U	S	NS
1.	<b>Application Form</b> —check if all items are filled out properly			
2.	<b>Photo identification card or Passport</b> —compare to Application Form and Check personal details			
	Name in Full			
	Date of birth—check if the age of the applicant is appropriate to the licence			
	Nationality			
3.	<b>Flight Dispatcher Licence</b>			
	Check if foreign licence is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	Compare personal details to Driver Licence, National identification Card or Passport			
	Check the date of issue and expiry—licence must be valid			
	Check and confirm the data below—prepare a verification request to CAA of issue of the licence for confirmation of licence, ratings.			
	- Check if the applicant (i) Has a licence which is not under an order of revocation or suspension by the country that issued the licence (ii) Meets all the International Civil Aviation Organization Standards for that licence. (iii) Meets the applicable aeronautical experience requirements <b>Proficiency in English language</b> Check if the applicant can read and write.			

Item	The name of the document and action	Remarks*		
		U	S	NS
4.	Other records substantiating the flight dispatch experience shown on the Application Form			
5.	Two(2) recent passport size photographs(full face).			
6.	Copy of work permit -if applicable			
7.	Receipt of the applicable fees			
8.	If others-specify			

Remarks\* S==Satisfactory; NS== Not Seen; U==Unsatisfactory

**GENERAL REMARKS AND RECOMMENDATIONS**

.....  
 PEL Officer's Name and Signature



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P.M.B.21029,21038,Ikeja,Lagos,Nigeria

**CHECK LIST FOR THE VALIDATION OF FOREIGN  
 FLIGHT DISPATCHER LICENCE AND RATINGS**

Item	The name of the document and action	Remarks*		
		U	S	NS
1.	<b>Application Form</b> -check if all items are filled out properly			
2.	<b>Photo identification card or Passport</b> -compare to Application Form and Check personal details			
	Name in Full			
	Date of birth-check if the age of the applicant is appropriate to the licence			
	Nationality			
	Check if foreign licence is submitted in the English language or Accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	Compare personal details to photo identification card or Passport			
	Check the dates of issue and expiry			
	Check and confirm the data below-prepare a request to CAA of Issue of the licence for confirmation of licence, ratings			
	(i) is not under an order of revocation or suspension by the country that issued the licence			
	(ii) does not contain an endorsement stating that the applicant has Not met all of the standards of ICAO for that licence			
	(iii) does not currently hold a flight dispatcher licence issued by the Authority			
(iv) holds a valid flight dispatcher licence as noted in par.3, issued by CAA other than the Authority				

	(vi) Meets the applicable aeronautical experience requirements for the licence privileges sought.			
	(vii) except as the Authority may decide otherwise has passed air Law.			

<sup>1</sup> **The applicant for a certificate of validation shall use only one foreign licence as a basis for obtaining a certificate of validation**

		U	S	NS
4.	<b>Other records substantiating the flight dispatch experience shown on the Application Form</b>			
5.	<b>Two(2) recent passport size photographs(full face); if applicable.</b>			
6.	<b>Copy of work permit-if applicable</b>			
7.	<b>Payment of the applicable fees</b>			
8.	<b>If others-specify</b>			

**GENERAL REMARKS AND RECOMMENDATIONS**

.....  
 PEL Officer's Name and Signature





## NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

### CHECKLIST FOR THE CONVERSION OF A FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE

Item	The name of the document and action	Remarks*		
		U	S	NS
1.	<b>Application Form</b> - check if all items are filled out properly			
2.	<b>Original AME Licence</b> - compare to Application Form and check personal details			
	Name in Full			
	Nationality			
	Date of Issue and Expiry			
	Category and rating			
3.	<b>Aircraft Maintenance Engineer Licence</b>			
	Check if foreign licence is submitted in the English language or accompanied by an English language translation that is signed by an official or representative of the foreign aviation authority that issued the foreign licence			
	Compare personal details to a current Drivers Licence, National Identification Card or Passport.			
	Check the date of issue and expiry - licence must be valid			
	Check and confirm the data below - prepare a request to CAA of issue of the licence for confirmation of licence and ratings.			
	Check if the applicant			
	(i) Has a licence which is not under an order of revocation or suspension by the country that issued the licence			
	(ii) Meets all the International Civil Aviation Organization standards for that licence			
	(iii) Meets the applicable aeronautical experience requirements			

<sup>1</sup> The applicant for a certificate of validation shall use only one foreign licence as a basis for obtaining a certificate of validation

		U	S	NS
5.	<b>Two (2) recent passport size photographs</b> (full face).			
6.	<b>Copy of work permit</b> - if applicable			
7.	<b>Receipt of the applicable fees</b>			
8.	<b>If others - specify</b>			

Remarks\* S==Satisfactory; NS== Not Seen; U== Unsatisfactory

**GENERAL REMARKS AND RECOMMENDATIONS**

...

...

Date ..

PEL Officer's Name and



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**CHECK LIST FOR THE VALIDATION OF FOREIGN AIRCRAFT MAINTENANCE  
 ENGINEERS LICENCE AND RATINGS**

Item	The name of the document and action	Remarks*		
		U	S	NS
1.	<b>Application Form</b> - check if all items are filled out properly			
2.	<b>Original AME Licence</b> - compare to Application Form and check personal details			
	Name in Full			
	Nationality			
	Date of Issue and Expiry			
	Category and rating			
	Check if foreign licence is submitted in the English language or accompanied by an English language translation that is signed by and official or representative of the foreign aviation authority that issued the foreign licence			
	Compare personal details to the entry in the application forms			
	Check the dates of issue and expiry			
	Check and confirm the data below - prepare a request to CAA of issue of the licence for confirmation of licence, ratings, certificate			
	Check if the applicant or his/her licence (i) is not under an order of revocation or suspension by the country that Issued the licence.			
	(ii) does not contain an endorsement stating that the applicant has not Met all of the standards of ICAO for that licence.			
	(iii) does not currently hold an AME licence issued by the authority.			
	(iv) holds a valid Aircraft maintenance licence as noted in par.2, issued by a CAA that issued the licence.			

	(vi) Meets the applicable aeronautical experience requirements for the licence privileges sought.			
	(vii) The applicant must have passed air Law.			

<sup>1</sup> The applicant for a certificate of validation shall use only one foreign licence as a basis for obtaining a certificate of validation

		U	S	NS
4.	Other records substantiating the Maintenance experience shown on the Application Form			
5.	Two (2) recent passport size photographs (full face); if applicable.			
6.	Copy of work permit - if applicable			
7.	Payment of the applicable fees			
8.	If others -specify			

Remarks\* S==Satisfactory; NS== Not Seen; U== Unsatisfactory

**GENERAL REMARKS AND RECOMMENDATIONS**

...  
Date ..

PEL Officer's Name and Signature ..



**NIGERIAN CIVIL AVIATION AUTHORITY**  
AVIATION HOUSE  
P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**CL: O-PEL006 DESIGNATED PILOT EXAMINER (DPE) SKILL TEST CHECKLIST**  
**(Authorization, Renewal/Additional Designation, or Inspection)**

**1.0 CONDUCT A DESIGNATED PILOT EXAMINER OBSERVATION**

Give the Designated Pilot Examiner notice of your intention to conduct an inspection.

Brief the Designated Pilot Examiner not to advise the Pilot (Applicant) of the result of the check until after discussion with you.

Arrive at the facility in time to observe the pre-exercise briefing.

Carry out the Check on a non-interference basis, using the appropriate checklist(s).

Observe the Designated Pilot Examiner as he/she briefs and debriefs the person undergoing the check and completes relevant documentation, while occupying a crew seat relevant to the check.

Ensure that the Designated Pilot Examiner makes a correct assessment of the person undergoing the check.

If the check is conducted in a simulator, ensure that the Designated Pilot Examiner demonstrates proficiency in operating the simulator, including:

- Setting to a specified locality and runway/heli-deck
- Setting to a specified in flight position
- Inserting specific operation parameters — for example, weight, fuel, environment, etc.

If the check is conducted in an aircraft, and if appropriate, ensure that the Designated pilot examiner records indicate that he has demonstrated critical maneuvers from the right/left hand seat, including:

- Simulated engine failure at  $V_1/V_{toss}$
- A landing with one engine simulated inoperative.
- During this demonstration, the left/right hand seat must be occupied by a suitably qualified check pilot or the Inspector
- Autorotation Straight-in, 180/360 Degrees to power recovery at Hover Height
- Hover Autorotation
- At the completion of the exercise, observe the Designated Pilot Examiner as he/she discusses the results of the check with the pilot (applicant)



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

## CL: O-PEL006 Designated Pilot Examiner (DPE) SKILL TEST CHECKLIST (Authorization, Renewal/Additional Designation or Inspection)

Record ID:	Inspector Name:	Type of Operation	Activity Number – Checklist		
Date Accomplished:	# Issues	ATO/Applicant			
Flight #:	From:	To:	AC Registration:	A/C or Simulator	Type:
Pilot Applicant/Lic #:		Other Crew /Lic #:		DPE /Lic #:	
Type of Check:	Supervisory Check Pilot #:		Check Approval: APPROVED: <input type="checkbox"/> NOT APPROVED: <input type="checkbox"/>		

**Instructions for Use:**

1. Check 'S' column if you reviewed the record, procedure or event and it is 'satisfactory'.
2. Check 'U' column if you reviewed the record, procedure or event and it is 'Unsatisfactory'.
3. Check NS (not seen) column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check NA (not applicable) column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number.

S/N	GENERAL REQUIREMENTS Nig-CARs 2.3.10	S	U	N/S	N/A
	<b>NCAA FILES</b>	S	U	N/S	N/A
	The Organization's nomination of the designee is in the file				
	Updated copy of the Designee's resume is in the file				
	Copy of the last designation is in the file				
	<b>ELIGIBILITY Nig-CARs 2.3.10.</b>	S	U	N/S	N/A
	Verify validity of the examiner/pilot applicants licenses/ratings				
	The Designee meets the minimum experience requirements				
	The Designee has completed all required company training				
	The Designee is current and qualified for the aircraft				
	The Designee is current and qualified for the routes or navigation required				
	The Designated pilot examiner candidate has a thorough knowledge of privileges limitations of the authorization and check standards				
	The Designee has attended an NCAA Examiner Seminar				
	The Designee has attended an annual NCAA briefing				
	Observe the Designated pilot examiner candidate as he briefs the person under going the check and complete relevant documentation while occupying a crew seat relevant to the check				
	The person being checked by the Designated pilot examiner candidate understand clearly what is required during the check				
	Ensure that the Designated pilot examiner candidate makes a correct assessment of the person undergoing the check				
	If the check is conducted in a simulator, the candidate demonstrate proficiency in operating the simulator, including:	S	U	N/S	N/A
	Setting to a specified locality and runway				
	Setting to specified In-flight position				

	Inserting specific operation parameters- for example, Weight, Fuel, Environment, etc?				
	<b>ACCEPTABLE CONDUCT OF CHECK SESSION (Oral)</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	Pre-briefing				
	Pre-flight planning				
	<b>AIRCRAFT KNOWLEDGE EXAMINATION (Oral)</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	Examination of aircraft limitations knowledge				
	Examination of aircraft systems knowledge				
	Examination of aircraft checklist immediate action items				
	Examination of aircraft exterior inspection knowledge				
	<b>FLIGHT PROFICIENCY EXAMINATION Nig-CARs IS 2.3.10.2</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	Examination of flight deck preparation procedures				
	Examination of flight maneuvers proficiency				
	Examination of normal procedures proficiency				
	Examination of abnormal procedures proficiency				
	Examination of emergency procedures proficiency				
	<b>ADMINISTRATION OF FLIGHT SCENARIO</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	Operation of simulator console acceptable				
	“Realistic, real-time” events as much as practical				
	Handling of marginal performance acceptable				
	Handling of unacceptable performance				
	Handling unexpected simulator or scenario glitches				
	<b>LINE CHECK OR SUPERVISORY PILOT ROLE Nig-CARs IS 2.3.10.2</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	Designated pilot examiner candidate is qualified for the route and type of operations proposed				
	Designated pilot examiner candidate understands prohibitions on simulated IFR and abnormal				
	Designated Pilot examiner candidate exhibits very well standardized procedures in accordance with PEL skill test advisory manual				
	Designated pilot examiner candidate evaluation is directed to standardized conduct of flight operations				
	Designated pilot examiner candidate does not “lead” person being checked				
	Designated pilot examiner candidate demonstrated the ability to evaluate an individual while at the same time perform the crew member activities normally associated with the seat occupied				
	<b>RIGHT/LEFT SEAT CONVERSION TRAINING</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	The PIC completed right/left seat conversion training before operating from the co-pilot’s position				
	A pilot who may be assigned to operate from either pilot’s seat has completed the appropriate training and checking programme				
	Does a PIC whose duties also require him to operate from the right/left hand seat and carry out the duties of co-pilot, or PIC required to conduct training or examining duties from the right/left hand seat completed additional training and checking including:-				
	An engine failure during takeoff (simulated when carried out in an aircraft				
	A one engine inoperative approach and go-around.				
	A one engine inoperative landing				
	When operating from the right/left hand seat, the checks required for operating in the left/right hand seat are also valid and current				
	<b>DEBRIEFING AND EVALUATION OF PILOT APPLICANT</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
	Debriefing covered all significant items				
	Accurate assessment of performance of <b>pilot applicant</b>				







**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**ATO Initial Manual Review Guide**

**CL:O-PEL007**

ATO Holder/Applicant Name: \_\_\_\_\_

Manual Name: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR USE**

- 1) Check YES column if you reviewed the record, procedure or event and have no comment.
- 2) Check NO column if you reviewed the record, procedure or event and have a comment.
- 3) Check NS (not seen) column if you did not review the record, procedure or event.
- 4) Check NA (not applicable) column, if the line item is not required in this particular situation.
- 5) Make notes regarding a NO answer for transfer to the JA-ATO/AOC/AMO as appropriate.
- 6) For later reference, precede any notes with the appropriate question number.

Q#	OVERALL MANUAL PRESENTATION	YES	NO	NS	NA
1.	Manuals presented in "Hard copy" or "Soft copy" (Circle one). Compact disk (CD), Flash drive, other (Circle one). Identification (ID) number: _____.				
2.	Bound in a secure form (not loose)?				
3.	Binder is 3 or 4 rings?				
4.	Exterior or binder clearly indicated manual contents?				
5.	Prepared in language of the country?				
6.	Prepared in English Language?				
Q#	MANUAL CONTROL PROCESS	YES	NO	NS	NA
7.	Copies numbered for controlled issuance?				
8.	Amendment issuance tracking process described? Where? _____				
9.	NCAA issued a numbered volume?				
Q#	MANUAL REVISION PROCESS	YES	NO	NS	NA
10.	Revision Instructions adequate?				
11.	Revision page for proper revision entry?				
12.	List of effective pages provided and correct?				
13.	List of revisions to individual pages identified?				
Q#	MANUAL REFERENCING SYSTEM	YES	NO	NS	NA
14.	Table of contents easy to find and use?				
15.	Index, if included, easy to find and use?				
16.	Tabbed/"Bookmarked" as necessary for usability without difficulty?				
17.	Select at least ten (10) references to this manual in the Statement of Compliance (SOC). How many references were accurate? # ___ of # ___ (e.g. 8 of 10).				

Q#	INDIVIDUAL PAGE PRESENTATION	YES	NO	NS	NA
18.	Pages numbered in chronological sequence (by chapter or single documents)?				
19.	Last revision number/date appears on each page?				
20.	Company name (and logo) appears on each page (exception: 19 & 20)?				
21.	If manufacturer's document is submitted in lieu of a company manual, does the manufacturer's name appear on each page?				
22.	For all manufacturer's documents submitted, a manufacturer's letter or reference document is provided to substantiate current revision number/date?				
23.	Method(s) for revising company manuals from updates to manufacturer's references described?				
Q#	PARAGRAPH NUMBERING	YES	NO	NS	NA
24.	Paragraphs and sub-paragraphs numbered or alphabetized for ease of reference?				
Q#	SUPPLEMENTARY CONTENT REFERENCE	YES	NO	NS	NA
25.	Tables referenced for ease of use?				
26.	Figures referenced for ease of use?				
27.	Appendices reference for ease of use?				
Q#	MANUAL EXCERPTS PROPERLY REFERENCED	YES	NO	NS	NA
28.	Condensed checklists compared and current?				
29.	Passenger briefing cards compared and current?				
30.	Training materials an accurate depiction of manual contents?				

**Inspector Notes / Recommendations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Inspector Signature:** \_\_\_\_\_

**CPM Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CPM Signature:** \_\_\_\_\_

**Manual Name:** \_\_\_\_\_ **Inspector Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



CL: O-PEL 007A EVALUATION OF ATO'S PROCEDURES MANUAL (FLYING SCHOOL)

Record ID	Protocol #	Inspector	Action Taken
Approved Training Organisation	Date Accomplished	Type of operations	Location:
Title of Manual Reviewed			

**Instructions for Use:**

1. Check 'S' column if you reviewed the record, procedure or event and it is 'Satisfactory'.
2. Check 'U' column if you reviewed the record, procedure or event and it is 'Unsatisfactory'.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
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6. For later reference, precede any notes with the appropriate question number

S/N	ITEMS	REMARKS			
		'S'	U	NS	NA
1.0	<b>GENERAL</b>				
1.1	A list and description of all volumes in the Procedures Manual				
1.2	Administration (Function and management)				
1.3	Responsibilities (all Management and administrative staff)				
1.4	Student Discipline and Disciplinary action				
1.5	Approval/authorization of flights				
1.6	Preparation of flying program (restriction of numbers of aircraft in poor weather)				
1.7	Command of aircraft				
1.8	Responsibility of pilot-in-command				
1.9	Carriage of Passengers				
S/N	<b>DOCUMENTS AND RECORDS</b>	'S'	'U'	NS	NA
1.10	Aircraft Documentation				
1.11	Retention of Documents				
1.12	Flight crew qualification records (Licences and ratings)				
1.13	Revalidation (licences, ratings and medical certificates)				
1.14	Flying duty period and flight time limitations (Flying Instructors)				
1.15	Flying duty period and flight time limitations (students)				
1.16	Rest Periods (Flying Instructors)				
1.17	Rest Periods (students )				
1.18	Pilots' log books				
1.19	Flight planning (general)				

1.20	Safety (general : equipment, radio listening watch, hazards, accidents and incidents (including reports), safety pilots, etc				
<b>2.0</b>	<b>TECHNICAL</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
2.1	Aircraft descriptive notes				
2.2	Aircraft Handling (including checklists, limitations, aircraft maintenance and technical logs, in accordance with relevant requirements, etc)				
2.3	Emergency procedures				
2.4	Radio and radio navigation aids.				
2.5	Allowable deficiencies (based on MMEL, if available)				
<b>3.0</b>	<b>ROUTE</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
3.1	Performance (legislation, take-off, route, landing, etc)				
3.2	Flight planning (fuel. Oil, minimum safe altitude, navigation equipment, etc)				
3.3	Landing (load sheets, mass, balance, limitations).				
3.3	Weather minima (Flying Instructors)				
3.4	Weather minima (students; at various phase of training)				
3.5	Training routes/areas				
<b>4.0</b>	<b>STAFF TRAINING</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
4.1	Appointments of persons responsible for standards/competence of flying staff				
4.2	Initial training				
4.3	Refresher training				
4.4	Standardization training				
4.5	Proficiency checks				
4.6	Upgrading training				
4.7	ATO staff standards evaluation Process to ensure competency of Instructors				

<b>RECOMMEND APPROVAL</b>	<input type="checkbox"/>	'S'	<input type="checkbox"/>	'U' Reason cited below
<b>REMARKS &amp; OBSERVATIONS</b>				
<hr/> <b>INSPECTOR SIGNATURE</b>		<hr/> <b>CPM SIGNATURE</b>		
		Additional comments attached <input type="checkbox"/> =>		



CL: O-PEL 007B EVALUATION OF ATO'S PROCEDURES MANUAL (NON- FLYING SCHOOL)

Record ID	Protocol #	Inspector	Action Taken
Approved Training Organisation	Date Accomplished	Type of operations	Location:
Title of Manual Reviewed:			

**Instructions for Use:**

1. Check **'S'** column if you reviewed the record, procedure or event and it is **'Satisfactory'**.
2. Check **'U'** column if you reviewed the record, procedure or event and it is **'Unsatisfactory'**.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number

S/N	ITEMS	REMARKS			
		'S'	U	NS	NA
1.0	<b>GENERAL</b>				
1.1	A preamble relating to the use and applicability of the Manual				
1.2	A list and description of all volumes in the Procedures Manual				
1.3	Table of contents easy to find and use				
1.4	Revision instructions adequate				
1.5	Revision page for proper revision entry?				
1.6	Procedure for amendment adequately described				
1.7	List of effective pages provided and correct?				
1.8	Glossary of definitions and significant terms, including list of acronyms and/or abbreviations				
1.9	Description of the scope of training Authorised under the organisation's terms of approval				
2.0	<b>ORGANISATION</b>				
2.1	Organisations structure/chart of ATO Management				
2.2	Manual include names of the post holders (Functions and management)				
2.3	Duties/Responsibilities and qualifications of all Management/ key personnel including but not limited to: (a) Accountable Manager (b) Head of Training (c) Instructional services Manager/Chief Instructor (d) Quality Manager (e) Maintenance Manager, if applicable (f) Instructors (g) Examiners, evaluators, and Auditors, if applicable				



2.4	Statement on succession of command of management and key operational personnel listed above				
2.5	Policies dealing with Training Organisation's objectives, including ethics, values, Student Discipline and Disciplinary action				
2.6	Policy dealing with selection/appointment of ATO personnel and the maintenance of their qualifications				
2.7	Policies dealing with the training programme design and development, including the need for programme validation and review, as well as the outsourcing of training programme development to third-party providers				
2.8	Policies dealing with the evaluation, selection, and maintenance of training materials and devices				
2.9	Policies dealing with the maintenance of the training facilities and equipment				
2.10	Policies dealing with developing and maintaining a quality system governance model				
2.11	Policies dealing with developing and maintaining a culture focused on safety in the workplace, including when applicable, implementing a safety management system governance model				
<b>3.0</b>	<b>DOCUMENTS AND RECORDS</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
3.1	Aircraft Documentation				
3.2	Instructional personnel qualification records (Licences and/or Authorisations/ ratings)				
3.3	Revalidation (licences/authorizations and/or, ratings and medical certificates), if applicable				
3.4	Duty period and instructional time limitations for Instructors				
3.5	Duty period and instructional time limitations for students				
3.6	Retention of Documents				
3.7	Manual described adequate Procedure for Recording keeping for instructors				
3.8	ATO has established adequate record keeping procedure for students				
3.9	Instructional delivery methods adequately described in Manual				
<b>3.10</b>	<b>TECHNICAL</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
	Description of the facilities and equipment available including: (a) Aircraft to be used if owned or leased, if applicable (b) general use of facilities, including offices, stores and archives, library or reference areas (c) the number and size of classrooms, including installed equipment (d) the type and number of training devices, including their location if other than the main training site				
<b>4.0</b>	<b>STAFF TRAINING</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
4.1	Appointments of persons responsible for performance standards and ensuring competence of personnel				
4.2	Details of the procedures to validate the qualifications and determine the competency of instructional personnel required by this Regulations including:				
A	Initial training				
B	Recurrent/Refresher training				
C	Standardisation training				
<b>S/N</b>	<b>STAFF TRAINING (CONTD')</b>	<b>'S'</b>	<b>'U'</b>	<b>'NS'</b>	<b>'NA'</b>
D	Awareness training with respect to their duties and				





CL: O-PEL 008A EVALUATION OF ATO'S TRAINING MANUAL (FLYING SCHOOL)

Record ID	Protocol #	Inspector	Action Taken
Approved Training Organisation	Date Accomplished	Type of operations	Location:
Title of Manual Reviewed			

**Instructions for Use:**

1. Check 'S' column if you reviewed the record, procedure or event and it is 'Satisfactory'.
2. Check 'U' column if you reviewed the record, procedure or event and it is 'Unsatisfactory'.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number

S/N	ITEMS	REMARKS			
		'S'	U	NS	NA
<b>1.0</b>	<b>THE TRAINING PLAN</b>				
1.1	AIM OF THE COURSE: A statement of what the student is expected to do as a result of the training, level of performance, and the training constraints to be observed				
1.2	Pre-entry requirements: (a) Minimum age, (b) educational requirements (including language), and (c) medical requirements				
1.3	Credits for previous experience: To be obtained from the Authority before the training begins				
1.4	Training Curricula: (a) The flying curriculum (Single engine), (b) The flying curriculum (multi-engines), (c) The synthetic flight training curriculum, and (d) The theoretical knowledge training curriculum				
1.5	The time scale and scale in weeks, for each curriculum: Arrangements of the course and the integration of curriculum time.				
1.6	Training Program:				
	A - The general arrangements of daily and weekly programs for flying, ground and synthetic flight training.				
	B - Bad Weathers Constraints				
	C - Program constraints in terms of maximum student training times, (flying, theoretical knowledge, synthetic), e.g. per day/week/month				
	D - Restrictions in respect of duty periods for students				

	E - Duration of dual and solo flights at various stages				
	F - Maximum flying hours in any day/night				
	G - Maximum number of training flights in any day/night				
	H - Minimum rest period between duty periods				
1.7	<b>Training Records:</b>				
	A - Rules for security of records and documents				
	B - Attendance records				
	C - The form of training records to be kept				
	D - Persons responsible for checking records and students' log Books				
	E - The nature and frequency of records checks				
	F - Standardisation of entries in training records				
	G - Rules concerning log book entries				
1.8	<b>Safety training: Individual responsibilities</b>				
	A - Essential exercises				
	B - Emergency drills (frequency)				
	C - Requirement before first solo, e.g. day/night/navigation, etc				
1.9	<b>Checks and tests:</b>				
	A - Flying: Progress checks and skill tests				
	B - Knowledge: Progress tests and knowledge tests				
	C - Authorisation for test				
	D - Rules concerning refresher and before retest				
	E - Test reports and records				
	F - Procedure for test paper preparation, type of question and assessment, standard required for 'Pass'				
	G - Procedure for question analysis and review and for raising replacement papers				
	H - Retesting procedures				
1.10	<b>Training effectiveness:</b>				
	A - Individual responsibilities				
	B - General Assessment				
	C - Liaison between departments				
	D - Identification of unsatisfactory progress (individual students)				
	E - Actions to correct unsatisfactory progress				
	F - Procedure for changing instructors				
	G - Maximum number of instructor changes per student				
	H - Internal feedback system for detecting training deficiencies				
	I - Procedure for suspending a student from training				
	J - Discipline				
	K - Reporting and documentation				
1.11	<b>Standards and level of performance at various stages:</b>				
	A - Individual responsibilities				
	B - Standardisation				
	C - Standardisation requirements and procedures				
	D - Application of test criteria				

2.0	<b>BFIEFING AND AIR EXERCISES</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
2.1	<b>Air Exercises:</b> A detailed statement of the content specification of all the airexercises to be taught, arranged in the sequence to be flown with main and subtitles				
2.3	<b>Air Exercises reference list :</b> Air exercise reference list: An abbreviated list of the above exercises givingonly main and sub-titles for quick reference, and preferably in flip-card form to facilitate daily use by instructors.				
2.4	<b>Course structure</b> – Phase of training: A statement of how the course will bedivided into phases, indication of how the above air exercises will be divided between the phases and how they will be arranged to ensure that they are completed in the most suitable learning sequence and that essential (emergency) exercises are repeatedat the correct frequency. Also, the curriculum hours for each phase and for groupsof exercises within each phase shall be stated and whenprogress tests are to beconducted, etc.				
2.5	<b>Course structure integration of curricula:</b> The manner in which theoreticalknowledge, synthetic flight training and flying training will be integrated so that asthe flying training exercises are carried out students will be able to apply theknowledge gained from the associated theoretical knowledge instruction andsynthetic flight training.				
2.6	<b>Student progress:</b> The requirement for student progress, which shall include a specific statement of expectations for student performance and the required proficiency standards for progressing from one phase of air exercise training to the next. Include minimum experience requirements in terms of hours, satisfactory exercisecompletion, etc. As necessary before significant exercises, e.g. night flying.				
2.7	<b>Instructional methods:</b> The ATO requirements, particularly in respect of pre and post flying briefing, adherence to curricula and training specifications,authorisation of solo flights, etc.				
2.8	<b>Progress tests:</b> The instructions given to examining staff in respect of the conduct and document of all progress tests.				
2.9	<b>Glossary of terms:</b> Definition of significant terms as necessary.				
2.10	<b>Appendices:</b> Progress test report forms. Skill test report forms. ATO certificatesof experience, competence, etc. as required.				
3.0	<b>SYNTHETIC FLIGHT TRAINING</b> <b>Note: Structure generally as for Chapter 2.</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
3.1	<b>Air Exercises:</b> A detailed statement of the content specification of all the airexercises to be taught, arranged in the sequence to be flown with main and subtitles.				
3.2	<b>Air Exercises reference list :</b> Air exercise reference list: An abbreviated list of the above exercises givingonly main and sub-titles for quick reference, and preferably in flip-card form to facilitate daily use by instructors.				
3.3	<b>Course structure</b> – Phase of training: A statement of how the course will divided into phases, indication of how the above air exercises will be divided between the phases and how they will be arranged to ensure that they are completed in the most suitable learning sequence and that essential (emergency) exercises are repeatedat the correct frequency. Also, the curriculum hours for each phase and for groupsof exercises within each phase shall be stated and whenprogress tests are to beconducted, etc.				

3.4	<b>Course structure integration of curricula:</b> The manner in which theoretical knowledge, synthetic flight training and flying training will be integrated so that as the flying training exercises are carried out students will be able to apply the knowledge gained from the associated theoretical knowledge instruction and synthetic flight training.				
3.5	<b>Student progress:</b> The requirement for student progress, which shall include a specific statement of expectations for student performance and the required proficiency standards for progressing from one phase of air exercise training to the next. Include minimum experience requirements in terms of hours, satisfactory exercise completion, etc. As necessary before significant exercises, e.g. night flying.				
3.6	<b>Student progress:</b> The requirement for student progress, which shall include a specific statement of expectations for student performance and the required proficiency standards for progressing from one phase of air exercise training to the next. Include minimum experience requirements in terms of hours, satisfactory exercise completion, etc. As necessary before significant exercises, e.g. night flying.				
3.7	<b>Instructional methods:</b> The ATO requirements, particularly in respect of pre and post flying briefing, adherence to curricula and training specifications, authorisation of solo flights, etc.				
3.8	<b>Progress tests:</b> The instructions given to examining staff in respect of the conduct and document of all progress tests.				
3.9	<b>Glossary of terms:</b> Definition of significant terms as necessary.				
<b>4.0</b>	<b>KNOWLEDGE INSTRUCTION</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
4.1	<b>Knowledge Instruction:</b> A detailed statement of the content specification of all the subjects to be taught, arranged in sequence: lesson plans to be used with main and subtitles				
4.2	<b>Course/Lesson Objectives:</b> Objectives for each subject/lesson clearly stated. Individual lesson plans to include mention of specific training aids available for use				
4.3	<b>Course structure</b> – A statement of how the course will be divided into phases, indication of how the ground training curricula will be divided between the phases and how they will be arranged to ensure that they are completed in the most suitable learning sequence and that essential elements are repeated at the correct frequency. Also, the curriculum hours for each subject and theoretical knowledge shall be stated and when progress tests are to be conducted, etc. <b>Course Content:</b> Course Content covers the required syllabus for the category of training based on the requirements of Nig.CARs. Part 2				
4.4	<b>Course structure integration of curricula:</b> The manner in which theoretical knowledge, synthetic flight training and flying training will be integrated so that as the flying training exercises are carried out students will be able to apply the knowledge gained from the associated theoretical knowledge instruction and synthetic flight training.				
4.5	<b>Student progress:</b> The requirement for student progress, which shall include a specific statement of expectations for student				

	performance and the required proficiency standards for progressing from one theoretical knowledge instruction to the next. Include minimum passing grade or satisfactory completion, etc.				
4.6	<b>Instructional methods:</b> The ATO requirements, particularly in respect of instructional delivery methods, adherence to curricula lesson plans, use of applicable training aids, etc.				
4.7	<b>Progress tests:</b> The instructions given to examining staff in respect of the conduct and document of all progress tests.				
4.8	<b>Glossary of terms:</b> Definition of significant terms as necessary.				

<b>RECOMMEND APPROVAL: (Tick as appropriate)</b> <input type="checkbox"/> <input type="checkbox"/> Reason cited below				
<b>REMARKS &amp; OBSERVATIONS</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; padding-top: 5px;"> <b>INSPECTOR SIGNATURE</b> </td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; padding-top: 5px;"> <b>CPM SIGNATURE</b> </td> </tr> <tr> <td></td> <td style="text-align: right; padding-top: 5px;">           Additional comments attached <input type="checkbox"/> =&gt;         </td> </tr> </table>	<b>INSPECTOR SIGNATURE</b>	<b>CPM SIGNATURE</b>		Additional comments attached <input type="checkbox"/> =>
<b>INSPECTOR SIGNATURE</b>	<b>CPM SIGNATURE</b>			
	Additional comments attached <input type="checkbox"/> =>			





**CL: O-PEL 008B EVALUATION OF ATO'S TRAINING MANUAL(NON-FLYING SCHOOL)**

Record ID	Protocol #	Inspector	Action Taken
Approved Training Organisation	Date Accomplished	Type of operations	Location:
Title of Manual Reviewed:			

**Instructions for Use:**

1. Check **'S'** column if you reviewed the record, procedure or event and it is **'Satisfactory'**.
2. Check **'U'** column if you reviewed the record, procedure or event and it is **'Unsatisfactory'**.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number

S/N	ITEMS	REMARKS			
		'S'	U	NS	NA
<b>1.0</b>	<b>THE TRAINING</b>				
1.1	AIM OF THE COURSE: A statement of what the student is expected to do as a result of the training, level of performance, and the training constraints to be observed				
1.2	Pre-entry requirements: (a) Minimum age, (b) educational requirements (including language), and (c) medical requirements				
1.3	Credits for previous knowledge, experience or other qualifications, should be obtained from the Authority before the training commences				
1.4	Training Curricula: (a) The theoretical Training (knowledge); (b) The practical training (skills); (c) Training in the domain of human factors (attitudes) as applicable; (d) assessment and examinations; and (e) monitoring of the training process, including the assessment and examination activities				
1.5	The time scale and scale in weeks, for each curriculum: Arrangements of the course and the integration of curriculum time; lesson plans.				
1.6	Training Program:				

	A - The general arrangements of daily and weekly programs for Knowledge and practical training.				
	B - Program constraints in terms of maximum student training times, ( theoretical/ knowledge), e.g. per day/week/month				
	C - Restrictions in respect of duration training periods for students and instructors				
	D - Minimum rest period between duty periods, if applicable				
1.7	<b>Training Records:</b>				
	A - Rules for security of records and documents				
	B - Attendance records				
	C - The form of training records to be kept				
	D - Persons responsible for checking records and students' Personal logs				
	E - The nature and frequency of records checks				
	F - Standardisation of entries in training records				
	G - Security of records and documents				
1.8	<b>Checks and tests:</b>				
	A - Knowledge: Progress tests and knowledge tests				
	B - Authorisation for test				
	C - Rules concerning refresher and before retest				
	D - Test reports and records				
	E - Procedure for test paper preparation, type of question and assessment, standard required for 'Pass'				
	F - Procedure for question analysis and review and for raising replacement papers				
	G - Retesting procedures				
1.9	<b>Training effectiveness:</b>				
	A - Individual responsibilities				
	B - General Assessment				
	C - Liaison between departments				
	D - Identification of unsatisfactory progress (individual students)				
	E - Actions to correct unsatisfactory progress				
	F - Procedure for changing instructors				
	G - Maximum number of instructor changes per student				
	H - Internal feedback system for detecting training deficiencies				
	I - Procedure for suspending a student from training				
	J - Discipline				
	K - Reporting and documentation				
1.10	<b>Standards and level of performance at various stages:</b>				
	A - Individual responsibilities				
	B - Standardisation				
	C - Standardisation requirements and procedures				
	D - Application of test criteria				
<b>2.0</b>	<b>PRACTICAL TRAINING SYLLABUS</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
2.1	A detailed statement of how the course will be divided into phases, indicating how the phases will be arranged to ensure completion in				

	the most suitable learning sequence and all the exercises are repeated at the proper frequency				
2.2	The syllabus hours for each phase and for groups of lessons within each phase and when progress tests are to be taken				
2.3	A statement of the standard of proficiency required before progressing from one phase of training to the next. It includes minimum experience requirements and satisfactory exercise completion before undertaking the next phase				
2.4	Requirements for instructional methods, particularly with respect to adherence to syllabi and training specifications.				
2.5	<b>Student progress:</b> The requirement for student progress, which shall include a specific statement of expectations for student performance and the required proficiency standards for progressing from one phase of training to the next. Include minimum experience requirements in terms of hours, satisfactory exercise completion, e.g. passing grade				
2.6	<b>Instructional methods:</b> Manual clearly identify instructional delivery methods e.g. Training aids, Computer aided instruction, course wares, etc. The ATO requirements, particularly in respect of, adherence to curricula, lesson plans and training specifications, etc				
2.7	<b>Progress tests:</b> The instructions given to examining staff in respect of the conduct and document of all progress tests.				
2.8	<b>Glossary of terms:</b> Definition of significant terms as necessary.				
<b>3.0</b>	<b>CHAPTER 4: KNOWLEDGE INSTRUCTION:</b> <b>Note:</b> Structure generally as for Chapter 2 with a training specification and objectives for each subject. Individual lesson plans to include mention of the specific training aids available for use.	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
3.1	<b>Knowledge Instruction:</b> A detailed statement of the content specification of all the subjects to be taught, arranged in sequence: lesson plans to be used with main and subtitles				
3.2	<b>Course/Lesson Objectives:</b> Objectives for each subject/lesson clearly stated. Individual lesson plans to include mention of specific training aids available for use				
3.3	<b>Course structure</b> –A statement of how the course will be divided into phases, indication of how the ground training curricula will be divided between the phases and how they will be arranged to ensure that they are completed in the most suitable learning sequence and that essential elements are repeated at the correct frequency. Also, the curriculum hours for each subject and theoretical knowledge shall be stated and when progress tests are to be conducted, etc. <b>Course Content:</b> Course Content covers the required syllabus for the category of training based on the requirements of Nig.CARs. Part 2				
3.4	<b>Course structure integration of curricula:</b> The manner in which theoretical knowledge and practical and flying training will be integrated so that as the training exercises are carried out students will be able to apply the knowledge gained from the associated theoretical knowledge instruction and practical training.				
3.5	<b>Student progress:</b> The requirement for student progress, which shall include a specific statement of expectations for student				





**NIGERIAN CIVIL AVIATION AUTHORITY  
AVIATION HOUSE  
P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria**

**CL: O-PEL 009 EVALUATION OF ATO'S QUALITY MANUAL**

Record ID	Protocol #	Inspector	Action Taken
Approved Training Organisation	Date Accomplished	Type of operations	Location:
Title of Manual Reviewed			

**Instructions for Use:**

1. Check 'S' column if you reviewed the record, procedure or event and it is 'Satisfactory'.
2. Check 'U' column if you reviewed the record, procedure or event and it is 'Unsatisfactory'.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
5. 'Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number

S/N	INTRODUCTION	'S'	U	NS	NA
1	A basis for quality should be established by every ATO and problem solving techniques to run processes shall be applied. Knowledge in how to measure, establish and ultimately achieve quality in training and education is considered to be essential.				
S/N	TERMINOLOGY	'S'	U	NS	NA
2	(i) Quality. The totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs.				
	(ii) Quality Assurance. All those planned and systematic actions necessary to provide adequate confidence that all training activities satisfy given requirements, including the ones specified by the ATO in relevant manuals.				
	(iii) Quality Manual. The document containing the relevant information pertaining to the ATO's quality system and quality assurance program.				
	(iv) Quality audit. A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives.				
S/N	QUALITY POLICY AND STRATEGY	'S'	U	NS	NA
3	(i) The ATO must describe how the organisation formulates, deploys, reviews its policy and strategy and turns it into plans and actions. The ATO shall develop a formal written Quality Policy Statement that				

	describes the objectives of the Quality System. The Quality Policy shall commit the ATO to continued compliance with relevant parts of Parts 2 and 3 of these Regulations together with any additional standards specified by the ATO.				
<b>S/N</b>	<b>PURPOSE OF A QUALITY SYSTEM</b>	<b>'S'</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>4.</b>	(i) The implementation and employment of a Quality System enables the ATO to monitor compliance with relevant parts of Parts 2 and 3 of these Regulations, the Procedures Manual and the Training Manual, and any other standards as established by the ATO or the Authority, to ensure safe and efficient training				
<b>S/N</b>	<b>QUALITY MANAGER</b>	<b>'S'</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>5</b>	(i) The primary role of the Quality Manager is to verify, by monitoring activities in the field of training, that the standards required by the Authority, and any additional requirements as established by the ATO, are being carried out properly under the supervision of the Head of Training, Chief Flight Instructor and Chief Ground Instructor.				
	(ii) The Quality Manager shall be responsible for ensuring that the Quality Assurance Program is properly implemented, maintained and continuously reviewed and improved. The Quality Manager shall : (A) have direct access to the Head of Training; and (B) have access to all parts of the ATO's organisation.				
	(iii) In the case of small or very small ATO's, the posts of the Head of Training and the Quality manager may be combined. However, in this event, quality audits shall be conducted by independent personnel.				
<b>S/N</b>	<b>QUALITY SYSTEM</b>	<b>'S'</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>6</b>	(i) The Quality System of the ATO shall ensure compliance with and adequacy of training activities conducted.				
	(ii) The ATO shall specify the basic structure of the Quality System applicable to all training activities conducted.				
	(iii) The Quality System shall be structured according to the size of the ATO and the complexity of the training to be monitored.				
<b>S/N</b>	<b>SCOPE</b>	<b>'S'</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>7</b>	A Quality System shall address the following:				
	(A) Leadership				
	(B) Policy and Strategy				
	(C) Processes				
	(D) The provisions of Parts 2 and 3 of these Regulations				
	(E) Additional standards and training procedures as stated by the ATO				
	(F) The organisational structure of the ATO				
	(G) Responsibility for the development, establishment and management of the				
	Quality System				
	(H) Documentation, including manuals, reports and records				
	(I) Quality Assurance Program				
	(J) The required financial, material and human resources				
	(K) Training requirements				
	(L) Customer satisfaction				
<b>S/N</b>	<b>FEEDBACK SYSTEM</b>	<b>'S'</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>8</b>	(i) The quality system shall include a feedback system to ensure that				

	corrective actions are both identified and promptly addressed. The feedback system also shall specify who is required to rectify discrepancies and non-compliance in each particular case, and the procedure to be followed if corrective action is not completed within an appropriate timescale.				
<b>S/N</b>	<b>DOCUMENTATION</b>	<b>'S'</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>9</b>	(i) Relevant documentation includes the relevant part(s) of the Training and Procedures Manual, which may be included in a separate Quality Manual.				
	(ii) Relevant document also shall include the following:				
	(A) Quality Policy				
	(B) Terminology				
	(C) Specified training standards				
	(D) A description of the organisation				
	(E) The allocation of duties and responsibilities				
	(F) Training procedures to ensure regulatory compliance				
	(G) The Quality Assurance Program, reflecting:				
	* Schedule of the monitoring process				
	* Audit procedures				
	* Reporting procedures				
	Follow-up and corrective action procedures				
	* Recording System				
	* The training syllabus				
	* Document control				
<b>S/N</b>	<b>QUALITY ASSURANCE PROGRAM</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>10</b>	(i) The Quality Assurance Program shall include all planned and systematic actions necessary to provide confidence that all training is conducted in accordance with all applicable requirements, standards and procedures.				
<b>S/N</b>	<b>QUALITY INSPECTION</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>11</b>	(i) The primary purpose of a quality inspection is to observe a particular event/ action/document etc., in order to verify whether established training procedures and requirements are followed during the accomplishment of that event and whether the required standard is achieved.				
	(ii) Typical subject areas for quality inspections are:				
	(A) Actual flight, if approved for flight training;				
	(B) Ground training;				
	(C) Maintenance;				
	(D) Technical Standards; and				
	(E) Training Standards.				
<b>S/N</b>	<b>AUDIT</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>12</b>	(i) An audit is a systematic, and independent comparison of the way in which training is being conducted against the way in which the published training procedures say it should be conducted.				
	(ii) Audits shall include at least the following quality procedures and processes:				
	(A) An explanation of the scope of the audit;				
	(B) Planning and preparation;				
	(C) Gathering and recording evidence; and				



	(D) Analysis of the evidence.				
	(iii) The various techniques that make up an effective audit are:				
	(A) Interviews or discussions with personnel;				
	(B) A review of published documents;				
	(C) The examination of an adequate sample of records;				
	(D) The witnessing of the activities which make up the training;				
	(E) The preservation of documents and the recording of observations.				
<b>S/N</b>	<b>AUDITORS</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>13</b>	(i) The ATO should decide, depending on the complexity of the training, whether to make use of a dedicated audit team or a single auditor. In any event, the auditor or audit team shall have relevant training and/or operational experience.				
	(ii) The responsibilities of the auditors shall be clearly defined in the relevant documentation.				
<b>S/N</b>	<b>AUDITOR'S INDEPENDENCE</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>14</b>	(i) Auditors shall not have any day-to-day involvement in the area of the operation or maintenance activity which is to be audited. An ATO may, in addition to using the services of full-time dedicated personnel belonging to a separate quality department, undertake the monitoring of specific areas or activities by the use of part-time auditors.				
	(ii) An ATO whose structure and size does not justify the establishment of fulltime auditors, may undertake the audit function by the use of part-time personnel from within its own organisation or from an external source under the terms of an agreement acceptable to the Authority.				
	(iii) In all cases the ATO shall develop suitable procedures to ensure that persons directly responsible for the activities to be audited are not selected as part of the auditing team. Where external auditors are used, it is essential that any external specialist is familiar with the type of training conducted by the ATO.				
	(iv) The Quality Assurance Program of the ATO shall identify the persons within the company who have the experience, responsibility and authority to:				
	(A) Perform quality inspections and audits as part of ongoing Quality Assurance;				
	(B) Identify and record any concerns or findings, and the evidence necessary to substantiate such concerns or findings;				
	(C) Initiate or recommend solutions to concerns or findings through designated reporting channels;				
	(D) Verify the implementation of solutions within specific timescales;				
	(E) Report directly to the Quality Manager				
<b>S/N</b>	<b>AUDIT SCOPE</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>15</b>	(i) ATOs are required to monitor compliance with the Training and Procedures Manuals they have designed to ensure safe and efficient training. In doing so they shall as a minimum, and where appropriate, monitor:				
	(A) Organisation				

	(B) Plans and objectives				
	(C) Training Procedures				
	(D) Flight Safety				
	(E) Manuals, Logs and Records				
	(F) Flight and Duty Time limitations				
	(G) Rest requirements and scheduling				
	(H) Aircraft Maintenance/Operations interface				
	(I) Maintenance programs and continued airworthiness				
	(J) Maintenance accomplishment				
<b>S/N</b>	<b>AUDIT SCHEDULING</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>16</b>	(i) A Quality Assurance Program shall include a defined audit schedule and a periodic review cycle. The schedule should be flexible, and allow unscheduled audits when trends are identified. Follow-up audits shall be scheduled when necessary to verify that corrective action was carried out and that it was effective.				
	(ii) An ATO shall establish a schedule of audits to be completed during a specific calendar period. All aspects of the training shall be reviewed within a period of 12 months in accordance with the program unless an extension to the audit period is accepted as explained below.				
	(iii) An ATO may increase the frequency of their audits at its discretion, but it may not decrease the audit frequency without the acceptance of the Authority. An audit interval exceeding 24 months will not be accepted by the Authority for any audit topic.				
	(iv) When an ATO defines an audit schedule, significant changes to the management, organisation, training, or technologies shall be considered, as well as changes to the regulatory requirements.				
<b>S/N</b>	<b>MONITORING AND CORRECTIVE ACTION</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>17</b>	(i) The aim of monitoring within the Quality System is primarily to investigate and judge its effectiveness and thereby to ensure that defined policy and training standards are continuously complied with. Monitoring activity is based upon quality inspections, audits, corrective action and follow-up. The ATO shall establish and publish a quality procedure to monitor regulatory compliance on a continuing basis. This monitoring activity shall be aimed at eliminating the causes of unsatisfactory performance.				
	(ii) Any non-compliance identified shall be communicated to the manager responsible for taking corrective action or, if appropriate, the Accountable Manager. Such noncompliance shall be recorded, for the purpose of further investigation to determine the cause and to develop an appropriate corrective action.				
	(iii) The Quality Assurance Program shall include procedures to ensure that corrective actions are developed in response to findings. These quality procedures shall monitor such actions to verify their effectiveness and that they have been completed. Organisational responsibility and accountability for the implementation of corrective action resides with the department cited in the report identifying the finding. The Accountable Manager shall have the ultimate responsibility for ensuring, through the Quality Manager(s), that corrective action has re-established compliance with the standard required by the Authority and any additional requirements established by the ATO.				

<b>S/N</b>	<b>CORRECTIVE ACTION</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>18</b>	(i) Subsequent to the quality inspection/audit, the ATO shall determine:				
	(A) The seriousness of any findings and any need for immediate corrective action				
	(B) The origin of the finding;				
	(C) What corrective actions are required to ensure that the non-compliance does not occur				
	(D) A schedule for corrective action;				
	(E) The identification of individuals or departments responsible for implementing corrective action				
	(F) Allocation of resources by the Accountable Manager, where appropriate				
	(ii) The Quality Manager shall:				
	(A) Verify that corrective action is taken by the manager responsible in response to any finding of non-compliance;				
	(B) Verify that corrective action includes the elements outlined in paragraph (16) above;				
	(C) Monitor the implementation and completion of corrective action;				
	(D) Provide management with an independent assessment of corrective action, implementation and completion;				
	(E) Evaluate the effectiveness of corrective action through the follow-up process.				
<b>S/N</b>	<b>MANAGEMENT EVALUATION</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>19</b>	(i) A management evaluation is a comprehensive, systematic documented review by the management of the quality system, training policies, and procedures				
	(ii) The management evaluation shall consider:				
	(A) The results of quality inspections, audits and any other indicators; as well as the overall effectiveness of the management organisation in achieving stated objectives.				
	(B) A management evaluation should identify and correct trends, and prevent, where possible, future non-conformities.				
	(C) Conclusions and recommendations made as a result of an evaluation should be submitted in writing to the responsible manager for action.				
	(D) The responsible manager should be an individual who has the authority to resolve issues and take action.				
	(E) The Accountable Manager should decide upon the frequency, format, and structure of internal management evaluation activities.				
<b>S/N</b>	<b>RECORDS</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>20</b>	(i) Accurate, complete and readily accessible records documenting the result of the Quality Assurance Program shall be maintained by the ATO. Records are essential data to enable an ATO to analyse and determine the root causes of nonconformity, so that areas of non-compliance can be identified and subsequently addressed.				
	(ii) The following records shall be retained for a period of 5 years:				
	(A) Audit schedules;				
	(B) Quality inspection and audit reports;				

	(C) Responses to findings;				
	(D) Corrective action reports;				
	(E) Follow-up and closure reports; and				
	(F) Management evaluation reports.				
<b>S/N</b>	<b>QUALITY ASSURANCE RESPONSIBILITY FOR SATELLITE ATOs</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>21</b>	(i) An ATO may decide to sub-contract out certain activities to external organisations in accordance with 3.1.2.10, subject to the approval of the Authority.				
	(ii) The ultimate responsibility for the training provided by the satellite ATO always remains with the ATO. A written agreement between the ATO and the satellite ATO shall clearly define the safety related services and quality to be provided. The satellite ATO's safety related activities relevant to the agreement shall be included in the ATO's Quality Assurance Program.				
	(iii) The ATO shall ensure that the satellite ATO has the necessary authorisation/approval when required, and commands the resources and competence to undertake the task. If the ATO requires the satellite ATO to conduct activity which exceeds the satellite ATO's authorisation/approval, the ATO is responsible for ensuring that the satellite ATO's quality assurance takes account of such additional requirements.				
<b>S/N</b>	<b>QUALITY SYSTEM TRAINING</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>22</b>	(i) Correct and thorough training is essential to optimise quality in every organisation. In order to achieve significant outcomes of such training, the ATO shall ensure that all staff understand the objectives as laid down in the Quality Manual.				
	(ii) The ATO staff responsible for managing the Quality System shall receive training covering:				
	(A) An introduction to the concept of Quality System;				
	(B) Quality management;				
	(C) Concept of Quality Assurance;				
	(D) Quality manuals;				
	(E) Audit techniques;				
	(F) Reporting and recording; and				
	(G) The way in which the Quality System will function in the ATO.				
	(iii) Time needed to train every individual involved in quality management and for briefing the remainder of the employees shall be determined on the basis of the size and complexity of the ATO's operation.				
<b>S/N</b>	<b>SOURCES OF TRAINING</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>23</b>	(i) Quality management courses are available from the various National or International Standards Institutions. An ATO should consider whether to offer such courses to those likely to be involved in the management of Quality Systems. Organisations with sufficient appropriately qualified staff may provide such training in-house.				
<b>S/N</b>	<b>QUALITY SYSTEM FOR SMALL ORGANISATIONS</b>	<b>'S'</b>	<b>'U'</b>	<b>NS</b>	<b>NA</b>
<b>24</b>	(i) The requirement to establish and document a Quality System, and to employ a Quality Manager applies to all ATOs.				
	(ii) An ATO employing 12 or less full-time instructional staff is				

	considered to be “small” as far as quality systems are concerned. Full-time in this context means employed for not less than 35 hours per week excluding vacation periods.				
	(iii) A complex quality system could be inappropriate for a small ATO because the clerical effort required to develop manuals and quality procedures for a complex system may stretch its resources. Such an ATO may tailor its quality system to suit the size and complexity of its operation and to allow it to allocate its resources more efficiently, subject to the acceptance by the Authority.				
	(iv) For small ATOs it may be appropriate to develop a Quality Assurance Program that employs a checklist. The checklist shall have a supporting schedule that requires completion of all checklist items within a specified timescale, together with a statement acknowledging completion of a periodic review by top management. The ATO shall periodically arrange for an independent review of the checklist content and achievement of the Quality Assurance.				
	(v) The small ATO may decide to use internal or external auditors or a combination of the two. In these circumstances, the Authority may accept the use of external specialists and or qualified organisations to perform the quality audits on behalf of the Quality Manger.				
	(vi) If the independent quality audit function is being conducted by external auditors, the audit schedule shall be shown in the relevant documentation.				
	(vii) Whatever arrangements are made, the main ATO retains the ultimate responsibility for the quality system and especially the completion and follow-up of corrective actions.				

<b>RECOMMEND ACCEPTANCE</b>	<input type="checkbox"/>	‘S’	<input type="checkbox"/>	‘U’	Reason cited below
<b>REMARKS &amp; OBSERVATIONS</b>					
<b>INSPECTOR SIGNATURE</b> _____					
Additional comments attached <input type="checkbox"/> =>					



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P.M.B. 21029, 21038, IKEJA, LAGOS, NIGERIA

## CL: O-PEL 010 APPROVED TRAINING ORGANIZATION (ATO) AUDIT/INSPECTION CHECKLIST

Record ID:	Inspector:	Type of Training:	Activity Number-checklist-
Date Accomplished:	ATO Name:	ATO Certificate No:	Tracking #

### Instructions for use:

1. Check 'S' column if you have reviewed the record, procedure or event and it is 'Satisfactory'
2. Check 'U' column if you have reviewed the record, procedure or event and it is 'Unsatisfactory'
3. Check 'NS'(not seen) column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment
4. Check 'NA' (not applicable) column if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a 'U' answer for transfer to the safety issues Resolution Report
6. For later reference, precede any notes with the appropriate question number.

### Check Courses Inspected

Flight Crew License	Engineering License	Other then Flight Crew License
PPL Course	General Engineers Course	Cabin Crew Course
CPL Course	Airframe Course	Flight Dispatch Course
IR Course	Power Plant Course	Air Traffic+ Control Course
ATPL	Avionics Course	Aeronautical Operations Course
Class Rating Course	ATE/ATSEP Pre-licensing Course	Initial/Refresher/Advance/ Conversion/Additional Course
Type Rating Course	CNS Courses	Ground Instructor /Training Instructors Course
CRM Course	AME Instructors Course	
Flight Instructors Course	Human Factors	
Initial/Refresher Course	Initial/Refresher Course	

S/N	CHECK ITEMS	REMARKS			
A	ADMINISTRATION	S	U	NS	NA
1	Is the ATO approval certificate displayed in a prominent place, generally accessible to the public at said holder's principle place of business? NIG.CARs 3.2.1.2				
2.	Any changes/variations to initial certificate/training specifications? NIG-CARs 3.2.1.3				
3.	Are changes/variations to initial certification/training specifications Approved by the Authority? NIG-CARs 3.2.1.3				
4.	Any changes to key management personnel and/Instructors within the preceding period of validity? NIG-CARs 3.2.1.14				
5.	Is the Authority adequately informed of changes to key management personnel				
6.	Is Authority adequately informed of any changes that will necessitate variation (e.g, check address, Instructors, facility, etc)				
7.	Adequate key management personnel and Instructors for size and complexity of training activities				
8.	Adequate accommodation and facilities				
9.	Are the production facilities (Printers, photocopiers, computers, etc) adequate and functional				
<b>B</b>	<b>MANUALS NIG-CARs 3.2.1.18</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
10.	Current revision (compare to NCAA approved copy)?				
11.	Current list of effective pages (compare to NCAA approved copy)				
12.	Manuals properly updated				
13.	Pertinent portions of manual provided to instructor and checking personnel				
14.	Amendments/revisions followed approved procedures				
<b>C</b>	<b>INSTRUCTIONAL DELIVERY METHODS NIG-CARs 3.3</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
15.	Curriculum(s) in use available				
16.	Lesson plan (s) in use available				
17.	Curriculum (s) and Lesson plan (s) current to relevant Regulations and industry best practice				
18.	ATO complied with approved curricula and Training Specifications				
<b>D</b>	<b>CHECKING PERSONNEL</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
19.	ATO approved checking person or established a procedure for checking				
20.	Adequate staffing/availability for checking				
21.	Checking personnel records up-to-date				
22.	Appropriate checklist for evaluation of checking person performance completed				
23.	Appropriate checklist for evaluation of checking person records completed				
<b>E</b>	<b>INSTRUCTOR(S) 3.2.1.14</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
24.	Adequate staffing/availability for range of training				
25.	ATO training program for initial/refresher/proficiency checks/upgrading/standardization strictly adhered to (compare with approved TPM)				



<b>E</b>	<b>INSTRUCTOR(S) 3.2.1.14 Cont'd</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
26.	Instructor (s) has proper qualification and experience				
26 b	Instructor (s) has proper Authorisation/ License				
<b>F</b>	<b>RECORD KEEPING NIG-CARs 3.2.1.15</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
27.	Staff training records kept up-to-date				
28.	Copies of valid licenses/certificates/authorizations available in instructor (s) files				
29.	Student (s) training records kept –up-to date				
30.	Entries were accurate with respect to the debriefing and the student's performance				
31	Were the acceptable completion standards available				
<b>G</b>	<b>CLASSROOMS AND TRAINING AREAS NIG-CARs3.2.1.13</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
32.	Number and size adequate for the purpose used				
33.	Student seating and writing accommodation adequate				
34.	Minimal visual and aural distractions				
35.	Reasonable heating/cooling/ventilation/lighting				
<b>H.</b>	<b>BRIEFING ROOMS FOR PRE/POST FLIGHT LESSON</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
36.	Number and size adequate for the task				
37.	Adequately furnished and equipped				
<b>I.</b>	<b>DOCUMENTS AND HANDOUTS (As specified in TPM)</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
38.	Appropriate route and navigation charts available				
39.	Appropriate portions of Training and Procedures Manual available to students/Instructors				
40.	Training source materials and examples				
41.	Tests and other evaluation tools				
<b>J</b>	<b>EQUIPMENT (As specified in TPM) NIG-CARs 3.2.1.13</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
42.	Whiteboards, markers and erasers				
43.	Aircraft Flight deck/Systems pictorial layout available				
44.	Overhead/Computer projector (s) available				
45.	Special Equipment- Synthetic trainer available and operational				
46.	Aircraft (s) available and operational				
47.	Required aircraft documents available and valid (e.g. C of R, C Of A, Insurance, Checklist, AFM/RFM, etc				
<b>K</b>	<b>QUALITY ASSURANCE SYSTEM: NIG.CARs 3.2.1.17</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
48.	Is there an adequate QA system for the size and complexity of the organisation?				
49.	Is there a procedure that sets out the frequency of the internal audits to be conducted?				
50.	Is there a procedure to record the findings and communicate them to management?				
51.	Are regular meetings held with management, instructors and designated examiners?				
52.	Is there documented proof/minutes thereof?				

<b>K</b>	<b>QUALITY ASSURANCE SYSTEM: NIG.CARs 3.2.1.17 Cont'd</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
53.	Is there a procedure by which other quality indicators such as facility malfunction reports, incidents, occurrences, feedback, complaints and other defects are brought into the quality control system?				
54.	Is there a procedure for rectifying any deficiencies, which may be found and implementing preventative measures?				
55.	Is there a procedure for documenting the complete review process?				
56.	How does the organisation ensure that the quality assurance system is understood, implemented and complied with at all levels?				
<b>L.</b>	<b>SAFETY RISK MANAGEMENT (As specified in SMS Manual) NIG-CARs 20.3.1.2</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
57.	<b>Safety Policy &amp; Objectives</b>				
i	Management Commitment and Responsibility				
ii	Safety Accountabilities				
iii	Appointment of Key Safety Personnel				
iv	Coordinating of Emergency Response Planning				
v	Documentation				
58.	<b>Safety Risk Management</b>				
i	Hazard Identification				
ii	Safety Risk Management and Mitigation				
59.	<b>Safety Assurance</b>				
i	Safety Performance Monitoring and Measurement				
ii	The Management of Change				
iii	Continuous Improvement of SMS				
60.	<b>Safety Promotion</b>				
i	Training and Education				
ii	Safety Communication				

<b>SEVERE NON-COMPLIANCE</b>	<b>Number issued</b>	
(Constitutes non-compliance which necessitate the exercising of immediate discretionary enforcement action/powers vested in the inspectors, authorized officers and/or authorized persons in the interest of safeguarding aviation safety)		
<b>MAJOR NON-COMPLIANCE</b>	<b>Number issued</b>	
Constitutes non-compliance requiring the client to develop action plans with time frames and coupled with a follow-up inspection to verify rectification of the non-compliance)		
<b>MINOR NON-COMPLIANCE</b>	<b>Number issued</b>	
(Constitutes non-compliance which is left to the client to rectify and which will not necessitate a follow-up inspection but which can be followed up at the next inspection. The client is required to notify the CAA when rectification has been effected within an agreed timeframe.)		
<b>REMARKS &amp; OBSERVATIONS :</b>		

**RECOMMENDATIONS:**

<b>THE ISSUE/RENEWAL OF THIS APPROVED TRAINING ORGANISATION CERTIFICATE IS/IS NOT RECOMMENDED</b> <i>(please tick the appropriate block)</i>			
<b>ISSUE</b>		<b>RENEWAL</b>	
<b>RECOMMENDED</b>		<b>NOT RECOMMENDED</b>	
<b>FOLLOW-UP ACTION</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
<b>SIGNATURE OF AVIATION SAFETY INSPECTOR / LEAD INSPECTOR</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	
I was de-briefed on the inspection/audit, have read and accept*/do not accept* the findings and observations of the Aviation Safety inspector/s and have received a copy of the report. <b>(*Delete which is not applicable)</b>			
<b>SIGNATURE OF ATO ACCOUNTABLE MANAGER/REPRESENTATIVE</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	



**NIGERIAN CIVIL AVIATION AUTHORITY  
AVIATION HOUSE  
P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria**

**CL: O-PEL 011: EVALUATION OF APPROVED TRAINING ORGANISATION SAFETY MANAGEMENT SYSTEM (SMS) MANUAL**

Record ID	Protocol #	Inspector	Action Taken
Approved Training Organisation	Date Accomplished	Type of operations	Location:
Title of Manual Reviewed			

**Instructions for Use:**

1. Check 'S' column if you reviewed the record, procedure or event and it is 'Satisfactory'.
2. Check 'U' column if you reviewed the record, procedure or event and it is 'Unsatisfactory'.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
5. 'Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number

S/N	CHAPTER 1: GENERAL	'S'	U	NS	NA
1	Table of contents				
2	List of revisions to individual pages				
3	Amendment Table				
4	Amendment procedures for SMS Manual				
5	Revision Instructions adequate				
6	Revision Issue Number				
7	List of effective Pages adequate				
S/N	CHAPTER2: SAFETY POLICY AND OBJECTIVES	'S'	U	NS	NA
4	Management Commitment and Responsibility				
5	Safety accountabilities				
6	Appointment of key safety personnel				
7.	Coordination of emergency response planning				
8.	SMS Documentation				
S/N	CHAPTER 3: SAFETY RISK MANAGEMENT	'S'	U	NS	NA
9	Hazard identification				
10	Safety Risk assessment and mitigation				
S/N	CHAPTER 4: SAFETY ASSURANCE	'S'	U	NS	NA
11	Safety performance monitoring and measurement				
12	The Management of Change				
13	Continuous improvement of the SMS				
S/N	CHAPTER 5: BFIETING AND AIR EXERCISES	'S'	'U'	NS	NA
14	Training and education				
15	<b>Safety Communication</b>				

**RECOMMEND ACCEPTANCE**  
below

'S'

'U' Reason cited

**REMARKS & OBSERVATIONS**

\_\_\_\_\_  
**INSPECTOR SIGNATURE**

Additional comments attached  =>



**Approved Training Organisation Certification Checklist and schedule of Events**

**CL-O-PEL-012**

Office Name of Company		Location Address				
Mailing Address(if different from location)		Pre-certification Number:				
		Scheduled Date	Inspector Initials	Date Received	Date Returned for Changes	Date Accomplished
Authority Reference						
<b>I. Pre-application Phase</b>						
A. Initial Orientation: Inspector: _____ 1. Certification Advisory Circular provided to prospective ATO. 2. Prospective ATO Pre-assessment statement (PATOPS) – Forward to Director General CAA						
B. Certification Team Designated						
<b>Name</b>		<b>Specialty</b>				
<b>CPM:</b>						
C. Conduct Pre-application Meeting 1. Verify PATOPS Information 2. Overview of Certification Process 3. Provide Certification Package: Certification Checklist Schedule of Events Application Form Other application publications And documents 4. Explain Formal Application Submissions						
<b>Remarks:</b>						



- Contd

**Approved Training Organisation Certification Checklist and schedule of Events**

Authority Reference	II. Formal Application Phase	Scheduled Date	Inspector Initials	Date Received	Date Returned for Changes	Date Accomplished
	<b>A. Review Applicant's Submission</b>					
	1. Formal Application Form					
	2. Formal Application Attachments					
	(a) Two completed Training Procedures Manuals					
	(b) List of Training Functions					
	(c) Initial compliance statement					
	(d) Completed schedule of events					
	(e) Records and qualifications of accountable manager, management positions and training, testing and quality personnel					
	(f) Purchase, Lease, and/or contract agreement where applicable					
	(g) Vital Information Data Forms					
	<b>B. Evaluation of the Authority Resources Capability Based on Schedule of Events</b>					
<b>Remarks:</b>						
	<b>C. Formal Application Meeting</b> Schedule of Events Date: _____ Time _____					
	1. Discuss each Submission					
	2. Resolve Discrepancies/open items					
	3. Review Certification Process					
	4. Review impact if SOE timings not met					
	<b>D. Issue letter accepting/rejecting Formal Application</b>					
<b>Remarks:</b>						

- Contd

**Approved Training Organisation Certification Checklist and schedule of Events**

Authority Reference	III. Document Evaluation Phase	Scheduled Date	Inspector Initials	Date Received	Date Returned for Changes	Date Accomplished
	<b>A. ATO Personnel:</b>					
	1. Management Personnel					
	2. Examiners					
	3. Instructors					
	4. Quality Control Personnel					
	<b>B. Required Documents:</b>					
	1. Lease Agreements and Contracts					
	2. Training agreement with another ATO					
	3. Completed Application Form (ATO)					
	4. Schedule of Events					
	5. Completed Compliance Statement					
	6. Draft training specifications					
	<b>C. Evaluation Applicable Manual(s)</b>					
	1. Completed Training Procedures Manual					
	2. Completed Quality Control Policy and Procedures Manual					
	<b>D. Approved Programme for Maintenance and Inspection of Aircraft</b>					
	1. MEL					
	2. Simulator Component Inoperative Guide (SCIG)					
	<b>E. Simulators and Flight Training Devices</b>					
	<b>F. Training Programme</b>					
	1. Core Curriculum					
	2. Specialty Curriculum					
	3. Courseware					
	4. Deviations and Waivers					
	5. Training Records					
<b>Remarks:</b>						

- Contd

**Approved Training Organisation Certification Checklist and schedule of Events**

Authority Reference	<b>IV. Demonstration and Inspection Phase</b>	Scheduled Date	Inspector Initials	Date Received	Date Returned for Changes	Date Accomplished
	<b>A. Facilities and Equipment:</b>					
	1. Training Facilities					
	2. Aircraft Used for Training					
	3. Equipment Used for Training					
	<b>B. Record keeping Systems</b>					
	<b>C. Flight Simulators and FTD</b>					
	<b>D. Quality Control System</b>					
	<b>E. Observation of conduct of Actual Training</b>					
Remarks:						
Authority Reference	<b>V. Certification Phase</b>	Scheduled Date	Inspector Initials	Date Received	Date Returned for Changes	Date Accomplished
	<b>A. Complete Form (ATO)</b>					
	<b>B. Prepare ATO Certificate</b>					
	<b>C. Prepare ATO Training specifications</b>					
	<b>D. Present signed ATO Certificate and Training specifications to ATO</b>					
Remarks:						



## **NIGERIAN CIVIL AVIATION AUTHORITY**

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

### **AVIATION ENGLISH TESTING CENTRE/TRAINING INSPECTION REPORT**

#### **Conduct Testing Centre and Records Inspections**

Give a management representative short notice of the inspection.

Conduct an entry meeting with the management of the testing/ training facility:

Review the scope of the inspection.

Agree on the allocation of company staff or resources that may be needed for the inspection.

Request a discrete and private working area to facilitate the confidential assessment of documents and preparation of reports.

Carry out the inspection, in a way that causes a minimum of disruption to the Test Centre, using the appropriate checklists.

Follow appropriate checklists and procedures when carrying out specific separate inspections- for example, language proficiency.

Conduct a short exit meeting with the management representative.

Briefly report the findings of the inspection.

Make arrangements for any follow-up action.

#### **Observations of Testing/Training-In-Progress Situations**

Give the Designated Examiner notice of your intention to conduct an inspection.

Conduct an entry meeting with the management of the testing/training facility:

Review the scope of the inspection.

Agree on the allocation of any company staff or resources that may be needed for the inspection.

Carry out the inspection, in a way that causes a minimum of disruption to the testing centre, using the appropriate checklist.

Remain passive in classrooms and testing/training areas. Do not:

Ask questions of the assessors/instructors or students.

Distract assessors/instructors or students in any way

Displace existing students from their allocated seats or positions.

Conduct a short exit meeting with the testing/training management:

a. Briefly report the findings of the inspection. b.

Make arrangements for any follow-up action.



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## CL O-PEL022 AVIATION ENGLISH TESTING CENTRE/TRAINING INSPECTION REPORT

Name of Training/Testing Centre:	Address:	Phone no: E-mail Address:	
Record ID	Inspector	Type of Inspection	
Date Accomplished:	# Issues	Testing Centre/Training	Activity Number-
Director of Testing Centre/Training:	Checking Person:	Instructor/Assessor/Examiner:	
Instructor/Assessor /Examiner Status:		Location	
Curriculum:	Lesson:	Time:	

**Instructions for Use :**

1. Check '**S**' column if you viewed the record, procedure or event and it is '**Satisfactory**'.
2. Check '**U**' column if you viewed the record, procedure or event and it is '**Unsatisfactory**'.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Enter the letter **NA (not applicable)** column, if the line item is not required in this particular situation.
5. 'Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number

	ADMINISTRATION	S	U	NS	NA
1	Adequate accommodation and facilities?				
2	Adequate supervisory support staff available?				
3	Adequate administrative support staff available?				
4	Testing/Training schedules coordinated with operational needs?				
	TESTING/TRAINING PROCEDURE MANUAL	S	U	NS	NA
	Current revision (Compare to NCAA approved copy)?				
	Current list of effective pages (compare to NCAA approved copy)?				
	Manual properly updated?				
	Pertinent portions of manual provided to assessor/instructor/examiner, and administration staff?				
	TEST INSTRUMENT/CURRICULUM AND LESSON PLANS	S	U	NS	NA
	Test Instrument/Curriculum(s) in use available?				
	Lesson plan(s) in use available?				
	Test Instrument/Curriculum(s) and lesson plan(s) current to relevant regulation and industry practices?				
	INSTRUCTOR(S), RATER(S) / EXAMINER(S)	S	U	NS	NA
	Adequate staffing/availability for range of testing/training?				
	Knowledge of subjects and procedures?				
	Instruction/testing techniques and delivery				

	Adherence to test instrument/lesson plan outline, content and timing?				
	Instructor(s)/Rater(s)/Examiner(s) have proper qualifications?				
	Instructor(s)/Rater(s)/Examiner(s) records up -to -date?				
	Appropriate checklist for evaluation of Instructor(s)/Rater(s)/Exam iner(s) records completed?				
	<b>EVALUATION AND DEBRIEFINGS</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
	Were the acceptable completion standards available?				
	Did the candidate receive a debriefing regarding performance?				
	<b>COMPLETION OF RECORDS</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
	Instruc tor(s)/Rater(s) or Examiner(s) made completion entries in candidate's record(s)				
	Entries were accurate with respect to the debriefing and the candidate's performance?				
	<b>LOCATION: TESTING/TRAINING AREAS</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
	Number and size adequate for the purpose used?				
	Candidate's seating and writing accommodation?				
	Candidate's visibility accommodation?				
	Candidate's hearing accommodation?				
	Minimal visual and aural distraction?				
	Reasonable heating /cooling/ventilation/lighting?				
	<b>BRIEFING ROOMS FOR PRE/POST TESTING/TRAINING LESSON</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
	Number and size adequate for the task?				
	Adequately furnished and equipped?				
	<b>DOCUMENTS AND HANDOUTS</b> <b>[Test instrument]</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
	Appropriate portions of Testing or Training Procedures Manual available?				
	Testing/Training source materials and examples?				
	Testing/Training problems and calculations?				
	Tests and other evaluation tools				
	<b>EQUIPMENT</b> <b>[As specified in Testing or Training Procedure Manual]</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
	Whiteboards, markers and erasers?				
	Overhead projector?				
	Computer projector?				
	Video player?				
	Video Camera?				
	Recording Device				
	Good Microphone				
	Com puter with speakers				
	Appropriate seating place/office				

REMARKS & OBSERVATIONS ATTACHED #

**CERTIFICATION?**

**YES**

**NO**

~~INSPECTOR(S) SIGNATURE~~





## NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

### CHECKLIST FOR AVIATION LANGUAGE TESTING

#### CL: PEL. 022A

Testing Service Providers (TSPs) should document adherence to the Authority's Recommended Criteria for Aviation Language Testing by completing the checklist below and submitting evidence for each item on the checklist, in accordance with the Nig. CARs 2.2.2 and the TGM VOL. II, Chapter 22.

#### 1. TEST DESIGN AND CONSTRUCT

<b>Reference Nig. CARs 2.2.2 &amp; TGM VOL.II Ch.22</b>	<b>ITEM</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
1.1	Is the test designed to assess speaking & listening proficiency in accordance with each component of the Language Proficiency Rating Scale and the holistic descriptors.				
1.1.1	Is a definition of the test purpose that describes the aims of the test and the target population accessible to all decision makers?				
1.1.2	Is a description and rationale for test construct – and how it corresponds to the Language Proficiency Requirements- accessible to all decision makers in plain, layperson, language?				
1.1.3	Does the test comply with principles of good practice and a code of ethics as described in the TGM 5.1.2?				
1.1.4	Does the test focus on discrete-point items, on grammar explicitly, or on discrete vocabulary items?				
1.1.5	Is a specific listening section included, with individual items?  <i>Note.- If comprehension is assessed through a specific listening section with individual items, it should not be done to the detriment of assessing interaction.</i>				

<b><i>Nig. CARS 2.2.2 &amp; TGM VOL.II Ch.22</i></b>	<b><i>ITEM</i></b>	<b><i>S</i></b>	<b><i>U</i></b>	<b><i>NS</i></b>	<b><i>NA</i></b>
1.1.6	Does the test include voice only interaction?				
1.2	Is the test is specific to aviation operations?				
1.2.1	Does the test assess plain language proficiency in an aviation context?				
1.2.2	Does the test avoid items that are designed to elicit highly technical or very context specific language?				
<b>1.3 All Six ICAO skill area criteria are assessed and reported.</b>					
1.3.1	Is the final score for each test-taker the lowest of the scores on each of the six ICAO language proficiency skills?				

## 2. TEST VALIDITY AND RELIABILITY

<b><i>Nig. CARS 2.2.2 &amp; TGM VOL.II Ch.22</i></b>	<b><i>ITEM</i></b>	<b><i>S</i></b>	<b><i>U</i></b>	<b><i>NS</i></b>	<b><i>NA</i></b>
2.1	Is a statement of evidence for test validity and reliability accessible to all decision-makers, in plain layperson language?				
2.2	Is a description of the development process that includes the following information accessible to all decision-makers?  a) A summary of the development calendar?  b) A report of each development phase?				
2.3	Is an appraisal of expected test 'wash back' effect on training accessible to all decision-makers?				

### 3. RATING

<b>Reference Nig. CARs 2.2.2 &amp; TGM Ch.22</b>	<b>ITEM</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
3.1	Is the rating process documented?				
3.2	To fulfill licensing requirements, do at least two raters participate in the rating of tests, with a third expert rater consulted in the case of divergent scores?				
3.3.	Is initial and recurrent rater training documented? Are rater training records maintained? Are raters audited periodically and reports documented?				
3.4	If rating is conducted using new technology including speech recognition technology, then is the correspondence of such ratings to live human rating on all aspects of the Rating Scale clearly demonstrated, in layperson language?				

### 4. TEST ADMINISTRATION AND SECURITY

<b>Reference Nig. CARs 2.2.2 &amp; TGM Ch.22</b>	<b>ITEM</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>4.1 Test Administration</b>					
4.1.1	<p>Is a complete sample of the test published, including the following?</p> <ul style="list-style-type: none"> <li>a) Test-taker documents (paper instructions, screen display, etc.)</li> <li>b) Interlocutor instructions or prompts</li> <li>c) Rater documentation (answer key, rating scale, instructions)</li> <li>d) One complete sample of audio recordings (for listening sections, or semi-direct prompts)</li> <li>e) Demonstration of test-taker/interlocutor interaction</li> </ul>				

<b>Reference Nig. CARs 2.2.2 &amp; TGM VOL.II Ch.22</b>	<b>ITEM</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
4.1.2	Is the test rating process documented, including instructions on the extent and nature of evidence that raters should collect?				
4.1.3	Are the test instructions to the test-taker, the test administration team, and test raters clearly documented?				
4.1.4	Are the requirements for equipment, human resources, and facilities necessary for the test included in the instructions?				
4.1.5	Does the testing location offer moderate comfort, privacy and quiet				
4.1.6	Is a full description of test administration policies and procedures available to all decision-makers? Does it include the following:  a) Possibilities for retaking the test  b) Score reporting procedures  c) Record-keeping arrangements  d) Plans for test monitoring, maintenance, and on-going test development.  e) Purchasing conditions?				
4.1.7	Has an appeals process been established, documented and made available to test-takers and decision-makers at the beginning of the testing process?				
<b>4.2 Test Security</b>					
4.2.1	Is a full description of security measures required to ensure the integrity of the testing process documented and available to all decision-makers?				

	<b>ITEM</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
4.2.2	In the case of semi-direct prompts, are there adequate versions of the test to meet the needs of the population to be tested with respect to its size and diversity?				
4.2.3	Are test questions and prompts held in confidence, and not published or in any way provided to test-takers prior to the test events?				
4.2.4	Is a documented policy for all aspects of test security accessible to all decision-makers?				
<b>4.3 RECORD-KEEPING</b>					
4.3.1	Are all proficiency tests of speaking ability recorded on audio or video media?				
4.3.2	Are evaluation sheets and supporting documentation filed and maintained until a predetermined and documented period of time of sufficient duration to ensure that rating decisions can no longer be appealed?				
4.3.3	Is the record-keeping process documented and adequate for the scope of the testing?				
4.3.4	Is the score-reporting process documented, with scores maintained for the duration of the license?				
4.3.5	Are results of testing held in strict confidence and released only to the test-taker, and his/or her sponsor or employer and the civil aviation authority, unless the test-taker provides written permission to release his or her results to another person or organization?				

## 5. ORGANIZATIONAL INFORMATION AND INFRASTRUCTURE

<i>Nig.CARs 2.2.2 &amp; TGM VOL.II Ch.22</i>	<i>ITEM</i>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
5.1	Has the aviation language TSP provided clear documentation on its organization and all relationships with other organizations?				
5.2	If the TSP is also a training provider, is there a clear and documented separation between the two activities?				
5.3	Does the TSP have sufficient numbers of qualified interlocutors and raters to administer the required tests?				
5.4	Has the TSP provided an explanation of how the test is maintained, including an explanation of how on-going test development is conducted?				

## 6. TESTING-TEAM QUALIFICATIONS

<i>Reference Nig. CARs 2.2.2 &amp; TGM VOL. II Ch.22</i>	<i>ITEM</i>				
<b>6.1 Familiarity with ICAO Documentation</b>					
6.1.1	<p>Are all testing team members familiar with the following ICAO documents and publications?</p> <p>a) The relevant SARPS and Recommended Practices of Annex 1?</p> <p>b) Holistic Descriptors (Appendix 1 to Annex 1) and the ICAO Rating Scale (Attachment A to Annex 1)?</p> <p>c) <i>Manual on the Implementation of ICAO Language Proficiency Requirements</i> (Doc 9835)?</p> <p>d) ICAO Rated Speech Samples CD</p>				

<b>Reference Nig. CARs 2.2.2 &amp; TGM VOL.II Ch.22</b>	<b>ITEM</b>	<b>S</b>	<b>U</b>	<b>NS</b>	<b>NA</b>
<b>6.2 Test Design and Development Team</b>					
6.2.1	Does the test design and development team include individuals with aviation operational, linguistic and language test development expertise?				
<b>6.3 Test Administration team (administrators and interlocutors)</b>					
6.3.1	Do test administrators and interlocutors have a working knowledge of test administration guidelines?				
6.3.2	Do interlocutors demonstrate language proficiency of at least ICAO Extended Level 5 in the language to be tested (and Expert Level 6 if the test is designed to assess ICAO Level 6 proficiency)?				
6.3.3	Have interlocutors successfully completed initial interlocutor training?				
6.3.4	Have interlocutors successfully completed recurrent interlocutors training at least once each year?				
6.3.5	Do interlocutors have Operational or Language Testing expertise, or both?				
<b>6.4 Rater Team</b>					
6.4.1	Do raters demonstrate language proficiency of at least ICAO Extended Level 5 in the language to be tested (and Expert Level 6 if the test is designed to assess ICAO Level 6 proficiency)?				
6.4.2	Are raters familiar with aviation English and with any vocabulary and structures that will likely be elicited by the test prompts and interactions?				
6.4.3	Have raters successfully completed initial raters training?				
6.4.4	Have raters successfully completed recurrent rater training at least once each year?				

# Approved Training Organization Job-Aid

## I. Purpose

CL: O- PEL026

The Approved Training Organization Certification Job-Aid (JA-ATO) is inspector guidance intended for use throughout the ATO certification process. The JA-ATO is a project management, record-keeping and communications tool used to -

1. Track the certification progress of an ATO applicant,
2. Provide references for the activities, participation, contribution and observations of NCAA inspectors,
3. Help assure that action required to bestow an ATO upon an applicant is accomplished in a timely manner,
4. Provide a reference to corresponding documentation in the file, thus ensuring complete and appropriate records are maintained, and
5. Inform the ATO Applicant and NCAA leadership upon the accomplishment of key phases of the certification process.

Instructions in the JA-ATO are not a replacement for requirements described in the Nigeria Civil Aviation Regulations (Nig. CARs). Should there be an apparent conflict between information contained in the JA-ATO and Nig. CARs, the Nig. CARs take precedence. Nig. CARs supersede instructions contained in the JA-ATO and any other guidance material that may apply.

## II. Contents

1. Five (5) Phase Completion-Validation and Communication pages.
2. Five (5) ATO Application-Tracking Lists

Phase 1	Pre-Application
Phase 2	Formal Application
Phase 3	Document Evaluation
Phase 4	Demonstration and Inspection
Phase 5	Certification



### III. Description

1. The JA-ATO is comprised of five (5) "Completion-Validation and Communication" (CVC) cover pages at the beginning of each phase followed by a series of lists corresponding to each of five phases comprising the Nigerian Civil Aviation Authority Approved Training Organization Certification process.

A. CVC cover pages provide space for-

- a. Validating each phase of the ATO process,
- b. Entry of information corresponding to completion of each phase of the certification process, as well as a
- c. Standard format for communicating the accomplishment of each phase internally-hierarchically, within the NCAA, as well as externally - with the ATO applicant.

B. Job-Aid (JA) pages are comprised of tables as described below.

- a. The first row of each JA-ATO page contains a list of headers describing information contained in the columns below; for example -
  - i. Line reference number and Nig. CARs related to each task
  - ii. Post holder responsible
  - iii. A condensed textual description of each activity
  - iv. Initials of Inspector responsible.
  - v. Date information received and/or date accomplished
  - vi. Date returned for changes
  - vii. Rating: "Satisfactory" (S), or "Unsatisfactory" (U).
  - viii. Remarks.
- b. Rows contain information related to the completion of specific tasks required by Nig. CARs; for example -
  - i. Titles describing the contents of each row.

- ii. Space for the initials of the ATO team-inspector responsible for particular JA-ATO activity.
- iii. Dates received, accomplished, and/or returned for changes.
- iv. Explanatory "Remarks."

#### IV. Instructions

In consultation with the Chairman, Flight Standards Group, the CPM assigns NCAA inspectors to ATO tasks in accordance with their specific discipline in the art and practice of aviation, and the corresponding level of skill, experience, knowledge and ability they bring to the project. Depending on the needs of the NCAA, the complexity of the application, and the qualifications of the personnel involved, there may be more than one inspector assigned to each discipline. When there is more than one inspector assigned to each discipline, then one inspector will be designated as the "Lead" inspector for that discipline and thereby assumes accountability to the CPM for all related tasks in that phase.

The CPM uses the first pages of each phase of the JA-ATO to recount applicant-specific information and to record the names of Inspectors assigned to tasks within the corresponding phase of the ATO certification process.

When assigning the allocation of ATO tasks to specific NCAA personnel, the following abbreviations apply -

- CPM - Certification Project Manager
- L - Licensing
  - ATS
  - Flight Crew (L-FC)
  - Cabin Crew (L-CC)
  - ATSEP (L-ATSEP)
  - AME (L-AME)
  - Flight Dispatcher (L-FD)
  - ASO (L-ASO)
  - Aero medical (L-Aero Med)
- O – Flight Operations Inspector
- C – Cabin Safety Inspector
- A – Airworthiness Safety Inspectors:
  - Principal Maintenance Inspector (PMI)
    - Airframe and Powerplant (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)

As columns and rows comprising the JA-ATO depict specific action steps corresponding to the evaluation of an application for ATO, each must contain information corresponding to the particular organization.

After completing assigned tasks, inspectors shall identify it as Satisfactory (S) or Unsatisfactory (U).

The "Remarks" section should be used to record relevant details. For example, when discrepancies are noted, a "U" is assigned, and the reasons recorded in the remarks section of the JA-ATO.

Thereafter, the CPM must obtain a corrective action plan from the ATO Applicant and revise the schedule of events accordingly. Each discrepancy and corrective action must be fully documented and recorded in the certification file (see TGM PEL CHAPTER 26 Para.3.5.2.).

Each item in each phase must be addressed satisfactorily for the ATO application to proceed and to culminate in certification.

#### **V. Other Coordination Required**

The CPM is responsible for coordination of NCAA personnel, departments and procedures necessary to confer an ATO; for example, Flight Operations, Airworthiness, Licensing and the Document Tracking System. The CPM is responsible to ensure that information pertaining to tasks described in the JA-ATO have been completed by the designated members of the Certification Team.

#### **VI. Renewal or Variation of ATOs**

The identical process applies to ATO Renewal or Variation.



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**PHASE ONE (1)**

**PRE-APPLICATION PHASE**

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)		ADDRESS OF THE PRINCIPAL (Main) Base where operations will be conducted	
MAILING ADDRESS (If different from the principal (Main) base of operation)		NCAA Reference Number	
TYPE OF INSPECTION <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-Certification <input type="checkbox"/> Renewal/Variation		CERTIFICATION PROJECT MANAGER	
INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)

- CPM - Certification Project Manager
- L - Licensing
  - ATS (L-ATS)
  - Flight Crew (L-FC)
  - Cabin Crew (L-CC)
  - ATSEP (L-ATSEP)
  - AME (L-AME)
  - Flight Dispatcher (L-FD)
  - ASO (L-ASO)
  - Aero medical (L-Aero Med)

- O – Flight Operations Inspector
- C – Cabin Safety Inspector
- A – Airworthiness Safety Inspectors:
  - Principal Maintenance Inspector (PMI)
    - Airframe and Powerplant (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV) (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)

**\*\* Legend:**

S – Satisfactory  
 U – Unsatisfactory  
 NA – Not Applicable

As the applicant for ATO Certification (ATO) has not provided the required documents and/or conducted the activities necessary to complete this phase of the ATO certification process within the time-frames depicted in the schedule of events, further NCAA action corresponding to this ATO application is suspended for a minimum period of thirty (30) days.

During the period of suspension, the operator is not authorized to conduct any training activities corresponding to Part 3 of the Nig. CARs.

After thirty (30) days have passed \_\_\_\_\_(enter date), depending upon the resources of the NCAA, activities associated with this ATO application may resume with applicant submission of required documents and/or accomplishment of activities necessary to complete the tasks remaining in this phase of the ATO process. Thereafter, depending on the resources of the NCAA, the process must adhere to the schedule of events.

If the ATO applicant does not provide the necessary documents and/or conduct the activities necessary to complete this phase within the succeeding thirty (30) calendar days, by \_\_\_\_\_ **(enter date)**, or should the applicant/organisation miss another due-date depicted on the schedule of events, then this ATO process will be deemed terminated and the file closed. In that event, the ATO applicant must re-apply to commence ATO certification at the beginning of Phase 1 of the process.

I have reviewed the completion of tasks corresponding to this phase of the ATO certification process, confirmed conformity to the appropriate Nig. CARs, and, by my signature below, declare Phase 1 of the ATO certification process complete.

CPM's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Protocol/ATO Number: \_\_\_\_\_

**Document Distribution:** DG, DOL, FSG, DOT, DAWS, ATO Rep.

## Phase One

Ref #	RESP. POS.	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
1 Nig. CARs 3.2.1.5	DOL	1) Applicant initial ENQUIRY* (verbal or written) TGM-PEL Chapt. 26 (Form O-PEL- 026 or AC PEL 040 Appendix A), 2) Provide applicant with procedures and other guidance materials for application of ATO. TGM-PEL Chapt.26, AC PEL-048 4.1					
2 Nig. CARs 3.2.1.5, 3.2.1.12 & 13	DOL	Applicant submits Pre-Application Statement of Intent (PASI) or Prospective ATO Pre-Assessment Statement (PATOPs: AC PEL048 Appendix B) and required attachments to DOL 1) PASI forwarded to DOL. 2) PASI/PATOPs Review: Determine acceptability TGM PEL 3.2.2-3.3.2, AC-PEL048 4.1.2.					
3 Nig CARs 18	DOL	Confirm Directorate of Air Transport Regulation (DATR) has received application for Economic Authority (obtain reference number)					
4	DOL	<ul style="list-style-type: none"> <li>Select Certification Team</li> <li>Designate a CPM from the Team</li> </ul> TGM PEL Chapt. 26 para 3.2.1, AC-EPL048.4.1.2-3					
5	CPM	Conduct Pre-application Meeting with the ATO Applicant (Remember to conduct & document Pre- meeting Team Briefing and Debriefing). TGM PEL 3.3.& AC-PEL048.					
6	CPM	1) Clarify PASI/PATOPs Form: AC-PEL048					



## Phase 1 cont'd.

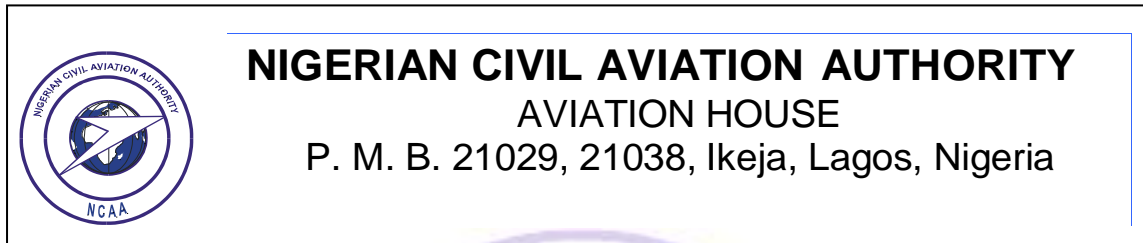
Ref #	RESP. POS.	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
7	CPM	2) Review Certification process, including Civil Aviation Regulations and compliance statement with ATO Applicant. TGM-PEL Chapter 26 paragraph 3.5, AC-PEL048, App G.					
8	CPM	3) Provide the applicant with Application Information Package: TGM PEL Chapter 26 para. 3.3.2(a – c) (a) Form: O-PEL 026-Pre-Application Statement of Intent (PASI) / Prospective ATO Pre-Assessment Statement (PATOPs) (b) AC-PEL 048 ;ATO Certification Job-Aid (CL: O-PEL026) and Schedule of Events (CL-O-PEL012) (c) Sample of Training Specification (TSPEC) (d) Other publications or documents considered appropriate.					
9	CPM	a) Sample Training Specifications. AC-PEL 048.1.3.0 (Appendix. J)					
10	CPM	b) Schedule of Events Form describing all elements of the Certification process. AC-PEL 048.1.3.0 (Appendix. G)					
11	CPM	c) Discuss other applicable publications and documents. AC-PEL 048.4.0					

Phase 1 cont'd.

Ref #	RESP. POS.	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
12	CPM	d) Discuss Form, content and documents required for formal application. AC-PEL 048.4.0. e) Ascertain expected date for formal application.					
12.1	CPM	Distribute phase completion notification					
<b>END</b>							







**PHASE TWO (2)**  
**FORMAL APPLICATION PHASE**

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)		ADDRESS OF THE PRINCIPAL (Main) Base where operations will be conducted	
MAILING ADDRESS (If different from the principal (Main) base of operation)		NCAA Reference Number	
TYPE OF INSPECTION _____ Initial Certification  _____ Re-Certification  _____ Renewal/Variation		CERTIFICATION PROJECT MANAGER	
INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)

- CPM - Certification Project Manager
- L - Licensing
  - ATS (L-ATS)
  - Flight Crew (L-FC)
  - Cabin Crew (L-CC)
  - ATSEP (L-ATSEP)
  - AME (L-AME)
  - Flight Dispatcher (L-FD)
  - ASO (L-ASO)
  - Aero medical (L-Aero Med)

- O – Flight Operations Inspector
- C – Cabin Safety Inspector
- A – Airworthiness Safety Inspectors:
  - Principal Maintenance Inspector (PMI)
    - Airframe and Powerplant (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)
    - (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)

**\*\* Legend:**  
 S – Satisfactory  
 U – Unsatisfactory  
 NA – Not Applicable

As the applicant for ATO Certification (ATO) has not provided the required documents and/or conducted the activities necessary to complete this phase of the ATO certification process within the time-frames depicted in the schedule of events, further NCAA action corresponding to this ATO application is suspended for a minimum period of thirty (30) days.

During the period of suspension, the operator is not authorized to conduct any training activities corresponding to Part 3 of the Nig. CARs.

After thirty (30) days have passed \_\_\_\_\_(enter date), depending upon the resources of the NCAA, activities associated with this ATO application may resume with applicant submission of required documents and/or accomplishment of activities necessary to complete the tasks remaining in this phase of the ATO process. Thereafter, depending on the resources of the NCAA, the process must adhere to the schedule of events.

If the ATO applicant does not provide the necessary documents and/or conduct the activities necessary to complete this phase within the succeeding thirty (30) calendar days, by \_\_\_\_\_ **(enter date)**, or should the applicant/organisation miss another due-date depicted on the schedule of events, then this ATO process will be deemed terminated and the file closed. In that event, the ATO applicant must re-apply to commence ATO certification at the beginning of Phase 2 of the process.

I have reviewed the completion of tasks corresponding to this phase of the ATO certification process, confirmed conformity to the appropriate Nig. CARs, and, by my signature below, declare Phase 2 of the ATO certification process complete.

CPM's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Protocol/ATO Number: \_\_\_\_\_

**Document Distribution:** DG, DOL, FSG, DOT, DAWS, ATO Rep.

**Phase Two**

Ref #	RESP. POS.	Formal Application Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
13 Nig CARs 3.2.1.5	DTSO CPM	Receive formal application TGM-PEL 3.3.3 – 3.4.3 AC-PEL 048 (Appendix G: Schedule of Events)					
14 Nig CARs 3.2.1.5	CPM	Evaluate the application package TGM-PEL 3.4.2, AC-PEL 048.4.0 (Formal Application Phase)					
15 Nig CARs 3.2.1.5(a)		A) Formal Application form AC-PEL 048.4.0 and Appendix B (PATOPs)					
16 Nig CARs 3.2.1.5 (c)(1)	CPM	B) Statement of compliance with the Nig. CARs TGM-PEL. 3.3.3. AC-PEL048.4.2.3(d)					
17		C) ATO Schedule of Events Attachment AC-PEL048.4.2.3(c)					
18		D) List of Training Functions to be performed by the ATO. AC-PEL048.4.2.3(b)					
19		E) Documents of Purchase, Leases, Contracts or Letters of Intent and attachments. AC-PEL048.4.2.3(e)					
20 Nig CARs 3.2.1.5 (c)(1&2)		F) Resumes of Key Management Personnel, Instructors and Examiners. AC-PEL048.4.2.3(f); FORM O-PEL026B					
21		G) Completed Vital Information data Forms AC-PEL048.4.2.3(g); FORM O-PEL026B					

## Phase 2 cont'd.

Ref #	RESP. POS.	Formal Application Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
22 Nig CARs 1.4	CPM	H) Exemption/ Deviation letter (if a deviation for required management positions is anticipated)					
23 Nig CARs 3.2.1.18 3.3.2, 3.3.5.1 3.4.5.1; 3.5.5.2	CPM	I) Training Manual TGM PEL CHAPTER 26 PARA. 3.5.1, AC-PEL048 4.2.3(a).					
24 Nig CARs 3.3.5.1, 3.4.5.1, IS 3.3.5.1 IS 3.4.5.2 IS 3.5.5.2	O, C	J) Procedure Manual AC-GEN002A AC-PEL048 4.2.3(a).					
25 Nig. CARs 3.2.1.17 IS 3.2.1.17	O, C & A	K) Quality System Manual AC-GEN002A.					
26 Nig. CARs 6.4.1.6 & 9.2.2.10 3.2.1.20 20.2.1.3 (a)	O	L) Safety Management System Manual AC-GEN002A, TGM GEN 10, AC-OPS042.					
27 Nig. CARs 3.2 - 3.5 3.2.1.20	O	M) Other Manuals as required by the Authority for the ATO Authorizations sought by the Applicant AC-GEN002A, AC PEL-048.					

Phase 2 cont'd.

Ref #	RESP. POS.	Formal Application Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
28	CPM	Conduct an application meeting – initial table top exercise. TGM-PEL Chapter 26 para. 3.4.2, AC-PEL 048.4.0 (Formal Application Phase).					
28.1	CPM	Distribute phase completion notification					
<b>END</b>							





**PHASE THREE (3)**  
**DOCUMENT EVALUATION PHASE**

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)		ADDRESS OF THE PRINCIPAL (Main) Base where operations will be conducted	
MAILING ADDRESS (If different from the principal (Main) base of operation)		NCAA Reference Number	
TYPE OF INSPECTION _____ Initial Certification  _____ Re-Certification  _____ Renewal/Variation		CERTIFICATION PROJECT MANAGER	
INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)

- CPM - Certification Project Manager
- L - Licensing
  - ATS (L-ATS)
  - Flight Crew (L-FC)
  - Cabin Crew (L-CC)
  - ATSEP (L-ATSEP)
  - AME (L-AME)
  - Flight Dispatcher (L-FD)
  - ASO (L-ASO)
  - Aero medical (L-Aero Med)

- O – Flight Operations Inspector
- C – Cabin Safety Inspector
- A – Airworthiness Safety Inspectors:
  - Principal Maintenance Inspector (PMI)
    - Airframe and Powerplant (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)
    - (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)

**\*\* Legend:**  
 S – Satisfactory  
 U – Unsatisfactory  
 NA – Not Applicable

As the applicant for ATO Certification (ATO) has not provided the required documents and/or conducted the activities necessary to complete this phase of the ATO certification process within the time-frames depicted in the schedule of events, further NCAA action corresponding to this ATO application is suspended for a minimum period of thirty (30) days.

During the period of suspension, the operator is not authorized to conduct any training activities corresponding to Part 3 of the Nig. CARs.

After thirty (30) days have passed \_\_\_\_\_(enter date), depending upon the resources of the NCAA, activities associated with this ATO application may resume with applicant submission of required documents and/or accomplishment of activities necessary to complete the tasks remaining in this phase of the ATO process. Thereafter, depending on the resources of the NCAA, the process must adhere to the schedule of events.

If the ATO applicant does not provide the necessary documents and/or conduct the activities necessary to complete this phase within the succeeding thirty (30) calendar days, by \_\_\_\_\_ **(enter date)**, or should the applicant/organisation miss another due-date depicted on the schedule of events, then this ATO process will be deemed terminated and the file closed. In that event, the ATO applicant must re-apply to commence ATO certification at the beginning of Phase 3 of the process.

I have reviewed the completion of tasks corresponding to this phase of the ATO certification process, confirmed conformity to the appropriate Nig. CARs, and, by my signature below, declare Phase 3 of the ATO certification process complete.

CPM's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Protocol/ATO Number: \_\_\_\_\_

**Document Distribution:** DG, DOL, FSG, DOT, DAWS, ATO Rep.



## Phase Three

Task #	RESP. POS.	Document Compliance and Evaluation Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
29 Nig CARs 3.2.1.14 3.3.3 3.4.3, 3.5.3	CPM Team	Evaluate Management Qualifications (Review and accept/ approve/reject manuals and other documents (see inspectors handbooks as ref.) AC-PEL 048.5.1.1 Appendix G Section III					
30 Nig CARs 3.2.1.14 3.3.3 3.4.3, 3.5.3	CPM	A. Accountable Manager AC-PEL 048. Appendix I					
31 Nig CARs 3.2.1.14 3.3.3 3.4.3, 3.5.3	L	B. Head of Training AC-PEL 048. Appendix I					
32 Nig CARs 3.4.3.(a)(4)	L-AME	C. Head of Maintenance AC-PEL 048. Appendix I					
33 Nig CARs 3.3.3(a)(ii) 3.4.3(a)(ii) 3.5.3(a)(2)	L	D. Quality Manager(s). i) Quality Manager for Flight Training ii) Quality Manager for Maintenance Training iii) Additional as applicable AC-PEL 048 Appendix D 6.0 AC-PEL 048 Appendix I					
34 Nig CARs 3.3.3(a)(iv) IS 3.3.3(c)	L-FC	E. Chief Flight Instructor AC-PEL 048. Appendix I					
35 Nig CARs 3.3.3(a)(v) IS 3.3.3(k)	L	F. Chief Ground Instructor AC-PEL 048. Appendix I					



## Phase 3 Cont'd.

Ref #	RESP. POS.	Document Compliance and Evaluation Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action to be taken)	Date Returned for Changes	Remarks
36 Nig CARs 3.5	L	G. Other Management positions as applicable AC-PEL 048. Appendix I					
37 Nig CARs 1.4	CPM	H. Exemption/ Deviation letter (if a deviation for required management positions is anticipated)					
38	CPM	N) Statement of compliance with the Nig. CARs TGM-PEL.Chapt. 26 para. 3.3.3 AC PEL048 Appendix H.					
39 Nig CARs 3.2.1.18 3.3.2 3.3.5.1 3.4.5.1 3.5.5.2	CPM	O) Evaluate Training Manual AC-PEL048 4.2.3(a)					
40		i. The Training Plan (see Nig. IS.3.3.5.2)					
41		ii. Briefing and Air Exercises					
42		iii. Synthetic Flight Training					
43		iv. Knowledge Instruction					
44 Nig CARs 3.3.5.1, 3.4.5.1 3.5.5.2	CPM	P) Evaluate Procedure Manual AC-PEL048 4.2.3(a)					
45		i. General					
46		ii. Technical.					

## Phase 3 Cont'd.

Ref #	RESP. POS.	Document Compliance and Evaluation Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action to be taken)	Date Returned for Changes	Remarks
47		iii. Route					
48		iv. Staff Training					
49		v. Appendices					
50 Nig. CARs 3.2.1.17 IS 3.2.1.17	CPM	Q) Evaluate Quality System Manual					
51		i. Introduction					
52		ii. Terminology					
53		iii. Quality Policy and Strategy					
54		iv. Purpose of a Quality System					
55		v. Quality Manager					
56		vi. Quality system					
57		vii. Scope					

## Phase 3 Cont'd.

Ref #	RESP. POS.	Document Compliance and Evaluation Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action to be taken)	Date Returned for Changes	Remarks
58		viii. Feedback System					
59		ix. Documentation					
60		x. Quality Assurance Programme					
61		xi. Quality Inspection					
62		xii. Audit					
63		xiii. Auditors					
64		xiv. Auditor's Independence					
65		xv. Audit Scope					
66		xvi. Audit Scheduling					
67		xvii. Monitoring and Corrective Actions					
68		xviii. Corrective Action					
69		xix. Management Evaluation					

## Phase 3 Cont'd.

Ref #	RESP. POS.	Document Compliance and Evaluation Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action to be taken)	Date Returned for Changes	Remarks
70		xx. Records					
71		xxi. Quality Assurance Responsibility for Satellite ATOs					
72		xxii. Quality Systems Training					
73		xxiii. Sources of Training					
74		xxiv. Quality System for small Organisations					
75 Nig. CARs 3.2.1.20 20.2.1.3	CPM Team	j. Safety Management System Manual TGM GEN 10 (NCAA SMS for ref.), AC-OPS 042.					
76		i. Safety Policy and Objectives					
77		ii. Safety Risk Management					
78		iii. Safety Assurance					
79		iv. Safety Promotion					
80 Nig. CARs 3.2 - 3.5	CPM	Other Manuals as required by the Authority for the ATO Authorizations sought by the Applicant AC PEL-040 Appendix G. IV					
80.1	CPM	Distribute phase completion notification					
<b>END</b>							



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**PHASE FOUR (4)**  
**DEMONSTRATION AND INSPECTION PHASE**

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)		ADDRESS OF THE PRINCIPAL (Main) Base where operations will be conducted	
MAILING ADDRESS (If different from the principal (Main) base of operation)		NCAA Reference Number	
TYPE OF INSPECTION <input type="checkbox"/> Initial Certification  <input type="checkbox"/> Re-Certification  <input type="checkbox"/> Renewal/Variation		CERTIFICATION PROJECT MANAGER	
INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)

- CPM - Certification Project Manager
- L - Licensing
  - ATS (L-ATS)
  - Flight Crew (L-FC)
  - Cabin Crew (L-CC)
  - ATSEP (L-ATSEP)
  - AME (L-AME)
  - Flight Dispatcher (L-FD)
  - ASO (L-ASO)
  - Aero medical (L-Aero Med)

- O – Flight Operations Inspector
- C – Cabin Safety Inspector
- A – Airworthiness Safety Inspectors:
  - Principal Maintenance Inspector (PMI)
    - Airframe and Powerplant (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)
    - (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)

**\*\* Legend:**  
 S – Satisfactory  
 U – Unsatisfactory  
 NA – Not Applicable

As the applicant for ATO Certification (ATO) has not provided the required documents and/or conducted the activities necessary to complete this phase of the ATO certification process within the time-frames depicted in the schedule of events, further NCAA action corresponding to this ATO application is suspended for a minimum period of thirty (30) days.

During the period of suspension, the operator is not authorized to conduct any training activities corresponding to Part 3 of the Nig. CARs.

After thirty (30) days have passed \_\_\_\_\_ (enter date), depending upon the resources of the NCAA, activities associated with this ATO application may resume with applicant submission of required documents and/or accomplishment of activities necessary to complete the tasks remaining in this phase of the ATO process. Thereafter, depending on the resources of the NCAA, the process must adhere to the schedule of events.

If the ATO applicant does not provide the necessary documents and/or conduct the activities necessary to complete this phase within the succeeding thirty (30) calendar days, by \_\_\_\_\_ (**enter date**), or should the applicant/organisation miss another due-date depicted on the schedule of events, then this ATO process will be deemed terminated and the file closed. In that event, the ATO applicant must re-apply to commence ATO certification at the beginning of Phase 4 of the process.

I have reviewed the completion of tasks corresponding to this phase of the ATO certification process, confirmed conformity to the appropriate Nig. CARs, and, by my signature below, declare Phase 4 of the ATO certification process complete.

CPM's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Protocol/ATO Number: \_\_\_\_\_

**Document Distribution:** DG, DOL, FSG, DOT, DAWS, ATO Rep.

**Phase Four**

Ref #	RESP. POS.	Demonstration and Inspection Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
81 Nig. CARs 3.2.1.9 3.3.5.6, 3.4.5.6 3.5.5.6	CPM Team	Inspecting Base Facilities and ATO Equipment (observe, approve or disapprove) AC PEL-048.6.0 and Appendix G.IV					
82 Nig. CARs 3.3.4.4		A) Inspect Aerodrome and Site(s)					
83 Nig. CARs 3.3.4.2		B) Aircraft proposed for conduct of training as applicable AC PEL-048.6.1.1					
84 Nig. CARs 2.2.5.3 3.3.4.3		C) Flight Simulator and Training Devices as Applicable AC PEL-048.6.1.2					
85 Nig. CARs 3.2.1.13, 3.3.4.1, 3.4.4, 3.5.4		D) Training Facilities AC PEL-048.6.1.3					
86 Nig. CARs 3.2.1.13, 3.3.4.1, 3.4.4, 3.5.4		E) Training Equipment TGM-PEL048.6.1.3					
87 Nig. CARs 3.3.2, 3.4.1, 3.5.2, 8.10.1.14-35		F) Training Curricula AC PEL-048.6.1.4					
88		G) Training in Progress AC PEL-048.6.1.5 CL-O-PEL 010 (ref).					

Phase 4 cont'd.

Ref #	RESP. POS.	Demonstration and Inspection Phase	Insp. Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
89 Nig CARs 2.2.5.3, 2.2.5.4, 2.2.5.5 3.3.5.2		H) Testing and Examinations TGM-PEL Chapters 20 & 23 AC-PEL 018 AC PEL048.6.1.6					
90 Nig. CARs 3.2.1.15, 3.3.5.2, 3.4.5.2, 3.5.5.3.		I) Record Keeping System TGM-PEL 3.6.3 AC PEL048.6.1.7 CL-O-PEL 010 (ref).					
91 Nig. CARs 3.2.1.17 IS 3.2.1.7		J) Quality Control System AC PEL048.6.1.8					
92 Nig. CARs 3.2.1.20, 20.2.1.3		K) Safety Management System TGM GEN 10 (NCAA SMS for ref.), AC-OPS 042.					
93 Nig CARs 3.2.1.9		i. Resolution of Safety Issues (ROSI) AC PEL048.6.2 (ref). CL-O-PEL010					
94 Nig. CARs 3.2 - 3.5		L) Other Manuals as required by the Authority for the ATO Authorisations sought by the Applicant. AC PEL-048 Appendix G.IV					
80.1	CPM	Distribute phase completion notification					
<b>END</b>							





**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**PHASE FIVE (5)**

**ATO CERTIFICATE CHECKLIST**

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)		ADDRESS OF THE PRINCIPAL (Main) Base where operations will be conducted	
MAILING ADDRESS (If different from the principal (Main) base of operation)		NCAA Reference Number	
TYPE OF INSPECTION _____ Initial Certification _____ Re-Certification _____ Renewal/Variation		CERTIFICATION PROJECT MANAGER	
INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)	INSPECTOR(s)

- CPM - Certification Project Manager
- L - Licensing
  - ATS (L-ATS)
  - Flight Crew (L-FC)
  - Cabin Crew (L-CC)
  - ATSEP (L-ATSEP)
  - AME (L-AME)
  - Flight Dispatcher (L-FD)
  - ASO (L-ASO)
  - Aero medical (L-Aero Med)

- O – Flight Operations Inspector
- C – Cabin Safety Inspector
- A – Airworthiness Safety Inspectors:
  - Principal Maintenance Inspector (PMI)
    - Airframe and Powerplant (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)
    - (A & P) and;
  - Principal Avionics Inspector (PAI)
    - Avionics (AV)

**\*\* Legend:**  
 S – Satisfactory  
 U – Unsatisfactory  
 NA – Not Applicable

As the applicant for ATO Certification (ATO) has not provided the required documents and/or conducted the activities necessary to complete this phase of the ATO certification process within the time-frames depicted in the schedule of events, further NCAA action corresponding to this ATO application is suspended for a minimum period of thirty (30) days.

During the period of suspension, the operator is not authorized to conduct any training activities corresponding to Part 3 of the Nig. CARs.

After thirty (30) days have passed \_\_\_\_\_(enter date), depending upon the resources of the NCAA, activities associated with this ATO application may resume with applicant submission of required documents and/or accomplishment of activities necessary to complete the tasks remaining in this phase of the ATO process. Thereafter, depending on the resources of the NCAA, the process must adhere to the schedule of events.

If the ATO applicant does not provide the necessary documents and/or conduct the activities necessary to complete this phase within the succeeding thirty (30) calendar days, by \_\_\_\_\_ **(enter date)**, or should the applicant/organisation miss another due-date depicted on the schedule of events, then this ATO process will be deemed terminated and the file closed. In that event, the ATO applicant must re-apply to commence ATO certification at the beginning of Phase 5 of the process.

I have reviewed the completion of tasks corresponding to this phase of the ATO certification process, confirmed conformity to the appropriate Nig. CARs, and, by my signature below, declare Phase 5 of the ATO certification process complete.

CPM's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Protocol/ATO Number: \_\_\_\_\_

**Document Distribution:** DG, DOL, FSG, DOT, DAWS, ATO Rep.

**Phase Five**

Ref. #	RESP. POS.	Certification Phase	Inspectors Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
95 Nig CARs 3.2.1.3, IS 3.2.1.3 3.2.1.6	CPM Team	A) Prepare Certification Report TGM-PEL 3.7.1(b), AC-PEL 048 Appendix J.					
96		i) Assemble Report TGM-PEL 3.7.1					
97		1) PASI/PATOPs and Formal Application Letter/ Form of intent and attachments. Formal Application Form TGM PEL 3.7.1 AC-PEL 040 4.1.2.					
98		2) Approved Statement of Compliance (TGM-GEN. 3.3.3.3(c), 3.5.1 & TGM-OPS 3). AC-PEL 048.5.1.5 – 5.3					
99 Nig CARs 3.2.1.3(d)		3) Copy of Training Specifications TGM-PEL 3.7.1 TGM-GEN 3.3.7.1(d)(v), AC-PEL 048 Appendix J					
100 Nig CARs 3.2.1.3 IS 3.2.1.3		4) Copy of Certificates TGM-PEL 3.3.7.1(d)(iv) AC-PEL 048.7.0					
101 Nig CARs 3.2.1.3		B) Submit Report to DG via DOL. TGM-PEL Chapter 26 para. 3.7.1 AC-PEL 048.7.0					

## Phase 5 Cont'd.

Ref. #	RESP. POS.	Certification Phase	Inspectors Initials	Date Received/ Accomplished	*S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
102 Nig CARs 3.2.1.3 3.3.1.6	DG & CPM Team	C) Present Certificate & Training Specifications TGM-PEL 3.8.1, AC-GEN 003A.8.0 AC-PEL 048.7.0					
	DOL	<b>ASSIGN ATO COORDINATOR (ATOC)</b>					
103 Nig CARs 3.2.1.9 3.3.5.6 3.4.5.6 3.5.5.6	ATOC & CPM Team	D) Develop Post Certification Surveillance Programme (‘Plan:’ Reference TGM-PEL CHAPTER 33) i) Within Nigeria: (a) Base (b) Satellite AC-PEL 048.8.0 & 11.0					
104 Nig CARs 3.2.1.9 3.3.5.6 3.4.5.6 3.5.5.6	ATOC	ii) Outside Nigeria (a) Base (b) Satellite AC-PEL 048.8.0 & 11.0					
104.1	CPM	Distribute phase completion notification					
<b>END</b>							



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
 P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

**CL: O-PEL027 Designated Aircraft Maintenance Engineer Examiner (DAME)**  
**Skill Test Checklist**  
**(Authorization, Renewal/Additional Designation or Inspection)**

Record ID:	Inspector Name:	Type of Operation	Activity Number – Checklist
Date Accomplished:	# Issues	ATO/Applicant	
A/C or Mock up			Type:
AME Applicant/Lic #:		DAME /Lic #:	
Type of Test:	ASI AMEL #:	<i>Tick As Appropriate:</i> APPROVED: <input type="checkbox"/> NOT APPROVED: <input type="checkbox"/>	

**Instructions for Use:**

1. Check 'S' column if you reviewed the record, procedure or event and it is 'satisfactory'.
2. Check 'U' column if you reviewed the record, procedure or event and it is 'Unsatisfactory'.
3. Check NS (**not seen**) column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check NA (**not applicable**) column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number.

S/N	GENERAL REQUIREMENTS Nig-CARs 2.6.6.1				
<b>A</b>	<b>NCAA FILES</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
1.	The Organization's nomination of the designee is in the file				
2.	Updated copy of the Designee's resume is in the file				
3.	Copy of the last designation is in the file				
<b>B</b>	<b>ELIGIBILITY Nig-CARs 2.6.6</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
4.	Verify validity of the examiner/AME licenses/ratings				
5.	The Designee meets the minimum experience requirements				
6.	The Designee has completed all required company training				
7.	The Designee is current and qualified for the aircraft				
8.	The Designated AME examiner candidate has a thorough knowledge of privileges limitations of the authorization and skill test standards				
9.	The Designee has attended an NCAA Examiner Seminar				
10.	The Designee has attended an annual NCAA briefing				
11.	Observe the Designated AME examiner candidate as he briefs the person under going the test and complete relevant documentation while observing the demonstration				
12.	The person being checked by the Designated AME examiner candidate understand clearly what is required during the test				
13.	Ensure that the Designated AME examiner candidate makes a correct assessment of the person undergoing the test				

<b>C</b>	If the check is conducted in a mockup, the candidate demonstrate proficiency in operating the mockup, including:	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
<b>D</b>	<b>ACCEPTABLE CONDUCT OF CHECK SESSION (Oral)</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
14.	Briefing and debriefing				
15.	Skill test standards				
<b>E</b>	<b>AIRCRAFT KNOWLEDGE EXAMINATION (Oral)</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
16.	Examination of aircraft limitations knowledge				
17.	Examination of aircraft systems knowledge				
18.	Use of aircraft manuals and documentation				
19.	Examination of aircraft exterior inspection knowledge				
<b>E</b>	<b>COMPLETION OF REQUIRED DOCUMENTATION</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
20.	Appropriate company documentation completed				
21.	Appropriate test form completed for insertion in DAME personnel record file by ASI				
<b>F</b>	<b>OTHER</b>	<b>S</b>	<b>U</b>	<b>N/S</b>	<b>N/A</b>
22.					
23.					
24.					

<b>REMARKS &amp; OBSERVATIONS</b>	
<p>_____</p> <p><b>INSPECTOR SIGNATURE</b></p>	
<p style="text-align: right;">Additional comments attached <input type="checkbox"/> =&gt;</p>	



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**DIRECTORATE OF LICENSING**  
**PERSONNEL LICENSING SECTION**

**CL: O- PEL028**

**CABIN CREW TRAINING INSPECTION**

TYPE OF TRAINING: TICK THE APPROPRIATE BOX

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> INITIAL    | <input type="checkbox"/> REFRESHER           |
| <input type="checkbox"/> RECURRENT  | <input type="checkbox"/> DIFFERENCE          |
| <input type="checkbox"/> CONVERSION | <input type="checkbox"/> ADDITIONAL TRAINING |

AIRCRAFT TYPE:-----DATE:-----

NAME OF ATO(S):-----

VENUE-----

INSTRUCTOR(S):-----

**PARTICIPANTS**

S/N	NAMES	S/N	NAMES
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

(NOTE: Attach list if necessary and counter sign)

TICK AS APPROPRIATE IF TRAINING WAS CONDUCTED IN LINE WITH APPROVED TRAINING PROCEDURES MANUAL AND NIG-CARs

SATISFACTORY  NOT SATISFACTORY  CANCELLED

REMARK/ OBSERVATION: .....

INSPECTOR'S NAME: ..... SIGN:----- DATE-----

INSPECTOR'S NAME-----SIGN:----- DATE-----

DISTRIBUTION: (1) Original Copy (DOL), (2) Duplicate Copy (Inspector), (3) Triplicate Copy (the ATO).



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**DIRECTORATE OF LICENSING**  
**PERSONNEL LICENSING SECTION**

**CL: O- PEL029**

**INSPECTION REPORT**  
**CABIN CREW EMERGENCY DRILLS**

FROM:.....

TO:.....

TYPE OF DRILL:..... FIRE FIGHTING  DITCHING  EVACUATION

AIRCRAFT TYPE:.....

NAME OF ATO(S):.....

INSTRUCTOR(S):.....

DATE OF DRILL:.....

VENUE:.....

**PARTICIPANTS**

S/N	NAMES	S/N	NAMES
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

(NOTE: Attach list if necessary and counter sign)

TICK AS APPROPRIATE, TRAINING WAS;

SATISFACTORY  NOT SATISFACTORY  CANCELLED

REMARK/ OBSERVATION: .....

INSPECTOR'S NAME: ..... SIGN: .....

INSPECTOR'S NAME: ..... SIGN: .....

DISTRIBUTION: (1) Original Copy (DOL), (2) Duplicate Copy (Inspector), (3) Triplicate Copy (the Airline).



# **PERSONNEL LICENSING FORMS**

**DIRECTORATE OF PERSONNEL LICENSING STANDARDS**  
**FORMS INDEX**

ITEM	FORM NO	SUBJECT
1.	FORM O-PEL-000	APPLICATION FOR REPLACEMENT OF LICENCE
2.	FORM O-PEL-001	APPLICATION FOR STUDENT PILOT'S AUTHORISATION
3.	FORM O-PEL-002	APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF A PRIVATE PILOT LICENCE (PPL)
4.	FORM O-PEL-03A	APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF COMMERCIAL PILOT LICENCE (CPL)
5.	FORM O-PEL-03B	APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF AN AIRLINE TRANSPORT PILOT LICENCE (ATPL)
6.	FORM O-PEL-004	RESERVED
7.	FORM O-PEL-005	APPLICATION FOR THE INCLUSION OF A RATING ON A PILOT'S LICENCE (FLYING MACHINE)
8.	FORM O-PEL-006	APPLICATION FOR ISSUE/RENEWAL OF CABIN CREW LICENCE
9.	FORM O-PEL-06A	APPLICATION FOR THE INCLUSION OF AIRCRAFT TYPE ON CABIN CREW LICENCE
10.	FORM O-PEL-007	APPLICATION FOR ISSUE OF A FLIGHT ENGINEER'S LICENCE (FLYING MACHINES)
11.	FORM O-PEL-07A	APPLICATION FOR THE RENEWAL OF FLIGHT ENGINEER
12.	FORM O-PEL-008	INSTRUMENT RATING RENEWAL
13.	FORM O-PEL-012	APPLICATION FOR ISSUE/RENEWAL OF FLIGHT DISPATCHERS LICENCE
14.	FORM O-PEL-013	LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION FOR AIR TRAFFIC CONTROLLER
15.	FORM O-PEL-014	LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION FOR AERONAUTICAL STATION OPERATOR
16.	FORM O-PEL-017	KNOWLEDGE TEST APPLICATION FOR AIR TRAFFIC SAFETY ELECTRONIC PERSONNEL LICENCE

17.	FORM O-PEL-018	<b>APPLICATION FOR PILOT'S TECHNICAL EXAMINATION</b>
18.	FORM O-PEL-019	<b>APPLICATION FOR RENEWAL OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE</b>
19.	FORM O-PEL-020	<b>AIRCRAFT MAINTENANCE ENGINEER'S LICENCE (APPLICATION FOR GRANT, ISSUE AND EXTENSION)</b>
20.	FORM O-PEL-021	<b>APPLICATION FOR VALIDATION OF AIRCRAFT MAINTENANCE ENGINEER LICENCE</b>
21.	FORM O-PEL-022	<b>APPLICATION FOR ISSUE/RENEWAL OF LANGUAGE PROFICIENCY ENDORSEMENT/ AUTHORISATION</b>
22.	FORM O-PEL-023	<b>NOTIFICATION OF ACCESS TO AIRCRAFT</b>
23.	FORM O-PEL-024	<b>PPL/CPL/IR SKILL TEST/TC/BASE CHECK ETC.</b>
24.	FORM O-PEL-024A	<b>PPL/CPL/IR SKILL TEST/TR/BASE CHECK ETC. (HELICOPTER)</b>
25.	FORM O-PEL-026	<b>PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)</b>
26.	FORM O-PEL-026A	<b>APPLICATION FOR AN APPROVED TRAINING ORGANISATION CERTIFICATE</b>
27.	FORM O-PEL-026B	<b>MANAGEMENT PERSONNEL BIOGRAPHICAL DATA</b>
28.	FORM O-PEL-057	<b>INITIAL INSTRUMENT FLIGHT TEST</b>



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR REPLACEMENT OF LICENCE

### 1. PERSONAL PARTICULARS (BLOCK LETTERS)

Surname(or Family name):-----

Other names (or given names):-----

Address for correspondence:-----  
-----

Telephone Number..... E-mail Address.....

Class of Licence:----- Licence No:-----

### 2. CIRCUMSTANCE OF LOSS/REPLACEMENT

Describe here as fully as possible the circumstance of loss/replacement of your licence:-----  
-----

----- Date of loss:-----

When enquiries have been made, and where:-----

If the loss was reported to the police, at which Police Station was the report made?-----

----- (if lost abroad, indicate to which Nigerian representative the loss was reported).

### 3. APPLICATION FOR THE ISSUE OF A DUPLICATE LICENCE

I, apply for a duplicate licence and enclosed two up-to-date photograph, full face to camera, head Only size 30mm x 20mm, taken from the same negative. I certify that the particulars I have given on This form are correct to the best of my knowledge and belief.

Date:----- Signature:-----

IT IS AN OFFENCE TO MAKE WITH INTENT TO DECEIVE ANY FALSE REPRESENTATION FOR THE PURPOSE OF PROCURING THE GRANT, ISSUE, RENEWAL OR VARIATION OF ANY LICENCE.

ANY PERSON SO DOING RENDERS HIMSELF LIABLE ON SUMMARY CONVICTION TO A FINE OR TO IMPRISONMENT OR BOTH IN ACCORDANCE WITH THE CIVIL AVIATION (NCARs) REGULATIONS.

### 4. FOR OFFICIAL USE ONLY

Accepted/Deferred, because-----

Prepared by:----- Date:-----

Signed:----- Date:-----

Dispatch:-----

Licences:-----

File No:-----



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR STUDENT PILOT'S AUTHORISATION

This form when completed should be sent to the licensing section, Nigerian Civil Aviation Authority, Ikeja, together with fee of ₦ 7,500 and two photographs size 3/4" x 1 1/4" of the applicant.

1. NAME, -----

ADDRESS:-----

TELEPHONE NUMBER:-----E- MAIL ADDRESS-----

DATE OF BIRTH:-----

PLACE:-----

DATE AND PLACE OF MEDICAL EXAMINATION:-----

NATIONALITY:-----

NAME OF FLYING CLUB OR TRAINING SCHOOL:-----

-----  
SIGNATURE OF APPLICANT:-----

DATE :-----

2. TO BE SIGNED BY FLYING INSTRUCTOR.

I CERTIFY THAT THE APPLICANT HAS BEEN ACCEPTED FOR PPL FLYING AND GROUND TRAINING COURSE AT-----

SIGNATURE:-----

DATE:-----

-----  
FOR OFFICIAL USE ONLY:

TYPE OF LICENCE:----- NO-----

DATE OF ISSUE:----- EXPIRY:-----



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF A PRIVATE PILOT LICENCE (PPL)

1. I hereby apply for the **ISSUE/RENEWAL/VALIDATION** of .....

(a) Surname:.....

(b) First name:..... Other name(s).....

2. (a) Residential Address: (b) Postal Address: (c) Employer/Company:

3. (a) Private Telephone No.:..... (b) Business Telephone No.....

(c) Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

8. Name of ATO at which instructed.....

9. PARTICULARS OF LICENCES ALREADY HELD

Place of Issue	Date of Issue	Type of Licence	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the Licence is required.

CATEGORY	CLASS	TYPE

11. Date of Last Instrument Check (if applicable): .....

12. Total Instrument Flying Hours.....

12A. Total Flying Hours:.....

13. FLYING EXPERIENCE FOR RENEWAL OF PPL – complete the boxes below:

Hours Flown	Day				Night				Total
	PIC	SEL	MEL	TOTAL	PIC	SEL	MEL	TOTAL	
Total Flying Hours									
Totals since Last renewal									

**SUMMARY OF HOURS FLOWN TO DATE (...../...../.....)**

Type Ratings and Experience on Type	TYPE RATING(S)	TOTAL PIC HRS.	TOTAL SIC HRS.	TOTAL HOURS
DATE OF LAST SIM				
DATE OF LAST ACTUAL FLT.				

**NOTE: First Time applicants are to attach work experience Curriculum Vitae (CV) / Resume with this application form.**

14. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations?  
YES / NO

15. If so, class of medical and date of issue, and name of Medical Examiner:.....  
.....

16. I am able to read, speak, write, and understand the English language in accordance with the English language proficiency requirements of 2.2.2 (Part 2) of the Civil Aviation Regulations. YES / NO

17. I have met all the requirements for the issuance of this licence. YES /NO

18. **DECLARATION-** I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Signature of Applicant**

.....  
**Date of Application**

**INFORMATION AND INSTRUCTIONS:**

*(1) This form when completed should be forwarded to the Director General, Nigerian Civil Aviation Authority, Aviation House, Murtala Muhammed Airport, P.M.B. 21029, 21038 Ikeja, Lagos..Te l/ Fax: 01-2790421, Website: [www.ncaa.gov.ng](http://www.ncaa.gov.ng); together with the following:*

*(a) The appropriate fees;*

*(b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).*

*(c) Two recent photographs (approximately 2 cm by 2.5cm) taken from the same negative (full face).*

*(d) Medical Certificate from authorized Civil Aviation Medical Examiner.*

*(e) All personal flying Log Book(s) and or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc.;*

*(f) Evidence of qualification to meet the requirement for the issue/renewal of the licence;*

*(g) Any licences held.*



**FOR OFFICIAL USE ONLY**

**CHECKLIST FOR ISSUE/RENEWAL/CONVERSION/VALIDATION/ENDORSEMENT/INCLUSION OF LICENCES/RATINGS AS CONTAINED IN PEL TGM**

TICK AS APPROPRIATE:

or

 Xor

N/A

- The appropriate fees paid
- Identification document: Document relating to proof of age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).
- Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
- Copy of Medical: Medical certificate from authorized NCAA Medical examiner. (if applicable)
- All personal flying Log Book(s) and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc. (if applicable)
- Evidence of qualification to meet the requirement for the issue/renewal of the licence.
- Any Licences held.
- Knowledge Test Report
- Skill Test Drills report (if applicable)
- Proficiency /Competency Test Report (if applicable)
- Graduation Certificate (copy)- (if applicable)
- Verification of authenticity of foreign licence (if applicable)

*I have reviewed this person's application and the required documentation and authorize the issue/Renewal/Conversion/Endorsement of the licence/validation/authorization for final DOL Signature.*

*Name/title and signature or stamp of CAA official who conducted the review* \_\_\_\_\_

*Date:*(dd/mm/yyyy) \_\_\_\_\_



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

FORM # O-PEL -003A

## APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF COMMERCIAL PILOT LICENCE (CPL)

2. I, hereby apply for the **ISSUE/RENEWAL/VALIDATION**

(a) Surname:.....

(b) First name:..... Other name(s).....

2. (a) Residential Address: (b) Postal Address: (c) Employer/Company:

.....  
.....  
.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....

(c) Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

8. Name of ATO at which instructed.....

9. PARTICULARS OF LICENCES ALREADY HELD

Place of Issue	Date of Issue	Type of Licence	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the Licence is required.

CATEGORY	CLASS	TYPE

11. Date of Last Instrument Check: .....
12. Total Instrument Flying Hours.....
13. Total Flying Hours:.....
14. FLYING EXPERIENCE

14.1 FLYING EXPERIENCE FOR RENEWAL OF CPL – complete the boxes below:

Hours Flown	Day				Night				Total
	PIC	PIC(us)	COPILOT	Dual	PIC	PIC(us)	COPILOT	Dual	
Total Flying Hours									
Totals since Last renewal									

(us – under supervision)

14.2. SUMMARY OF HOURS FLOWN TO DATE (...../...../.....)

(Please include the most recent aircraft)

Type Ratings and Experience on Type	TYPE RATING(S)	TOTAL PIC HRS.	TOTAL SIC HRS.	TOTAL HOURS
DATE OF LAST SIM				
DATE OF LAST ACTUAL FLT.				

15. ENGLISH LANGUAGE PROFICIENCY

Do you read, speak, write, and understand the English language in accordance with the English language proficiency requirements of 2.2.2 (Part 2) of the Civil Aviation Regulations. YES / NO

16. DOCUMENTATION OF INCIDENT/ACCIDENT/ENFORCEMENT ACTIONS

S/N	DATE	INCIDENT	CAA	REMARKS
1.				
2.				
S/N	DATE	ACCIDENT	CAA	REMARKS
1.				
2.				
S/N	DATE	ENFORCEMENT ACTIONS	CAA	REMARKS
1.				
2.				

**DECLARATION**-I hereby declare that I have carefully considered the statement made above and to the best of my belief they are complete and true and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application or fail to disclose on Incidents, Accidents and Enforcement actions, the Authority may refuse to grant me a Pilot License/Validation or may withdraw any Pilot's License/Validation granted, without prejudice to any other action applicable under national law.

Full Name:.....

Lic. No.:.....

.....

.....

Signature of Applicant

Date of Application

**DUE DILIGENCE CARRIED OUT BY THE AIRLINE**

5. NAME OF AIRLINE:.....

6. ADDRESS:.....

.....

.....

.....

7. DOCUMENTATION OF INCIDENT/ACCIDENT/ENFORCEMENT ACTIONS

S/N	DATE	INCIDENT	CAA	REMARKS
1.				
2.				
3				
4				
S/N	DATE	ACCIDENT	CAA	REMARKS
1.				
2.				
3				
4				
S/N	DATE	ENFORCEMENT ACTIONS	CAA	REMARKS
1.				
2.				
3				
4				

8. Letter of Due diligence by operator indicating background check of applicant.

**DECLARATION-**We hereby declare that We have carefully considered the statement made above and to the best of Our belief they are complete and true and that we have not withheld any relevant information or made any misleading statements. We understand that if we have made any false or misleading statements in connection with this application or fail to disclose the supporting documents on Incidents, Accidents and Enforcement actions, the Authority may refuse to grant a Pilot's License/Validation, or may withdraw any Pilot License/Validation granted, without prejudice to any other action applicable under national law.

**Full Name:**.....

**Designation:**.....

**Signature**.....

**Date**.....



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF COMMERCIAL PILOT LICENCE (CPL)

This form should be completed and sent confidentially to Aeromedical Standards for the necessary evaluation.

### MEDICAL REQUIREMENTS (IN CONFIDENCE)

1.

2. I, hereby apply for the **INITIALISSUE/RENEWAL/VALIDATION**

(a) Surname:.....

(b) First name:..... Other name(s).....

2. (a) Residential Address: (b) Postal Address: (c) Employer/Company:

.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....

(c) Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

7. Have you been medically examined by an Authorised Aviation Medical Examiner (AAME) in accordance with the Nigerian Civil Aviation Regulations (Nig.CAR 2009) and issued a Medical Certificate? YES / NO

8. If so, what Class of medical certificate and date of issue.....

9. Name of Authorised Aviation Medical Examiner (AAME):.....

10. Any limitation on your licence due to a medical condition? Please state if applicable:

.....

11. Do you have any medical condition you believe that the NCAA should be informed? Please state if applicable:

.....

12. Information of any incidents, accidents, enforcement actions due to medical issue. Please state if applicable:

.....

**DECLARATION**--I hereby declare that I have carefully considered the statement made above and to the best of my belief they are complete and true and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application or fail to disclose the medical information, the Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

**Full Name:**.....

**Lic. No.:**.....

.....

**Signature of Applicant**

.....

**Date of Application**



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria.

## FOR OFFICIAL USE ONLY

<b>CHECKLIST FOR ISSUE/RENEWAL/CONVERSION/VALIDATION/ENDORSEMENT/ INCLUSION OF LICENCES/RATINGS AS CONTAINED IN PEL TGM</b> <b>TICK AS APPROPRIATE:</b>	<b>Legend</b> √-Provided X- Not Provided N/A- Not Applicable
√      or      X      or      N/A	<b>VETTING</b>
<input type="checkbox"/> The appropriate fees paid and NCAA receipt attached.	<input type="checkbox"/>
<input type="checkbox"/> Identification document: Document relating to proof of age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).	<input type="checkbox"/>
<input type="checkbox"/> Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).	<input type="checkbox"/>
<input type="checkbox"/> Evidence of incident, accident, enforcement actions of any medical condition (if any)	<input type="checkbox"/>
<input type="checkbox"/> Copy of Medical: Medical certificate from authorized NCAA Medical examiner. (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> All personal flying Log Book(s) and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc. (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Knowledge Test Report	<input type="checkbox"/>
<input type="checkbox"/> Skill Test Drills report (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Proficiency /Competency Test Report (if applicable) <input type="checkbox"/> Copy of Last Three Pages of Log Book(Original to be provided for sighting) <input type="checkbox"/> Copy of Valid License	<input type="checkbox"/>
<input type="checkbox"/> Professional Graduation Certificate (copy) - (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Verification of authenticity of foreign licence (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Due diligent documentation by employer <input type="checkbox"/> Background check <input type="checkbox"/> Evidence of incident, accident, enforcement actions (if any)	<input type="checkbox"/>
<input type="checkbox"/> Curriculum Vitae/Resume	<input type="checkbox"/>
<b><u>Verifying Officer</u></b> <b>Name:</b> _____ <b>Title:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____ Forwarded for final approval .      Yes      No Comments if any:.....	
<b><i>I have reviewed this person's application and the required documentation and authorize the issue/Renewal/Conversion/Endorsement of the licence/validation/authorization for final DOL Signature.</i></b>  <b>Name/title and signature or stamp of CAA official who conducted the review</b> _____  <b>Date: (dd/mm/yyyy)</b> _____	



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF AN AIRLINE TRANSPORT PILOT LICENCE (ATPL)

FORM # O-PEL -003B

1. I, hereby apply for the **ISSUE/RENEWAL/VALIDATION**

(a) Surname:.....

(b) First name:..... Other name(s).....

2. (a) Residential Address: (b) Postal Address: (c) Employer/Company:

.....

.....

.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....

(c) Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

8. Name of ATO at which instructed.....

9. PARTICULARS OF LICENCES ALREADY HELD

Place of Issue	Date of Issue	Type of Licence	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the Licence is required.

CATEGORY	CLASS	TYPE

- 11. Date of Last Instrument Check: .....
- 12. Total Instrument Flying Hours.....
- 13. Total Flying Hours:.....
- 14. FLYING EXPERIENCE
- 14.1 FLYING EXPERIENCE FOR RENEWAL OF ATPL – complete the boxes below:

Hours Flown	Day				Night				Total
	PIC	PIC(us)	COPILOT	Dual	PIC	PIC(us)	COPILOT	Dual	
Total Flying Hours									
Totals since Last renewal									

(us – under supervision)

- 14.2. SUMMARY OF HOURS FLOWN TO DATE (...../...../.....)  
(Please include the most recent aircraft)

Type Ratings and Experience on Type	TYPE RATING(S)	TOTAL PIC HRS.	TOTAL SIC HRS.	TOTAL HOURS
DATE OF LAST SIM				
DATE OF LAST ACTUAL FLT.				

**15. ENGLISH LANGUAGE PROFICIENCY**

Do you read, speak, write, and understand the English language in accordance with the English language proficiency requirements of 2.2.2 (Part 2) of the Civil Aviation Regulations. YES / NO

**16. DOCUMENTATION OF INCIDENT/ACCIDENT/ENFORCEMENT ACTIONS**

S/N	DATE	INCIDENT	CAA	REMARKS
1.				
2.				
S/N	DATE	ACCIDENT	CAA	REMARKS
1.				
2.				
S/N	DATE	ENFORCEMENT ACTIONS	CAA	REMARKS
1.				
2.				

**DECLARATION**-I hereby declare that I have carefully considered the statement made above and to the best of my belief they are complete and true and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application or fail to disclose on Incidents, Accidents and Enforcement actions, the Authority may refuse to grant me a Pilot License/Validation or may withdraw any Pilot's License/Validation granted, without prejudice to any other action applicable under national law.

**Full Name:**..... **Lic. No.:**.....

.....

.....

**Signature of Applicant**

**Date of Application**



**DUE DILIGENCE CARRIED OUT BY THE AIRLINE**

- 1. NAME OF AIRLINE:.....
- 2. ADDRESS:.....  
 .....  
 .....

3. DOCUMENTATION OF INCIDENT/ACCIDENT/ENFORCEMENT ACTIONS

S/N	DATE	INCIDENT	CAA	REMARKS
1.				
2.				
3				
4				
S/N	DATE	ACCIDENT	CAA	REMARKS
1.				
2.				
3				
4				
S/N	DATE	ENFORCEMENT ACTIONS	CAA	REMARKS
1.				
2.				
3				
4				

4. Letter of Due diligence by operator indicating background check of applicant.

**DECLARATION-** We hereby declare that We have carefully considered the statement made above and to the best of Our belief they are complete and true and that we have not withheld any relevant information or made any misleading statements. We understand that if we have made any false or misleading statements in connection with this application or fail to disclose the supporting documents on Incidents, Accidents and Enforcement actions, the Authority may refuse to grant a Pilot's License/Validation, or may withdraw any Pilot License/Validation granted, without prejudice to any other action applicable under national law.

**Full Name:**..... **Designation:**.....

**Signature**..... **Date**.....



**NIGERIAN CIVIL AVIATION AUTHORITY**

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

**APPLICATION FOR ISSUE/RENEWAL/VALIDATION OF AN AIRLINE TRANSPORT PILOT LICENCE (ATPL/CPL)**

**MEDICAL REQUIREMENTS**  
**(IN CONFIDENCE)**

**This form should be completed and sent confidentially to Aeromedical Standards for the necessary evaluation.**

1 I, hereby apply for the **INITIAL ISSUE/RENEWAL/VALIDATION**

(a) Surname:.....

(b) First name:.....Other name(s).....

2. (a) Residential Address: (b) Postal Address: (c) Employer/Company:  
.....  
.....

3. (a)Private Telephone No.:..... (b) Business Telephone No.....  
(c)Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

7. Have you been medically examined by an Authorised Aviation Medical Examiner (AAME) in accordance with the Nigerian Civil Aviation Regulations (Nig.CAR 2009) and issued a Medical Certificate? YES / NO

8. If so, what Class of medical certificate and date of issue.....

9. Name of Authorised Aviation Medical Examiner (AAME):.....

10. Any limitation on your licence due to a medical condition? Please state if applicable:  
.....

11. Do you have any medical condition you believe that the NCAA should be informed? Please state if applicable:  
.....

12. Information of any incidents, accidents, enforcement actions due to medical issue. Please state if applicable:  
.....

**DECLARATION-** I hereby declare that I have carefully considered the statement made above and to the best of my belief they are complete and true and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application or fail to disclose the medical information, the Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

**Full Name:**..... **Lic. No.:**.....

.....  
**Signature of Applicant** **Date of Application**



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria.

## FOR OFFICIAL USE ONLY

<b>CHECKLIST FOR ISSUE/RENEWAL/CONVERSION/VALIDATION/ENDORSEMENT / INCLUSION OF LICENCES/RATINGS AS CONTAINED IN PEL TGM</b> <b>TICK AS APPROPRIATE:</b> <input type="checkbox"/> <b>√</b> <input type="checkbox"/> <b>or</b> <input type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>or</b> <input type="checkbox"/> <b>N/A</b>	<b>Legend</b> √-Provided X- Not Provided N/A- Not Applicable
---	---

	<b>VETTING</b>
<input type="checkbox"/> The appropriate fees paid and NCAA receipt attached.	<input type="checkbox"/>
<input type="checkbox"/> Identification document: Document relating to proof of age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).	<input type="checkbox"/>
<input type="checkbox"/> Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).	<input type="checkbox"/>
<input type="checkbox"/> Evidence of incident, accident, enforcement actions of any medical condition (if any)	<input type="checkbox"/>
<input type="checkbox"/> Copy of Medical: Medical certificate from authorized NCAA Medical examiner. (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> All personal flying Log Book(s) and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc. (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Knowledge Test Report	<input type="checkbox"/>
<input type="checkbox"/> Skill Test Drills report (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Proficiency /Competency Test Report (if applicable) <input type="checkbox"/> Copy of Last Three Pages of Log Book(Original to be provided for sighting) <input type="checkbox"/> Copy of Valid License	<input type="checkbox"/>
<input type="checkbox"/> Professional Graduation Certificate (copy) - (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Verification of authenticity of foreign licence (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Due diligent documentation by employer <input type="checkbox"/> Background check <input type="checkbox"/> Evidence of incident, accident, enforcement actions (if any)	<input type="checkbox"/>
<input type="checkbox"/> Curriculum Vitae/Resume	<input type="checkbox"/>

<b><u>Verifying Officer</u></b> <b>Name:</b> _____ <b>Title:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____ Forwarded for final approval .      Yes      No Comments if any:.....
---

<p><b><i>I have reviewed this person's application and the required documentation and authorize the issue/Renewal/Conversion/Endorsement of the licence/validation/authorization for final DOL Signature.</i></b></p> <p><b>Name/title and signature or stamp of CAA official who conducted the review</b> _____</p> <p><b>Date: (dd/mm/yyyy)</b> _____</p>
---



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR THE INCLUSION OF A RATING ON A PILOT'S LICENCE (FLYING MACHINE)

I hereby apply to have the ..... type of flying  
machine included in Group..... of the aircraft rating of my  
Pilot's Licence, Number.....

1 (a) Surname:.....  
(b) First name:..... Other name(s).....

2. (a) Residential Address..... (b) Postal Address:.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....  
(c) Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M \_\_\_ F \_\_\_

8. Statement of flying experience on the type of which rating is required : -

- (i) Type conversion training.....hours
- (ii) Second pilot..... hours
- (iii) Previous pilot in charge. ....hours

**DECLARATION-** I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Signature of Applicant**

.....  
**Date of Application**

### PART 1

**CERTIFICATE** (To be completed by each person certifying a flight in respect of that flight).

I, being a person duly authorised in writing by the Director -General of Nigerian Civil Aviation Authority hereby certify that on the date shown, I flew in a .....  
flying machine with .....at the controls and that he carried out  
satisfactorily, under the conditions stated, the manoeuvres and drills specified in the paragraph  
or paragraphs against which my signature appears.

**SECTION 1, MULTI-ENGINE FLYING MACHINES (ITEMS, A,B,C,D AND E ARE EACH EXCLUSIVE i.e. THERE ARE 5 FLIGHT TESTS TO BE COMPLETED**

**A.** By day at maximum landing mass  
all manoeuvres used in normal flight  
including take-off and landing

Date of flight.....  
Reg. No. of Aircraft.....  
.....  
No. of examiner's Licence:-  
.....  
Examiner's Signature.....

**B.** By day at maximum landing mass;  
with one engine inoperative all  
manoeuvres used in normal flight  
including a landing.

Date of flight.....  
Reg. No. of Aircraft.....  
.....  
No. of examiner's Licence:-

.....  
Examiner's Signature.....

**C.** By day at maximum landing mass;  
emergency manoeuvres; including  
(i) simulated engine failure after  
take-off, (ii) approach to stall and  
recovery in both level and blanked  
attitudes and (iii) overshoot with  
one engine inoperative.

Date of flight.....  
Reg. No. of Aircraft.....  
.....  
No. of examiner's Licence:-  
.....  
Examiner's Signature.....

**D.** By night at maximum landing mass;  
all manoeuvres used in normal flight,  
including take-off, and landing.  
Time (GMT) and place of take-off

Date of flight.....  
Reg. No. of Aircraft.....  
.....  
No. of Examiner's Licence:-

.....  
Time (GMT) and place of landing

.....  
Examiner's Signature.....

By night at maximum landing mass;  
with one engine inoperative, all  
manoeuvres used in normal flight;  
including landing.  
Time (GMT) and place of commencement  
of test .....  
Time (GMT) and place of landing.

Date of flight .....  
Reg. No. of Aircraft.....  
No. of Examiner's Licence.....  
Examiner's Signature'.....

**SECTION 2 SINGLE-ENGINED FLYING MACHINES (ITEMS A AND B ARE EACH EXCLUSIVE)**

**A.** All manoeuvres used in normal flight including take-off, overshoot and landing.

Date of flight .....

Reg. No. of Aircraft.....

No. of Examiner's Licence.....

**Examiner's Signature**.....

**B.** Emergency manoeuvres including

- i) Simulated forced land
- ii) recovery from stalls entered from both level and banked attitudes

Date of flight.....

Reg. No. of Aircraft.....

No. of Examiner's Licence .....

Examiner's Signature .....

**PART II**

**CERTIFICATE (TO BE COMPLETED BY EACH PERSON CERTIFYING TAKE-OFF AND LANDINGS)**

I, being a person duly authorised by the Director -General of Nigerian Civil Aviation Authority hereby certify that on the date shown, I flew in a ..... flying machine with ..... at the controls and that he carried out satisfactorily and unassisted the take-offs and landings stated against my signature in this certificate.

Number of Take-off	Number of Landing	Date of flight Aircraft	Reg. No. of Licence No.	Examiner's Licence No.	Examiner's Signature
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**PART III**

**CERTIFICATE (TO BE COMPLETED BY THE PERSON CERTIFYING THE FLYING**

**TEST** I, being a person duly authorised in writing by the Director General of Civil Aviation hereby certify that on the date shown, I flew in a .....  
flying machine with ..... at the controls and that he  
carried out satisfactorily and unassisted all the following manoeuvres:-

- (a) starting procedure and running up;
- (b) taxiing;
- (c) take-off;
- (d) correct action after engine failure after take-off;
- (e) straight and level flying;
- (f) medium and steep turns;
- (g) climbing and descending turns;
- (h) gliding turns;
- (i) stall or approach to the stall and recovery;
- (j) powered approach and landing;
- (k) normal manoeuvres with each engine inoperative.
- (l) approach and landing with one engine inoperative.

Date of flight..... Reg. No. of Aircraft.....

Examiner's Signature..... Licence No.....

Date.....

**Notes on the conduct of tests**

**Notes 1.** Only tests conducted and certified by an authorised examiner(s) will be accepted.

**Notes 2.** The requirement for the tests in part 1 Section 1 (B), (C), and (E) to be conducted at maximum landing weight is to ensure that pilots are capable of making a safe circuit, approach and landing under emergency conditions resulting from loss of power from one engine. In this context the term maximum landing weight means a weight greater than 90% of maximum landing weight. Where, at maximum all up weight, the wing loading of the aeroplane does not exceed 20 lb. per sq. foot or the stalling speed in the landing configuration does not exceed 60 knots, the Department is prepared to accept Certification of the called for in Section (B), (C), and (E) at the unladen weight.

**Notes 3** The term "one engine inoperative" means with the propeller feathered, or with it wind milling and the engine controls adjusted to give the same effect as if the propeller was feathered. In the case of aircraft with non-feathered propellers, the exercise should be carried out with throttled closed.

**Note 4.** An overshoot exercise completed at Part 1 Section 1 E is acceptable in lieu of one done as stated at Part 1 Section 1 C. In which case item C (iii) should be deleted and the words "including overshoot" added by the Examiner at E.

**Note 5.** In Part II a minimum of six take-offs and landings, by day or night, is required.

**INFORMATION AND INSTRUCTIONS:**

*This form when completed should be returned to the Director -General ,Nigerian Civil Aviation Authority, Licensing Section, P. M. B. 2518, Lagos, together with the licence, log book, and relevant fees.*

*Part I of this form must be completed for a Group 1 rating on a professional pilot's licence,*

*Part II for a Group 2 rating on a professional pilot's licence, and Part III for a Group C rating on a private pilot's*

*Licence. For explanatory notes on the conduct of test see page 4.*

*The technical examination and the flying tests may be undertaken in any order but both must have been satisfactory concluded within the 6 months immediately preceding the application for endorsement of the licence.*





# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR ISSUE/RENEWAL OF CABIN CREW LICENCE

- 1 (a) Surname:.....
- (b) First name:..... Other name(s).....
2. (a) Residential Address..... (b) Postal Address:.....
3. (a) Private Telephone No.:..... (b) Business Telephone No.....
- (c) Fax No..... (d) E-mail Address.....
- 4 Place of Birth:..... (5). Date of Birth:.....
6. Nationality:..... (7). Sex: M  F

Employer's Address:-----

-----

Date of Last Recurrent Training:-----

Name of NCAA Authorised Instructor:-----

-----

<u><b>TYPE RATING &amp; EMERGENCY DRILL</b></u>			
Type (s) of Aircraft rated on	Date of last Evacuation	Date of last Ditching	Date of last fire Drill

Date and place of recent medical examination:.....

**REVOCAION OF A CABIN CREW LICENCE**

Have you ever been: -

(a) Disqualified from flying on medical grounds -----

or

(b) The holder of licence/Certificate which has been revoked by any

Contracting State: -----

If yes, state:-

Country of Issue:-----

Type of Licence:-----

Number:-----

I hereby declare that I have carefully considered the statements made above, that to the best of my belief that are complete and correct, and that I have not withheld any relevant information or made any misleading statement.

-----  
Applicant's Signature

-----  
Date of Application

**FOR OFFICIAL USE ONLY:**

1. Has Medical Declaration been made:

2. Date of most recent aircrew medical:-----

3. Date of Electrocardiogram:-----

4. **QUALIFYING EXAMINATION** -----

(a) Aircraft Type:----- Date:----- Mark:-----

(b) General Paper for Cabin Crew Date:----- Mark:-----

5. Have the appropriate fees been paid:----- Date/Receipt No:-----

***INFORMATION AND INSTRUCTIONS:***

*(1) This form when completed should be forwarded to the Director General, Nigerian Civil Aviation Authority, Aviation House, Murtala Muhammed Airport, P.M.B. 21029, 21038 Ikeja, Lagos.. Te l/ Fax: 01-2790421, Website: [www.ncaa.gov.ng](http://www.ncaa.gov.ng); together with the following:*

- (a) The appropriate fees;*
- (b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).*
- (c) Two recent photographs (approximately 2 cm by 2.5cm) taken from the same negative (full face).*
- (d) Medical Certificate from authorized Civil Aviation Medical Examiner.*
- (e) Evidence of qualification to meet the requirement for the issue/renewal of the licence;*
- (f) Any licences held.*

***Issue/Renewal of Licence:***

*You must produce current Emergency drill evidence of evacuation, fire drills and ditching on the type of aircraft you are rated on. This is to be within 12 months prior to renewal application.*

***Type Rating:***

*To retain an aircraft type in your Certificate you are required to undergo a recurrent training during the previous 12 months.*



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR THE INCLUSION OF AIRCRAFT TYPE ON CABIN CREW LICENCE

I hereby apply to have the ..... Aircraft type to be included in my Cabin Crew Licence No.....

- 1 (a) Surname:.....
- (b) First name:..... Other name(s).....
2. (a) Residential Address..... (b) Postal Address:.....
3. (a) Private Telephone No.:..... (b) Business Telephone No.....
- (c) Fax No..... (d) E-mail Address.....
4. Date of Last Recurrent Training:.....

<u><b>TYPE RATING &amp; EMERGENCY DRILL</b></u>			
Type of aircraft rated on	Date of last Evacuation	Date of last Ditching	Date of last fire Drill

The above details are to the best of my knowledge accurate in all aspect.

-----  
**Applicant's Signature**

-----  
**Date of Application**

***INFORMATION AND INSTRUCTIONS:***

*(1) This form when completed should be forwarded to the Director General, Nigerian Civil Aviation Authority, Aviation House, Murtala Muhammed Airport, P.M.B. 21029, 21038 Ikeja, Lagos.. Te l/ Fax: 01-2790421, Website: [www.ncaa.gov.ng](http://www.ncaa.gov.ng); together with the following:*

*(a) The appropriate fees;*

*(d) Medical Certificate from authorized Civil Aviation Medical Examiner.*

*(f) Any licences held.*



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR ISSUE OF A FLIGHT ENGINEER'S LICENCE (FLYING MACHINES)

I hereby apply to have ..... Licence (Flying Machines).

- 1 (a) Surname:.....  
 (b) First name:..... Other name(s).....
2. (a) Residential Address..... (b) Postal Address:.....
3. (a) Private Telephone No.:..... (b) Business Telephone No.....  
 (c) Fax No..... (d) E-mail Address.....
4. Place of Birth:..... (5). Date of Birth:.....
6. Nationality:..... (7). Sex: M  F

Your personal flying log-book MUST be submitted with this application.

1. Total experience as Flight Engineer	Hours Claimed	Qualifying Minima	Official Use
(a) as F./Engineer in charge			
(b) as second F./Engineer			
TOTAL			
2. Recent Flying (within last 12 months)			
(a) as F./Engineer in charge			
(b) as second F Engineer			
TOTAL			

This flying must have been in the twelve months immediately preceding this application.

IV. Aircraft and other ratings.

State aircraft types and other ratings required.

V Date of most recent aircrew medical.

IV. Aircraft and other ratings .

State aircraft types and other ratings required.

**DECLARATION-** I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Signature of Applicant**

.....  
**Date of Application**

**FOR OFFICIAL USE ONLY**

1. Has Medical Declaration been made :-----

2. Date of most recent aircrew medical:-----

3. Date of Electrocardiogram:-----

4. **QUALIFYING EXAMINATIONS:**-----

(a) Flight Test Date:-----Pass/Fail

(b) Airframes and Engines Date:-----Pass/Fail

(c) Aviation Law Flight Rules and Procedures.

Date:-----Mark-----

(d) Navigation. Date :-----Mark -----

Meteorology . Date:-----Mark-----

5. Have the appropriate fees been paid-----



**NIGERIAN CIVIL AVIATION AUTHORITY**

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

**APPLICATION FOR THE RENEWAL OF FLIGHT ENGINEER**

I hereby apply for the RENEWAL of .....

- 1 (a) Surname:.....
- (b) First name:..... Other name(s).....
- 2. (a) Residential Address..... (b) Postal Address:.....
- 3 (a) Private Telephone No.:..... (b) Business Telephone No.....
- (c) Fax No..... (d) E-mail Address.....
- 4. Place of Birth:..... (5). Date of Birth:.....
- 6. Nationality:..... (7). Sex: M \_\_\_ F \_\_\_

**8. FLYING EXPERIENCE DURING TWELVE MONTHS PRECEEDING APPLICATION**

Flight Engineer's Navigator-in-charge	Class	Take-Offs	Landing	Hours
	Landplanes			
Helicopters				
F/Engineer-Navigator Under Supervision  (Log Book to be Countersigned)	Landplanes			
	Seaplanes			
	Helicopters			

- 3. DATE OF LAST SIMULATOR/RECURRENT CHECK: .....
- 4. NAME OF NCAA AUTHORISED EXAMINER:.....



5. TYPE RATING:-----

Type of Aircraft	Date of Last Flight	For Official Use

6. **LOG BOOKS TOTALS**

N.1	N.2
E.1	E.2
Day	
Night	
Totals	

**DECLARATION-** I herby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Signature of Applicant**

.....  
**Date of Application**



**NIGERIAN CIVIL AVIATION AUTHORITY**

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

**INSTRUMENT RATING RENEWAL**

Captain/First Officer: ..... Licence No: ..... Attempt No:.....

ROUTE AND AIRFIELD	Test By Parts	Date Conducted	Aircraft/Simulator		Chock to Chock Times			Result	Examiner's Name and Licence No. (BLOCK CAPITALS)
			Type	Registration	Dep	Arr	Duration		
Turbulence	1								
Nil/Slight/Moderate/Severe	2								
Delete as appropriate	3								

Part I Pre-Flight. Take Off and Climb	REMARKS
1. Instruments/Radios checked and set 2. Instrument/Radio checks whilst taxiing 3. Pre-take off checks (c) 4. Heading control, unstuck, initial climb 5. After take off checks (c) 6. Transition to 'clean' climb 7. Climbing at Recommended power and speed 8. Conforming to clearance: Tracks/Heights 9. Basic I/F 10. Liaison with ATC 11. Use of de-icing equipment	PASS/FAIL

**Part 2 Airways Procedure**

1. Identification of Facilities
2. Intercepting and Holding Tracks
3. Check of Heading Indicator
4. Altimeter setting
5. Conforming to clearance: Tracks/Heights
6. Basic I/F
7. Liaison with ATC including ETAs
8. Use of de-icing equipment


PASS/FAIL

**Part 3 ILS and Missed Approach Procedure**

REMARKS

1. Identification of facilities
2. Approach checks (c)
3. Intermediate procedure
4. Landing checks (c)
5. Altimeter Settings
6. Approach path to Decision Height
7. Action at Critical Height
8. Power adjustment
9. Initial Climb
10. Go around checks (c)
11. Transition to 'clean' climb
12. Climbing at recommended power and speed
13. Conforming to clearance: Tracks/Heights
14. Basic I/F
15. Liaison with ATC
16. Use of de-icing equipment


PASS /FAIL

<p>*SUB-SECTION 'A' (May be taken with any one of Parts 1, 2, or 3) Preliminary and external checks</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>*SUB-SECTION B (May be taken with part 2 or 3) Racetrack holding pattern</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
PASS/FAIL	PASS/FAIL
(c) Denotes that Checklists will be used	*Ring Part Number as applicable
<p>REMARKS AND RECOMMENDATIONS</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>RESULT AND DATE RENEWAL TEST COMPLETED</p> <p>*PASS I/R Certificate Signed *FAIL Candidates advised</p> <p>Examiner's Signature:.....</p> <p style="text-align: right;">Date:.....</p>



**NIGERIAN CIVIL AVIATION AUTHORITY**

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

**APPLICATION FOR ISSUE/RENEWAL OF FLIGHT DISPATCHERS LICENCE**

I hereby apply for the Issue/Renewal ..... Licence

1 (a) Surname:.....  
(b) First name:..... Other name(s).....

2. (a) Residential Address..... (b) Postal Address:.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....  
(c) Fax No..... (d) E-mail Address.....

4. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

8. Qualification.: .....

9. Name of ATO at which instructed:.....

10. (a) Date of last Recurrent Training:.....  
(b) Licence No.:.....(if Applicable)

**TYPE RATING**

Type of Aircraft to be rated on:

- (I)
- (II)
- (III)

The above details are to the best of my knowledge accurate in all aspect.

-----  
**Applicant's Signature**

-----  
**Date of Application**

**FOR OFFICIAL USE ONLY**

**QUALIFYING EXAMINATION**

Part 1:

1. Civil Air law Regulation..... Date:..... Marks Obtained.....

Part 2:

1. Written Technical/Practical Test..... Date:..... Marks Obtained.....

2. Have the appropriate fees been paid.....

Date/Receipt No.:.....

Signature of NCAA Licensing Examiner.....

Date:.....

Comment:.....

***INFORMATION AND INSTRUCTIONS:***

*(1) This form when completed should be forwarded to the Director General, Nigerian Civil Aviation Authority, Aviation House, Murtala Muhammed Airport, P.M.B. 21029, 21038 Ikeja, Lagos.. Te / Fax: 01-2790421, Website: [www.ncaa.gov.ng](http://www.ncaa.gov.ng); together with the following:*

*(a) The appropriate fees;*

*(b) Documents relating to proof of age, date of birth, full name and nationality.*

*(copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).*


*(c) Two recent photographs (approximately 2 cm by 2.5cm) taken from the same negative (full face).*

*(d) Evidence of qualification to meet the requirement for the issue/renewal of the licence;*

*(f) Any licences held.*

***Renewal of Licence:***

*Applicants to attach recurrent training performance report signed by the instructor and record of total hours of cockpit observation within the last 12 months*

	<h2 style="margin: 0;">License, Rating, Authorisation or Validation Certificate Application For Air Traffic Controller - NCAA-O-PEL 013</h2>								
<input type="checkbox"/> Issue		<input type="checkbox"/> Renewal		<input type="checkbox"/> Re-issue		<input type="checkbox"/> Adding rating		<input type="checkbox"/> Adding Authorisation	
<b>I. Application Information</b>									
<input type="checkbox"/> Rating being applied for: <input type="checkbox"/> Aerodrome Control <input type="checkbox"/> Approach Control Procedural <input type="checkbox"/> Approach Control Surveillance					<input type="checkbox"/> Approach Radar Precision Control <input type="checkbox"/> Area Control Procedural <input type="checkbox"/> Area Control Surveillance				
A. Name (Surname, First, Middle)				B. Date of birth (dd/mm/yyyy)		C. Place of birth			
D. Address				E. Nationality			F. Height		
				G. Weight	H. <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Hair	J. Eyes		
K. Do you now hold, or have you ever held a Nigerian or any other CAA license? <input type="checkbox"/> Yes <input type="checkbox"/> No		L. If yes, has license ever been suspended or revoked <input type="checkbox"/> Yes .....date <input type="checkbox"/> No		M. Type of license	O. Date issued (dd/mm/yyyy)				
				N. Number					
P. Do you hold a medical certificate?		Q. Class of certificate		R. Date issued (dd/mm/yyyy)		S. Name of examiner			

<b>II. License, rating, authorisation or validation certificate applied for on basis of</b>			
<input type="checkbox"/> A. Completion of required knowledge test	1. Knowledge test for _____ license/rating successfully completed		2. Date of completion of knowledge test (dd/mm/yyyy)
<input type="checkbox"/> B. Completion of required skill test/proficiency check	1. Aircraft to be used (if applicable)		2a. Total time of logging (If applicable)
<input type="checkbox"/> C. Graduate from integrated course of approved training	1. Name and location of ATO		2. ATO Number
	3. Course from which graduated		4. Date (dd/mm/yyyy)
<input type="checkbox"/> D. Holder of foreign license issued by	1. Country	2. Grade of license	3. Number
	4. Ratings		

<b>III. Applicant's Certification</b>	A. Signature	B. Date (dd/mm/yyyy)
I certify that the statements made by me on this application are true.		

Attachments	Applicant's identification	
<input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Skill Test Report <input type="checkbox"/> Proficiency Check Report (if applicable) <input type="checkbox"/> Notice of Denial <input type="checkbox"/> Letter of Discontinuance <input type="checkbox"/> Graduation Certificate (copy) <input type="checkbox"/> Identification document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> Verification of authenticity of foreign license <input type="checkbox"/> Copy of Foreign Medical	Form of ID _____ Number _____ Expiration date (dd/mm/yyyy) _____ Telephone Number _____	ID Name _____ Date of birth: (dd/mm/yyyy) _____ Email address _____

NCAA Use Only
<p><b><i>I have reviewed this person's application and the required documentation and authorize the issue of the licence/validation/authorisation.</i></b></p>
<p><b>Name/title of CAA official who conducted the review</b> _____</p>
<p><b>Date:</b> (dd/mm/yyyy)</p>



**LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION****INSTRUCTIONS FOR COMPLETION OF NCAA FORM O- PEL -013****I. Application Information** *Check appropriate block(s)***Block A. Name**

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with Nigerian CAR 1.2.1.2). The name on the certificate should be the same as the name on the application.

**Block B. Date of Birth.** Check for accuracy. Enter eight digits. Use numeric characters, i.e.. 20-10-1983 instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

**Block C. Place of Birth.** Enter the city and country where you were born.

**Block D. Address.** Enter residence number and street or P.O.Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

**Block E. Nationality.** Indicate the r nationality from your passport. If you have more than one nationality, indicate them.

**Block F Height.** Enter your height in centimetres.

**Block G. Weight.** Enter your weight in kilograms. No fractions use whole kilograms only.

**Block H.** Check male or female.

**Block I. Hair.** Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or gray. If you wear w wig or toupee, enter the colour of your hair under the wig or toupee.

**Block J. Eyes.** Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or gray.

**Block K. Do you hold, or have you ever held a Nigerian CAA license.** Check yes or no.

**Block L. If yes, has license ever been suspended or revoked.** Check yes or no and indicate the date, if yes.

**Block M. Type of license.** Enter the type of **Block N.**

**Number.** Enter the number as it appears on your license.

**Block O. Date issued.** Enter the date your license was issued.

**Block P. Do you hold a medical certificate?** Check yes or no. If yes complete blocks Q, R and S.

**Block Q. Class of certificate.** Enter the class as shown on the medical certificate i.e. 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> class.

**Block R. Date issued.** Enter the date your medical certificate was issued.

**Block S. Name of examiner.** Enter the name as shown on the medical certificate.

**Block T. Do you speak and understand the English language.** Check yes or no.

**II. License, Rating or validation certificate applied for .****Block A. Completion of required knowledge test**

**1. Knowledge test for license/rating successfully completed.** Indicate which knowledge test has been successfully completed.

**Block B. Graduate from integrated course of approved training.**

**1. Name and location of ATO** (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.

**2. ATO Number.** As shown on the graduation certificate.

**3. Course from which graduated.** As shown on the graduation certificate.

**4. Date.** Date of graduation from indicated course.

**Block C. Holder of a foreign license.**

**1. Country.** Country which issued the license

**2. Type of license.** Type of license issued, i.e. private, commercial, etc.


**3. Number.** Number which appears on the license.

**4. Ratings.** All ratings that appear on the license.

**III. Applicant's Certification**

**A. Signature.** The way you normally sign your name.

**B. Date.** The date you sign the application

	<h2 style="margin: 0;">License, Rating, Authorisation or Validation Certificate Application For Aeronautical Station Operator – NCAA- O-PEL 014</h2>			
<input type="checkbox"/> Issue	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-issue	<input type="checkbox"/> Adding rating	<input type="checkbox"/> Adding Authorisation
<b>I. Application Information</b>				
A. Name (Surname, First, Middle)		B. Date of birth (dd/mm/yyyy)	C. Place of birth	
D. Address		E. Nationality		F. Height
		G. Weight	H. <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Hair
K. Do you now hold, or have you ever held a Nigerian or any other CAA license? <input type="checkbox"/> Yes <input type="checkbox"/> No	L. If yes, has license ever been suspended or revoked <input type="checkbox"/> Yes .....date <input type="checkbox"/> No	M. Type of license	O. Date issued (dd/mm/yyyy)	
		N. Number		
P. Do you hold a medical certificate?	Q. Class of certificate	R. Date issued (dd/mm/yyyy)	S. Name of examiner	

<b>II. License, rating, authorisation or validation certificate applied for on basis of</b>				
<input type="checkbox"/> A. Completion of required knowledge test	1. Knowledge test for _____ license/rating successfully completed		2. Date of completion of knowledge test (dd/mm/yyyy)	
	<input type="checkbox"/> B. Completion of required skill test/proficiency check	1. Aircraft to be used (if applicable)		2a. Total time of logging (If applicable)
<input type="checkbox"/> C. Graduate from integrated course of approved training		1. Name and location of ATO		2. ATO Number
	3. Course from which graduated		4. Date (dd/mm/yyyy)	
<input type="checkbox"/> D. Holder of foreign license issued by	1. Country	2. Grade of license	3. Number	
	4. Ratings			

<p><b>III. Applicant's Certification</b></p> <p>I certify that the statements made by me on this application are true.</p>	<p>A. Signature</p>	<p>B. Date (dd/mm/yyyy)</p>
--	---------------------	-----------------------------

Attachments	Applicant's identification	
<input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Skill Test Report <input type="checkbox"/> Proficiency Check Report (if applicable) <input type="checkbox"/> Notice of Denial <input type="checkbox"/> Letter of Discontinuance <input type="checkbox"/> Graduation Certificate (copy) <input type="checkbox"/> Identification document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> Verification of authenticity of foreign license <input type="checkbox"/> Copy of Foreign Medical	Form of ID _____ Number _____ Expiration date (dd/mm/yyyy) _____ Telephone Number _____	ID Name _____ Date of birth: (dd/mm/yyyy) _____ Email address _____

<p><b>NCAA Use Only</b></p> <p><i>I have reviewed this person's application and the required documentation and authorize the issue of the licence/validation/authorisation.</i></p> <p>Name/title of CAA official who conducted the review _____</p> <p><b>Date:</b> (dd/mm/yyyy)</p>
---

**LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION****INSTRUCTIONS FOR COMPLETION OF NCAA FORM O- PEL 014****I. Application Information** *Check appropriate block(s)***Block A. Name**

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with Nigerian CAR 1.2.1.2). The name on the certificate should be the same as the name on the application.

**Block B. Date of Birth.** Check for accuracy. Enter eight digits. Use numeric characters, i.e. 20-10-1983 instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

**Block C. Place of Birth.** Enter the city and country where you were born.

**Block D. Address.** Enter residence number and street or P.O.Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

**Block E. Nationality.** Indicate the your nationality from your passport. If you have more than one nationality, indicate them.

**Block F Height.** Enter your height in centimetres.

**Block G. Weight.** Enter your weight in kilograms. No fractions use whole kilograms only.

**Block H.** Check male or female.

**Block I. Hair.** Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or gray. If you wear wig or toupee, enter the colour of your hair under the wig or toupee.

**Block J. Eyes.** Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or gray.

**Block K. Do you hold, or have you ever held a Nigerian NCAA license.** Check yes or no.

**Block L. If yes, has license ever been suspended or revoked.** Check yes or no and indicate the date, if yes.

**Block M. Type of license.** Enter the type of **Block N.**

**Number.** Enter the number as it appears on your license.

**Block O. Date issued.** Enter the date your license was issued.

**Block P. Do you hold a medical certificate?** Check yes or no. If yes complete blocks Q, R and S.

**Block Q. Class of certificate.** Enter the class as shown on the medical certificate i.e. 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> class.

**Block R. Date issued.** Enter the date your medical certificate was issued.

**Block S. Name of examiner.** Enter the name as shown on the medical certificate.

**Block T. Do you speak and understand the English language.** Check yes or no.

**II. License, Rating or validation certificate applied for .****Block A. Completion of required knowledge test**

**1. Knowledge test for license/rating successfully completed.** Indicate which knowledge test has been successfully completed.

**Block B. Graduate from integrated course of approved training.**

**1. Name and location of ATO** (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.

**2. ATO Number.** As shown on the graduation certificate.

**3. Course from which graduated.** As shown on the graduation certificate.

**4. Date.** Date of graduation from indicated course.

**Block C. Holder of a foreign license.**

**1. Country.** Country which issued the license

**2. Type of license.** Type of license issued, i.e. private, commercial, etc.

**3. Number.** Number which appears on the license.

**4. Ratings.** All ratings that appear on the license.

**III. Applicant's Certification**

**A. Signature.** The way you normally sign your name.

**B. Date.** The date you sign the application



## Knowledge Test Application For Air Traffic Safety Electronic Personnel Licence – Form-O-PEL 017

### I. Application Information

**Ratings Applied For :**

- Communication Rating
- Navigation Rating
- Surveillance Rating
- AirField Lighting/Visual Landing Systems

A. Name (Surname, First, Middle)		B. Date of birth (dd/mm/yyyy)	C. Place of birth (city/state)
D. Address (street address or apt #, city, country)		E. Nationality:	
		F. Height (cm)	G. Weight: (kg)
		H. <input type="checkbox"/> Male <input type="checkbox"/> Female	
		J. Eyes	
K. Do you now hold, or have you ever held a Nigerian or any other CAA license? <input type="checkbox"/> Yes <input type="checkbox"/> No	L. If yes, has license ever been suspended or revoked <input type="checkbox"/> Yes .....date <input type="checkbox"/> No	M. Type of license	O. Date issued (dd/mm/yyyy)
		N. Number	
T. Do you speak and understand the national language?			

### II. Knowledge Test applied for on basis of

<input type="checkbox"/> A. Graduate from an Aviation Training Organisation	1. Name and location (city, Country) of ATO		2. ATO number
	3. Course from which graduated		4. Date (dd/mm/yyyy)
<input type="checkbox"/> .C Holder of foreign license issued by	1. Country	2. Type of license	3. Number
	4. Ratings		

<b>III. Applicant's Certification</b>		A. Signature	B. Date (dd/mm/yyyy)
I certify that the statements made by me on this application are true.			
<b>NCAA Use Only</b>			
I have reviewed the applicant's identification and authorize this person to take the test.			
Inspectors Signature:		Date: (dd/mm/yyyy)	

<b>Instructor's Endorsement</b>			
I have personally instructed the applicant and consider this person ready to take the test.			
Date: (dd/mm/yyyy)	Instructor's Signature (Print Name and Sign)	Instructor's No.	Instructor Rating expires: (dd/mm/yyyy)
<b>Aviation Training Organisation</b>			
The applicant has successfully completed our _____ approved course, and is recommended for _____ test.			
Date: (dd/mm/yyyy)	ATO name	ATO number	Signature/Title (Print and Sign)

<b>Attachments</b>	<b>Applicant's identification</b>
<input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> ID document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> Verification of authenticity of foreign license	Form of ID _____ ID Name _____ Number _____ Date of birth _____ (mm/dd/yyyy) Expiration date _____ Email address _____ Telephone Number _____

<b>NCAA Report</b>		
<input type="checkbox"/> This applicant has been tested on theoretical knowledge for _____ in accordance with pertinent procedures and requirements with the results indicated below. <i>A copy of the knowledge test report is attached.</i>		
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Date of examination (dd/mm/yyyy)	Time of examination	Location
Signature (Print Name, Title & Sign)		Authorisation No. _____ Authorisation expires (dd/mm/yyyy) _____

**KNOWLEDGE TEST APPLICATION****INSTRUCTIONS FOR COMPLETING NCAA FORM-O-PEL017****I. APPLICATION INFORMATION - Check appropriate block(s).****Block A. Name**

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the CAA that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with Nigerian CAR 1.2.1.2). The name on the certificate should be the same as the name on the application.

**Block B. Date of Birth.** Check for accuracy. Enter eight digits. Use numeric characters, i.e.20-10-1983, instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

**Block C. Place of Birth.** Enter the city and country where you were born.

**Block D. Address.** Enter residence number and street or P.O.Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

**Block E. Nationality.** Indicate your nationality from your passport. If you have more than one nationality, indicate that.

**Block F Height.** Enter your height in centimetres.

**Block G. Weight.** Enter your weight in kilograms. No fractions. Use whole kilograms only.

**Block H.** Check male or female.

**Block I. Hair.** Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or grey. If you wear wig or toupee, enter the colour of your hair under the wig or toupee.

**Block J. Eyes.** Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or grey.

**Block K. Do you hold, or have you ever held a Nigerian or any other CAA license.** Check yes or no.

**Block L. If yes, has license ever been suspended or revoked.** Check yes or no and indicate the date, if yes.

**Block M. Type of license.** Enter the type of license (ATC, AMEL, ASOL, ATSEPL, CCL)

**Block N. Number.** Enter the number as it appears on your license.

**Block O. Date issued.** Enter the date your license was issued.

**Block T. Do you speak and understand the national language.** Check yes or no.

**II. LICENSE, INSTRUMENT RATING OR VALIDATION CERTIFICATE APPLIED FOR ON BASIS OF:****Block A. Graduate of approved course**

- 1. Name and location of ATO** (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.
- 2. ATO number.** As shown on the graduation certificate.
- 3. Course from which graduated.** As shown on the graduation certificate.
- 4. Date.** Date of graduation from indicated course.

**Block B. Holder of a foreign license.**

- 1. Country.** Country that issued the license
- 2. Type of license.** Type of license issued, i.e. private, commercial, etc.
- 3. Number.** Indicate the number that appears on the license.
- 4. Ratings.** Indicate all ratings that appear on the license.

**III. APPLICANT'S CERTIFICATION**

**A. Signature.** The way you normally sign your name.

**B. Date.** The date you sign the application.



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

## APPLICATION FOR PILOT'S TECHNICAL EXAMINATION

1 (a) Surname:.....

(b) First name:..... Other name(s).....

2. (a) Residential Address..... (b) Postal Address:.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....

(c) Fax No..... (d) E-mail Address.....

5. Place of Birth:..... (5). Date of Birth:.....

6. Nationality:..... (7). Sex: M  F

Company's Address:-----  
-----

Company's Chief Pilot:-----

### Particulars Of Licence Held

Category:-----  
(PPL, CPL, ATPL, Etc)

Nigerian Licence No: -----

Date Issued:-----

Category:-----  
(PPL, CPL, Etc)

Foreign Issuing Authority: -----

Licence Number:-----

Date:-----



Last Three Type Ratings: ----- Date-----

-----  
-----

Passed Ncaa Loading? ----- Date:-----

A/C Performance Group?----- Date:-----  
(A, C, D, E, Etc)

**Type Of Examination Required**

(A) Aircraft Type:-----

A/C Model No:-----

Flight Manual Updating:-----

Month Year

(B) PPL:----- (Check Which)

(C) CPL: -----

(D) Loading:-----

(E) Performance:-----

(A, C, D, F, Etc)

**DECLARATION-** I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Signature of Applicant**

.....  
**Date of Application**

**Notice To All Candidates**

I. The NCAA shall only approve forms which have been completely and correctly filled out.

Ii. Examination subjects and time shall be decided by the NCAA.

Iii. The NCAA will provide performance chart for all performance candidates.

Iv. Evidence of successful completion of a ground school or relevant courses must be

Attached to this application for aircraft of all up weight of 5700 kg and above.

V. Evidence of examination fee must be attached.

For The First Time After Ground Course  
Of Aircraft Type Or Licence Examinations.

Recommendation Personnel

Name:----- Signature:-----

Rank:----- Date:-----

(Ground Instructor, Chief Pilot Etc)

**Official Use Only**

Candidates Exam:	Slots	Date	Time
I. Aircraft Type:-----			-----
ii. PPL Gen. Paper:-----			-----
iii. CPL Gen. Paper:-----			-----
Iv. Loading:-----			-----
V. Performance:-----			-----

**Evidence Of Payment**

Fee Paid:-----

Receipt No:-----

Date Of Payment:-----

Copy Of Receipt Is Attached: -----  
Yes/No

Signature:-----

Date:-----



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

## LETTER OF DISCONTINUANCE

Date: \_\_\_\_\_

Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear:

On this date you successfully completed the oral portion of the skill test for a

Licence with an \_\_\_\_\_  
*(Indicate the rating)*

The skill test was discontinued because of \_\_\_\_\_  
*Indicate reason*

If application is made by \_\_\_\_\_  
*(Indicate a dater)*

this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

\_\_\_\_\_  
*Indicate the ATC operations completed on the test*

After \_\_\_\_\_ you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,

Examiner \_\_\_\_\_

Licence No. \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE OF DISAPPROVAL OF APPLICATION**

*(Note: Present this form upon application for re-examination)*

Name and Address of Applicant	Licence of rating sought
On the date shown, you failed the examination indicated below:  Theoretical knowledge <input type="checkbox"/>  Skill <input type="checkbox"/>	
Upon reapplication you will be re-examined on the following:	
I have personally tested this applicant and deem his performance unsatisfactory for the issue of the licence or rating sought	
Date of examination	
Signature of examiner	Examiners Licence No.  Date: .....



**NIGERIAN CIVIL AVIATION AUTHORITY  
DIRECTORATE OF LICENSING  
PERSONNEL LICENSING SECTION**

FORM PEL. 019

**APPLICATION FOR RENEWAL OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE**

Please complete the form in **BLOCKS CAPITALS**

**SECTION A**

**PERSONAL DETAILS**

Licence Number:.....

Surname:.....

First Name:..... Middle Name:.....

Title:..... Date of birth (day/month/year).....

Nationality:..... Place of birth.....

Permanent Address:.....  
.....

Address for correspondence (if different from above):.....  
.....

Telephone Number:..... Alternate Telephone number.....

E-mail:.....

Name and Address of Employer:.....  
.....  
.....

Telephone number:..... Email:.....

Employer's Approval Number:.....  
.....

**SECTION B**

**RENEWAL REQUIREMENTS** (Tick the box that is applicable)

- (a) I have exercised the privileges of my licence on Nigeria registered aircraft for not less than 6 months in the preceding 24 months and as confirmed in Section E.
- (b) I have been engaged in work which is comparable to the duties and privilege of an AME licence, for periods totalling not less than 6 months in the preceding 24 months as confirmed in Section E.
- (c) I have attended seminar by manufacturers or Refresher Course on Aircraft Type or Course related to the duties of AME acceptable to NCAA (copy of course certificate must be attached).

**SECTION C**

**RELEVANT COURSES**

Copies of all relevant manufacturers' courses certificates acquired since last renewal.

When last did you undergo refresher course? (Provide details):

.....

**SECTION D**

**APPLICANT DECLARATION:**

I hereby declare that all statements in this application are true and correct in every particular I have read and understood the Civil Aviation Regulation requirement relevant to this application. I acknowledge that to knowingly make a false statement is an offence against Part 1 of Nigerian Civil Aviation Regulation.

Signature:.....

Date:.....

**SECTION E**

**CERTIFICATION:**

This section must be completed by the Quality Manager of the current employer.

I confirm that the details contained in this application are true in every respect.

Name (Block capitals): ..... Position:.....

Company:..... Lic. Number:.....

Telephone Number:.....

Signature and Stamp:..... Date: .....

**SECTION F**

**FOR OFFICIAL USE ONLY:**

Name of Receiving Officer: .....

Fees Paid:..... Method of Payment: .....

Receipt Number:..... Date Application Received: .....



NIGERIAN CIVIL AVIATION AUTHORITY
DIRECTORATE OF LICENSING
PERSONNEL LICENSING SECTION

FORM : 0-PEL020

AIRCRAFT MAINTENANCE ENGINEER'S LICENCE
(APPLICATION FOR ISSUE, ADDITION OF RATING OR TYPE RATINGS
AND CONVERSION)

NOTE (1): Particulars required for the Issue, Addition of rating or Type ratings and Conversion are to be found in the Nigeria Civil Aviation Regulations Part 2.

NOTE (2): This form must be completed in dark blue or black ink, using block capitals.

PART 1

- 1. SURNAME:
2. FIRST NAME: MIDDLE INITIAL(S)
3. (a) PERMANENT ADDRESS.
(b) ADDRESS (Permanent-For insertion in License).
(c) TELEPHONE NUMBER. E-MAIL ADDRESS.
4. (a) DATE OF BIRTH. PLACE OF BIRTH.
(b) NATIONALITY.
5. NAME OF EMPLOYER.
6. (a) EMPLOYED AT.
(b) EMPLOYED AS.
(c) DATE OF EMPLOYMENT. TELEPHONE NO.
(d) NAME AND ADDRESS OF PREVIOUS EMPLOYER.
EMPLOYED AT. AS. DATE LEFT.

PART 2 (Addition of Rating or Type Ratings)

- 7. APPLICATION FOR (Check one)
BASIC LICENCE [ ] RATING UPGRADE [ ] TYPE [ ]
8. RATING ALREADY HELD.
9. RATING NOW REQUIRED.

PART 3 (FOR NCAA USE ONLY)

Date Application Receive.
Payment (See Processing Form). Receiving Officer Signature.

APPROVED [ ] DISAPPROVED [ ] ASI Signature.

REASON.

**PART 4: (Issue, Addition of Rating or Type Ratings and Conversion)**

9. LICENCE NUMBER:..... DATE ISSUED..... EXPIRY DATE.....

10. State the date of the last Certification made by you under the authority of the above Licence.....

.....

11. Are you conversant with the current Regulations, Airworthiness Directives, Requirements, and Recommendations Appropriate to your License?.....

12. Are you the holder of any Aircraft Maintenance License issued by an Authority OTHER than Nigeria?.....

..... if so then the following:

Issuing authority..... (b) Date of Expiry .....

(c) License Number..... (d) Ratings .....

**PART 5: Practical Maintenance Experience**

13. DUTIES/FUNCTION (State Aircraft Types)	PERIOD Date – FROM/TO	CONFIRMED BY Quality Assurance Manager and Stamp of Quality Assurance Manager

- Attach additional Pages when necessary

14. **APPLICANT DECLARATION:**

I hereby declare that all statements in this application are true and correct in every particular I have read and understood the Civil Aviation Regulation requirement relevant to this application. I acknowledge that to knowingly make a false statement is an offence against Part 1 of Nigerian Civil Aviation Regulations.

Signature:.....

Date:.....





**NIGERIAN CIVIL AVIATION AUTHORITY  
DIRECTORATE OF LICENSING  
PERSONNEL LICENSING SECTION**

FORM: 0-PEL021

**APPLICATION FOR VALIDATION OF AIRCRAFT MAINTENANCE ENGINEER LICENCE**

**Please complete the form in BLOCKS CAPITALS**

**SECTION A**

**PERSONAL DETAILS**

Surname:.....

First Name:..... Middle Name:.....

Sex: Male:  Female:  Date of birth (day/month/year).....

Nationality:..... Place of Birth.....

Permanent Address:.....

.....

Address for correspondence (if different from above):.....

.....

Telephone Number:..... Alternate Telephone number.....

E-mail:.....

Name and Address of Employer:.....

.....

.....

Telephone number:..... Email:.....

Employer's Approval Number:.....

Name and Address of previous employer (If Any).....

.....

**SECTION B**

**FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE INFORMATION**

(a) Licence No..... Date Issued ..... Expiry Date:.....

Airframe engine, Avionics rating/Type ratings on the licence:.....

.....

.....

Country of Issue:..... Issuing Authority:.....

**SECTION C**

**Required ratings to be included in the Validation**

State Aircraft with engines type ratings requested for:

.....  
.....  
.....

**SECTION D**

**COURSE(S) ATTENDED**

State all relevant manufacturer's or other system course attended  
(copies of certified certificate should be attached)

.....  
.....  
.....  
.....

**SECTION E**

**CERTIFICATION:**

This section must be completed by the Quality Manager of the current employer.

I confirm that the details contained in this application are true in every respect.

Name (Block capitals)..... Position:.....

Company:..... Company Lic. number:.....

Telephone number:.....

Signature and stamp: ..... Date:.....

**SECTION F**

**APPLICANT DECLARATION:**

I hereby declare that all statements in this application are true and correct in every particular I have read and understood the Civil Aviation Regulation requirement relevant to this application. I acknowledge that to knowingly make a false statement is an offence against Part 1 of Nigerian Civil Aviation Regulations.

Signature:.....

Date:.....

**SECTION G**

**List of all documents Attached**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

**SECTION H**

**FOR OFFICIAL USE ONLY:**

1. Check that the form is fully completed.....
2. Documents attached checked:.....
3. AME Licence/Certificate attached:.....
4. Required Fees Paid:.....
5. Approved:..... Not Approved.....

Signature ..... Date.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
 AVIATION HOUSE  
 P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

**APPLICATION FOR ISSUE/RE-ISSUE/RENEWAL OF  
 LANGUAGE PROFICIENCY ENDORSEMENT/AUTHORISATION**

FORM: 0-PEL022

(TICK AS APPROPRIATE)

<b>PART 1: PERSONAL INFORMATION</b>				
<b>CANDIDATE</b>				
Name in block letters				
National ID No.				
E-mail address				
Telephone Number		Cell-phone Number		
Licence Number				
Capacity	Pilot	Air Traffic Controller	Aero. Station Operator	
<b>LANGUAGE BACKGROUND</b>				
Nationality				
Native English speaking Country				
Non-Native Country with English as a second Language				
Country with English as a foreign Language (e.g.China, Germany, etc)				
<b>CURRENT EMPLOYMENT</b> - Number of years of service with existing employer ( <i>for foreign nationals only</i> )				
Less than 1 year		Between 1 to 3 years		More than 3 years
<b>EDUCATIONAL BACKGROUND</b> ( <i>Attach copies of relevant certificate</i> )				
	<b>Schools Attended</b>	<b>Address</b>	<b>Qualification</b>	<b>Year</b>
1	Secondary ( <i>with minimum credit in English</i> )			
2	Post Secondary			

	<b>Schools Attended</b>	<b>Address</b>	<b>Qualification</b>	<b>Year</b>
3	University/College ( <i>with English as the medium of Instruction</i> )			
4	Other Certificates ( <i>with English as medium of instruction</i> )			

**LANGUAGE PROFICIENCY TRAINING/TESTING WITH DATES**

<b>Course Name/TSP</b>	<b>Place</b>	<b>Duration</b>

**PROFESSIONAL BACKGROUND IN AVIATION**

<b>Period of Service</b>	<b>Employer</b>	<b>Position/Title</b>

**ANY OTHER RELEVANT INFORMATION**

**DECLARATION BY APPLICANT**

I declare that the information provided above is true to the best of my knowledge. I have attached as evidence a copy of the Certificate(s) as applicable above.

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE**



## NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M.B. 21029, 21038, Ikeja, Lagos, Nigeria

**PART 1: RATING REPORT** *(To be completed by Raters/Examiners)*

**LANGUAGE PROFICIENCY TEST DETAILS**

Initials		Revalidation			
Place of Test					
<b>ICAO LANGUAGE RATING SCALE</b>		<b>Overall Test Result</b>	<b>Duration of Validity</b>	<b>Date of Test</b>	<b>Expiration Date of Rating</b>
Expert	Level 6		Permanent		
Extended	Level 5		6 years		
Operational	Level 4		3 years		
Pre-Operational	Level 3		Not yet competent. Recommended that the applicant should attend an English Language course prior to re-testing (Re-test in not less than 90 days)		
Elementary	Level 2				
Preliminary	Level 1				

**Level of Proficiency Rated in each Area of Linguistic Descriptors**

Pronunciation	Structure	Vocabulary	Fluency	Comprehension	Interactions

**TESTING CENTRE AND RATER/EXAMINER DETAILS**

Name of Testing Centre	
Approval Number	
Business Number	Fax No.
Cellular Phone No.	E-mail Address

**RATER/EXAMINER**

Name & Signature of Language Expert <i>(use Block letters)</i>		<b>DATE</b>
Approval No.		
Business Phone No.	Fax No.	
Cellular Phone No.	E-mail Address	

Name & Signature of Operational/Subject Matter Expert <i>(use Block letters)</i>		<b>DATE</b>
Approval No.		
Business Phone No.	Fax No.	
Cellular Phone No.	E-mail Address	

**PART 2: FEEDBACK SECTION**

**PRONUNCIATION**

Weakness

Recommendation

**STRUCTURE**

Weakness

Recommendation

**VOCABULARY**

Weakness

Recommendation

**FLUENCY**

Weakness

Recommendation

**COMPREHENSION**

Weakness

Recommendation

**INTERACTION**

Weakness

Recommendation

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF LANGUAGE EXPERT	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF OPERATIONAL EXPERT/ SUBJECT MATTER EXPERT	NAME IN BLOCK LETTERS	DATE



# NIGERIAN CIVIL AVIATION AUTHORITY

## DIRECTORATE OF LICENSING PERSONNEL LICENSING SECTION

### AVIATION ENGLISH COMPETENCY TEST CANDIDATE'S ASSESSMENT FORM

Name of Candidate: \_\_\_\_\_

Licence No. \_\_\_\_\_

\*Candidate: Pilot/Air Traffic Controller/Aeronautical Station Operator

No.	Language Area	ICAO Levels	Tick as Appropriate <input checked="" type="checkbox"/>	Remarks (if any)
1	Pronunciation	Level 6		
		Level 5		
		Level 4		
		Level 3		
		Level 2		
		Level 1		
2.	Structure	Level 6		
		Level 5		
		Level 4		
		Level 3		
		Level 2		
		Level 1		
3	Vocabulary	Level 6		
		Level 5		
		Level 4		
		Level 3		
		Level 2		



		Level 1		
4.	Fluency	Level 6		
		Level 5		
		Level 4		
		Level 3		
		Level 2		
		Level 1		

6	Interaction	Level 6		
		Level 5		
		Level 4		
		Level 3		
		Level 2		
		Level 1		
Candidate's Level: _____				

Delete as appropriate

We have evaluated the \*Pilot/Air Traffic Controller/Aeronautical Station Operator named above and placed him/her at Level \_\_\_\_\_

Examiner 1 \_\_\_\_\_

Signature \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner 2 \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Additional remarks (if any) \_\_\_\_\_

**Procedure:**

1. Start by choosing two or three levels (e.g. Level 4 and 5) which you think the candidate falls into and then eliminate the levels that do not apply until you have one left.
2. The overall rating should reflect the level reached in the candidate's weakest area. Failure to comply with descriptors in one category (e.g. Pronunciation, Structure, etc) in one level indicates that the next lower level should be awarded. That is, a person's proficiency rating level is determined by the lowest rating level assigned in any particular category. Thus, an individual must demonstrate proficiency at Level 4 in all categories in order to receive Level 4 (TGM, Para 5.3.3).



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

## NOTIFICATION OF ACCESS TO AIRCRAFT

Notification No.:

Pursuant to the Nigeria Civil Aviation Authority Regulations, access to Aircraft is being notified for the person herein named. Please issue a ticket On <input type="checkbox"/> must fly <input type="checkbox"/> space available basis.			INSPECTOR'S NAME-PRINT
NAME OF OPERATOR			INSPECTOR'S TITLE
DATE:	TIME:	FLIGHT NO.	HEADQUARTERS (City and State)
ROUTE(S)			DENTIAL NO.
FROM	TO		
PURPOSE: COCKPIT / CABIN – EN-ROUTE INSPECTION			INSPECTOR'S SIGNATURE
APPROVED BY:			DOL/GM-LICENSING











**PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)**

Form: O-PEL-026

<b>Prospective ATO Pre-Assessment Statement (PATOPS)</b> <b>(To be completed by an applicant for an ATO Certificate)</b>				
<b>Section 1A. Name and Key Personnel</b>				
1 Name and mailing address of company (include business name if different from Company name).			2 Address of the principal (main) base where Trainings will be conducted.	
3 Address of Satellite Location for the conduct of Specific training.			4 Training Specifications requested at each Satellite Location:	
5. Proposed Start-up Date:		6. Requested company identifier in order of preference. (1) (2) (3)		
<b>7. Management and Key Personnel.</b>				
Name (Surname/First/Middle Initial)			Proposed position in the ATO	Telephone & address (if different from company include country code)
Surname	First Name	MI		
			Accountable Manager	
			Chief Instructor	
			Quality Manager	
<b>Section 1B. Proposed Courses of Instruction</b>				
8. Applicant intends to conduct: (Tick as required)				
<input type="checkbox"/> Pilot Training with Level 1 Flight Training Specifications				
<input type="checkbox"/> Pilot Training with Level 2 Flight Training Specifications				
<input type="checkbox"/> Aircraft Maintenance Personnel Training				
<input type="checkbox"/> Flight Dispatchers Training				
<input type="checkbox"/> Air Traffic Services Training				
<input type="checkbox"/> Cabin Crew Training				
<input type="checkbox"/> Aviation Security Personnel Training				
<input type="checkbox"/> Ground Services Personnel Training				
<input type="checkbox"/> Material Handler Training				
<input type="checkbox"/> _____ Training * as an ATO(*Specify training)				
<b>Section 1C. Aircraft and Simulator Information (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO).</b>				
9. Aircraft Data:			Simulator Information	
			[Authority Assigned ID]:	
Aircraft Type.	Number of Aircraft Type		Make, model and series of aircraft being simulated	Qualification level Assigned



<b>SECTION 1D. Additional Information</b>		
10. Additional information that provides a better understanding of the proposed operation or business (Attached additional sheets, if necessary).		
11. Proposed Training (Aircraft and / or Simulator)		
12. The statement and information contained on this form denotes an intention to apply for an Authority Certificate for the operation of an ATO.		
Name and Title (Block Letters)	Signature	Date (dd/mm/yy)
<b>SECTION 2. To be completed By Director of Licensing Standards Office.</b>		
Received by (Name and Office):		Date received (dd/mm/yy)
Assigned Project Manager:		
Date forwarded to General Manager Licensing Inspectorate (dd/mm/yy)		For: <input type="checkbox"/> Action. <input type="checkbox"/> Information only.
Remarks:		
<b>SECTION 3. To be completed by the General Manager Licensing Inspectorate</b>		
Received by:		Date (dd/mm/yy)
Pre-application Number:	Assigned Certification Number:	
Assigned PLI	Date:	
Remarks:		



APPLICATION FOR AN APPROVED TRAINING ORGANISATION CERTIFICATE

APPLICATION FOR ISSUE, RENEWAL, OR VARIATION OF AN APPROVED TRAINING ORGANISATION CERTIFICATE	
Tick as Appropriate: <input type="checkbox"/> Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Variation	
<b>SECTION 1</b>	
<b>1. NAME AND ADDRESS OF ATO</b>	
(a). Name and Mailing address of company (Include business name if different from company name)	(b). Address of the principal (main) base where operation will be conducted)
(c). Name and Address of Satellite 1	(d) Name and Address of Satellite 2
<b>2. MANAGEMENT PERSONNEL</b>	
Name	Management Position
<b>3. TYPES OF TRAINING COURSES AND LOCATION</b>	
Specific Training Course(S)	Training Location (Main Base Or Satellite By Name)
<b>4. APPENDICES</b>	
Details of training curricula, training equipment, training facilities, qualifications of training and testing personnel, evaluation plans, record keeping system and quality control system are described in the following Appendices to this application as shown by the ticked box	
<b>Subject</b>	<b>Appendix</b>
Proposed Training Curricula/Syllabuses and Courseware	
<input checked="" type="checkbox"/> Training Equipment/Device	
<input checked="" type="checkbox"/> Aircraft	
<input checked="" type="checkbox"/> Training Facilities	
<input checked="" type="checkbox"/> Qualifications of Instructors, Examiners and Quality Control Personnel	
<input checked="" type="checkbox"/> Evaluation Plans	
<input checked="" type="checkbox"/> Recordkeeping System	
<input checked="" type="checkbox"/> Quality Control System	



*Referenced to Nigerian Regulations*

5. ATTACHMENTS AND ADDITIONAL INFORMATION	
Accompanying Attachments	Attachment
<input type="checkbox"/> Training Procedure Manual	
<input type="checkbox"/> List of Training Functions	
<input type="checkbox"/> Schedule of Events	
<input type="checkbox"/> Statement of \compliance	
<input type="checkbox"/> Documents of Purchase, Leases, Contracts or Letters of intent	
<input type="checkbox"/> Resume of Management Personnel	
<input type="checkbox"/> Vital information Data Forms	
<b>Additional information</b>	
<b>6. STATEMENT OF ACCOUNTABLE MANAGER</b>	
<p>The details in this form, its Appendices and accompanying documents are in support of my (our) application for an Approved training Organisation Certificate. I (We) shall notify the Authority within 10 working days of any change made in the assignment of persons to the management positions in the ATO.</p> <p>Name ____ Position ____ Signature _____ Date _____</p> <p>Name _____ Position _____ Signature _____ Date _____</p>	
<b>SECTION 2 - TO BE COMPLETED BY THE AUTHORITY OFFICE</b>	
Acceptance or Denial	
<input type="checkbox"/> Application Accepted	<input type="checkbox"/> Application Denied – Reasons for Denial
<p><i>Note: Acceptance of this application does not constitute approval or acceptance of individual Appendices or Attachments which will be evaluated during the certification phases</i></p>	
<b>Recommendations</b>	
Licensing Inspector _____ Signature _____ Date _____	
Operations Inspector _____ Signature _____ Date _____	
Airworthiness Inspector _____ Signature _____ Date _____	



### Biographical Data

<b>MANAGEMENT PERSONNEL BIOGRAPHICAL DATA</b> (To be completed by the Nominee)			
1. Company name:		2. Company address:	
3. Name of nominee:		4. Position:	
5. Address of Nominee:			
6. Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contracted - Full Time <input type="checkbox"/> Contracted – Part Time			
7. Qualifications relevant to item (4) position (Tick here <input type="checkbox"/> if information is continued on reverse side of this form)		Date From	Date To
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
8. Work experience relevant to item (4) position:		Date From	Date To
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9. I ..... hereby confirm that (Print Name in full)			
(a) I have not;			
(i) held a certificate or aviation document issued by a civil aviation Authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor			
(ii) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation Authority			
(b) The information provided on this form is true and correct to the best of my knowledge.			
Signature:.....		Date:.....	
<b>10. For NCAA Official Use Only</b>			
Received By:			
Name:.....		Position: .....	
Signature:.....		Date: .....	
Attach copies of certificates/proof of experience to this form in support of information supplied.			
<b>FORM:O-PEL-026B</b>			



**WEATHER CONDITION**

Turbulence Factor

Nil / Slight / Moderate / Severe

**FORM # O-PEL -057**

**NIGERIAN CIVIL AVIATION AUTHORITY**

**INITIAL INSTRUMENT FLIGHT TEST**

Attempt No. ....

Candidate's Name: .....  
(IN FULL)

Address: .....

.....

Type of Licence Held: .....

Licence No. ....

Date of Test: .....

Base

ROUTE AND AIRFIELD

RESULT AND DATE TEST COMPLETED

\*PASS

\*FAIL

REMARKS AND RECOMMENDATIONS

Examiner's Signature: .....

Date:.....

\*Delete as applicable

Test By Sections	Aircraft Chok to Chok Times					Examiners Result (BLOCK CAPITALS)	Name and Licence No.
	Type	Regn.	Dep.	Arr.	Duration		
1							
2							
3							
4							
5							

<b>SECTION 1</b>		
<b>DEPARTURE PROCEDURE</b>		
1. Pre-departure drills/checks		
2. Taxing, including checks		
3. Attention to Weather Minima		
4. Take-off procedure to 50ft.		
5. After take-off drills/checks		
6. Altimeter settings		
7. Departure procedure		
8. ATC liaison and compliance		
9. Basic Instrument Flying		
10. Ice protection		PASS / FAIL
<b>SECTION 2</b>		
<b>AIRWAYS PROCEDURE</b>		
1. Identification of facilities		
2. Cruise drills/checks		
3. Altimeter settings		
4. Tracking		
5. Flight level/altitude		
6. ATC liaison and compliance		
7. Basic Instrument Flying		
8. Ice protection		PASS /
		FAIL
<b>SECTION 3</b>		
<b>ILS APPROACH</b>		
1. Identification of facilities		
2. Approach/landing drills/checks		
3. Altimeter settings		
4. Horizontal pattern		
5. Vertical pattern		
6. Basic Instrument Flying		
7. ATC liaison and compliance		
8. Ice protection		
9. Overshoot action		
10. Missed approach procedure		PASS / FAIL
<b>SECTION 4</b>		
<b>NDB/VDF/VOR APPROACH</b>		
1. Identification of facilities		
2. Approach/landing drills/checks		
3. Altimeter settings		
4. Horizontal pattern		
5. Vertical pattern		
6. Approach timing		
7. Basic Instrument Flying		
8. ATC liaison and compliance		
9. Ice protection		
+10.Overshoot action		
+11. Missed approach procedure		PASS / FAIL

<b>SECTION 5</b>		
<b>ASYMMECTRIC FLIGHT</b>		
1. Identification of failed engine		
2. Control of aircraft		
3. Touch drills		
4. Trimming and ancillaries		
5. Straight climb at rec. : SE speed		
6. Turns at rec. : SE speed		
7. Straight and level at SE speed		
8. Basic Instrument Flying		PASS / FAIL
<b>SUB-SECTION 'A'</b> <b>(May be taken with any one of Sections, 1, 2, 3, or 4)</b>		
Preliminary and External Checks		PASS / FAIL
<b>*SUB-SECTION 'B'</b>		
(May be taken with any one of Sections 1, 2, 3, or 4)		
Racetrack Holding Pattern		PASS / FAIL
<b>SUB-SECTION 'C'</b> <b>LIMITED PANEL (PPL only)</b>		
1. Straight and level		
2. Turns onto given headings		
3. Recovery from approach to stall		
4. Recovery from unusual attitudes Including sustained 45 bank Turns and steep descending turns		PASS / FAIL

**\*Ring Section Number as applicable**  
**+Delete as necessary**

**ASSESSMENT**

1. A fail recorded in more than one Section, requires a complete retest.
2. A fail recorded in either Section 1 or Section 5 only, requires a retest in those Sections.
3. A fail recorded in Section 2 only, requires a retest in that Section together with Section 3.
4. A fail recorded in either Section 3 or 4 only, requires a retest in that Section together with Section 2.



**TECHNICAL GUIDANCE MATERIALS**

**VOLUME 2**

**PART II**

**AEROMEDICAL HANDBOOK**



# **TECHNICAL GUIDANCE MATERIAL**

## **Introduction**

**Technical Guidance Material includes Inspector Manual for Civil Aviation Operations, Airworthiness and Personnel Licensing Inspectorate Personnel.**

**These Manuals provide mandatory directions, information and procedures to the Authority's inspectors and officers in the certification, surveillance, audit and regulation enforcement duties. The Manuals are publicly available in the interests of transparency and to provide further advice to industry in its dealings with the Authority.**

**For ease of use the Inspector Manuals are grouped in four areas general and those relating to each specialty (i.e. Personnel Licensing, Aeromedical, Operations and Airworthiness). The general Manual are those cutting across specialties and provides information of a general nature relating to all.**

# **TECHNICAL GUIDANCE MATERIAL**


## **PREFACE**

This manual is one in the set of manuals forming the Nigerian Civil Aviation Authority's, Aeromedical internal documentation set. This manual is produced to provide the information, policy and procedures needed to perform the tasks as required by the Civil Aviation Act and the Nigeria Civil Aviation Regulations.

This volume of the manual has been prepared for the use and guidance of Aeromedical Aviation Safety Inspectors in the performance of their duties. I require all staff to use this manual in the performance of their duties. However, it is emphasized that all matters pertaining to an inspector's duties and responsibilities cannot be covered in this manual. Inspectors are expected to use good judgment in matters where specific guidance has not been given.

The manual is dynamic documents. As a result of experience, changes in legislation and within the industry, as well as new technology, there may be the need for amendments. I encourage the contribution of comments and recommendations for revision/amendment action to this publication for the improvement of its content.

The Director General, identified in the footer of this manual, is accountable for approving the contents and amendments of this manual.



**Capt. Muhtar Usman**  
**Director General, NCAA**



**LIST OF EFFECTIVE PAGES**

**AEROMEDICAL HANDBOOK**

CHAPTER ONE	PAGE	EFFECTIVE DATE
	1 OF 7	15TH DEC 2015
	2 OF 7	15TH DEC 2015
	3 OF 7	15TH DEC 2015
	4 OF 7	15TH DEC 2015
	5 OF 7	15TH DEC 2015
	6 OF 7	15TH DEC 2015
	7 OF 7	15TH DEC 2015

CHAPTER FIVE	PAGE	EFFECTIVE DATE
	1 OF 2	26th April 2010
	2 OF 2	26th April 2010

CHAPTER SIX	PAGE	EFFECTIVE DATE
	1 OF 2	26th April 2010
	2 OF 2	26th April 2010

CHAPTER TWO	PAGE	EFFECTIVE DATE
	1 OF 7	26th April 2010
	2 OF 7	26th April 2010
	3 OF 7	26th April 2010
	4 OF 7	26th April 2010
	5 OF 7	26th April 2010
	6 OF 7	26th April 2010
	7 OF 7	26th April 2010

CHAPTER SEVEN	PAGE	EFFECTIVE DATE
	1 OF 1	26th April 2010

CHAPTER EIGHT	PAGE	EFFECTIVE DATE
	1 OF 1	26th April 2010

CHAPTER THREE	PAGE	EFFECTIVE DATE
	1 OF 12	26th April 2010
	2 OF 12	26th April 2010
	3 OF 12	26th April 2010
	4 OF 12	26th April 2010
	5 OF 12	26th April 2010
	6 OF 12	26th April 2010
	7 OF 12	26th April 2010
	8 OF 12	26th April 2010
	9 OF 12	26th April 2010
	10 OF 12	26th April 2010
	11 OF 12	26th April 2010
	12 OF 12	26th April 2010

CHAPTER NINE	PAGE	EFFECTIVE DATE
	1 OF 5	26th April 2010
	2 OF 5	26th April 2010
	3 OF 5	26th April 2010
	4 OF 5	26th April 2010
	5 OF 5	26th April 2010

CHAPTER TEN	PAGE	EFFECTIVE DATE
	1 OF 2	26th April 2010
	2 OF 2	26th April 2010

CHAPTER ELEVEN	PAGE	EFFECTIVE DATE
	1 OF 3	26th April 2010
	2 OF 3	26th April 2010
	3 OF 3	26th April 2010

CHAPTER FOUR	PAGE	EFFECTIVE DATE
	1 OF 3	26th April 2010
	2 OF 3	26th April 2010
	3 OF 3	26th April 2010



<b>CHAPTER TWELVE</b>	<b>PAGE</b>	<b>EFFECTIVE DATE</b>
	1 OF 5	26th April 2010
	2 OF 5	26th April 2010
	3 OF 5	26th April 2010
	4 OF 5	26th April 2010
	5 OF 5	26th April 2010

<b>CHAPTER THIRTEEN</b>	<b>PAGE</b>	<b>EFFECTIVE DATE</b>
	1 OF 5	15TH DEC 2015
	2 OF 5	15TH DEC 2015
	3 OF 5	15TH DEC 2015
	4 OF 5	15TH DEC 2015
	5 OF 5	15TH DEC 2015





**AEROMEDICAL CHECKLISTS**

CL:O-MED001 .....	Page 1	15th December 2015
CL:O- MED002 .....	Page 8	26th April 2010
CL:O- MED003 .....	Page 9	26th April 2010
CL:O- MED004 .....	Page 19	26th April 2010
CL:O- MED005 .....	Page 22	26th April 2010
CL:O- MED006 .....	Page 29	26th April 2010
CL:O- MED007 .....	Page 30	26th April 2010
CL:O- MED008 .....	Page 41	26th April 2010
CL:O- MED009 .....	Page 45	4th February 2014
CL:O- MED010 .....	Page 49	4th February 2014
CL:O- MED011 .....	Page 55	4th February 2014
CL:O- MED012 .....	Page 58	4th February 2014
CL:O- MED013 .....	Page 59	4th February 2014
CL:O- MED014 .....	Page 60	4th February 2014
CL:O- MED015 .....	Page 63	4th February 2014
CL:O- MED016 .....	Page 67	4th February 2014
CL:O- MED017 .....	Page 72	4th February 2014
CL:O- MED018 .....	Page 77	4th February 2014
CL:O- MED019 .....	Page 89	4th February 2014
CL:O- MED020 .....	Page 93	4th February 2014
CL:O- MED021 .....	Page 94	4th February 2014
CL:O- MED022 .....	Page 99	4th February 2014
CL:O- MED023 .....	Page 103	4th February 2014
CL:O- MED024 .....	Page 107	4th February 2015
CL:O- MED025 .....	Page 109	4th February 2015
CL:O- MED026 .....	Page 112	15th December 2015

**AEROMEDICAL FORMS**

Form: O-MED001.....	Page 1	26th April 2010
Form: O-MED002.....	Page 2	26th April 2010
Form: O-MED003.....	Page 3	26th April 2010
Form: O-MED004.....	Page 4	26th April 2010
Form: O-MED005.....	Page 5	26th April 2010
Form: O-MED006.....	Page 6	26th April 2010
Form: O-MED007.....	Page 7	26th April 2010
Form: O-MED008.....	Page 10	26th April 2010
Form: O-MED009.....	Page 12	26th April 2010
Form: O-MED010.....	Page 15	26th April 2010
Form: O-MED011.....	Page 16	26th April 2010
Form: O-MED012.....	Page 17	4th February 2014
Form: O-MED013.....	Page 18	4th February 2014
Form: O-MED014.....	Page 21	4th February 2014
Form: O-MED015.....	Page 22	4th February 2014
Form: O-MED016.....	Page 24	15th December 2015
Form: O-MED017.....	Page 25	4th February 2014
Form: O-MED018.....	Page 27	15th December 2015



## TABLE OF CONTENT

### PERSONNEL LICENSING (AEROMEDICAL) VOLUME 2 PART II

#### CHAPTER 1

---

##### PROCEDURE FOR THE AUTHORISATION OF AUTHORISED AVIATION MEDICAL EXAMINER (AAME)

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7

#### CHAPTER 2

---

##### ISSUE, RENEWAL OR RE-ISSUE OF A MEDICAL CERTIFICATE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	7
5.0	FUTURE ACTIVITIES	7

#### CHAPTER 3

---

##### ALCOHOL AND PSYCHOACTIVE SUBSTANCE ABUSE POLICY

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	12
5.0	FUTURE ACTIVITIES	12

#### CHAPTER 4

---

##### PROCEDURES FOR EVALUATION OF BORDERLINE CERTIFICATION CASE

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	RESULTS	3
5.0	FUTURE ACTIVITIES	3



---

**CHAPTER 5**

---

**PROCEDURE FOR ON BOARD INSPECTION OF FIRST AID AND MEDICAL KITS**

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1

---

**CHAPTER 6**

---

**AIRPORT EMERGENCY MEDICAL PREPAREDNESS, AIRCRAFT ACCIDENT INVESTIGATION AND GENERAL RULES TO BE OBSERVED IN HANDLING AIRCRAFT ACCIDENT CASUALTIES**

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1

---

**CHAPTER 7**

---

**MEDICAL ASSESSMENT & PREGNANCY**

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1

---

**CHAPTER 8**

---

**PROCEDURE FOR THE APPEAL OF AEROMEDICAL DECISIONS**

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1

---

**CHAPTER 9**

---

**HUMAN IMMUNODEFICIENCY VIRUS ( HIV ) PROTOCOL**

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1





---

## CHAPTER 10

---

### OTHER MEDICAL CONDITIONS

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1

---

## CHAPTER 11

---

### USE OF MEDICATION, DRUGS AND OTHER TREATMENTS

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1
4.0	LIST OF SOME MEDICATIONS FOR TREATMENT OF HYPERTENSIVE AIRCREW	3

---

## CHAPTER 12

---

### AIR AMBULANCE SERVICES

1.0	PURPOSE	1
2.0	REFERENCES	1
3.0	GUIDANCE AND PROCEDURES	1

---

## CHAPTER 13

---

### ORGANOGRAM, FUNCTIONS AND RESPONSIBILITIES

1.0	ORGANOGRAM	1
-----	------------	---



## **AEROMEDICAL CHECKLIST**

---

<b>CL: O-MED001</b> FACILITY INSPECTION OF AN AUTHORISED AVIATION MEDICAL EXAMINER	1
<b>CL: O-MED002</b> DESIGNATION/RE-DESIGNATION OF AUTHORISED AVIATION MEDICAL EXAMINERS (AAME's)	8
<b>CL: O-MED003</b> INSPECTION OF AN AIRPORT FOR EMERGENCY MEDICAL PREPAREDNESS	9
<b>CL: O-MED004</b> IDENTIFICATION FORM: INJURED VICTIMS	19
<b>CL: O-MED005</b> IDENTIFICATION FORM: FATALITIES	22
<b>CL: O-MED006</b> AAME GUIDANCE CHECKLIST – DIABETES MELLITUS	29
<b>CL: O-MED007</b> AEROMEDICAL CONFIDENTIAL VOLUNTARY INCIDENT REPORTING	30
<b>CL: O-MED008</b> ON-BOARD MEDICAL KITS INSPECTION	41
<b>CL: O-MED009</b> TOWER FAMILARIZATION VISIT	45
<b>CL: O-MED010</b> TRACON VISIT	49
<b>CL: O-MED011</b> COCKPIT FAMILARIZATION FLIGHT	55
<b>CL: O-MED012</b> INSPECTION OF COMPANIES OFFERING CATERING SERVICES TO HAJJ OPERATORS IN NIGERIA	58
<b>CL: O-MED013</b> FUNCTIONAL HEARING ASSESMENT FOR PILOTS.	59
<b>CL: O-MED014</b> ATCO OPERATIONAL SPEECH DISCRIMINATION TEST	60



<b>CL: O-MED015</b> MEDICAL (FUNCTIONALITY) FLIGHT	63
<b>CL: O-MED016</b> SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL	67
<b>CL: O-MED017</b> SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL WATER SOURCE (TREATMENT PLANT)	72
<b>CL: O-MED018</b> SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL WATER CONVEYANCE VEHICLE AND TRANSFER POINT	77
<b>CL: O-MED019</b> INSPECTION OF COMPANIES OFFERING IN-FLIGHT CATERING SERVICES IN NIGERIA	89
<b>CL: O-MED020</b> SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL AIRCRAFT WATER SYSTEM	93
<b>CL: O-MED021</b> GUIDANCE NOTES (AEROMEDICAL) WATER SAFETY PLAN (WSP)	94
<b>CL: O-MED022</b> SUPPLIERS OF WATER FOR TOILETS IN AIRCRAFTS OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL WATER CONVEYANCE VEHICLE AND TRANSFER POINT	99
<b>CL: O-MED023</b> SUPPLIERS OF WATER FOR TOILETS IN AIRCRAFTS OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL	103
<b>CL: O-MED024</b> MEDICAL FLIGHT TEST REPORT	107
<b>CL: O-MED025</b> MEDICAL FLIGHT TEST REPORT SUBSTANDARD VISION IN ONE EYE	109
<b>CL: O-MED026</b> AIRCREW MEDICAL FUNCTIONALITY CHECK FOR MORBID OBESITY	112



## AEROMEDICAL FORMS

---

<b>FORM: O-MED001</b> APPLICATION FORM FOR A MEDICAL CERTIFICATE	1
<b>FORM: O-MED002</b> MEDICAL CERTIFICATE	2
<b>FORM: O-MED003</b> OTORHINOLARYNGOLOGY EXAMINATION REPORT	3
<b>FORM: O-MED004</b> MEDICAL EXAMINATION REPORT	4
<b>FORM: O-MED005</b> OPHTHALMOLOGY EXAMINATION REPORT	5
<b>FORM: O-MED006</b> PROTOCOL FOR ALCOHOL/PSYCHOACTIVE SUBSTANCES ASSESSMENT	6
<b>FORM: O-MED007</b> ALCOHOL/PSYCHOACTIVE SUBSTANCES ASSESSMENT PROCEDURE FORM	7
<b>FORM: O-MED008</b> ALCOHOL TESTING FORM	10
<b>FORM: O-MED009</b> APPLICATION FORM FOR APPOINTMENT AS AN AUTHORISED AVIATION MEDICAL EXAMINER (AMME)	12
<b>FORM: O-MED010</b> EMPLOYEE AUTHORIZATION FORM	15
<b>FORM: O-MED011</b> DRUG AND ALCOHOL DECLARATION FORM	16
<b>FORM: O-MED012</b> AAME ERROR GENERATION FORM	17
<b>FORM: O-MED013</b> MEDICAL ASSESSOR'S FORM	18
<b>FORM: O-MED014</b> DRUG TESTING CUSTODY AND CONTROL FORM	21
<b>FORM: O-MED015</b> NOTIFICATION OF DENIAL OF MEDICAL CERTIFICATE	22
<b>FORM: O-MED016</b> AUTHORIZED MEDICAL EXAMINERS LIST	24
<b>FORM: O-MED017</b> INFORMATION BY STAFF ON FOREIGN TRAVEL DATA OF NEXT - OF - KIN/ TREATING PHYSICIAN/HOSPITAL	25



**FORM: O-MED018**

**MEDICAL ASSESSOR OJT PROGRESS CHART**

27







## CHAPTER 1

# PROCEDURE FOR THE AUTHORISATION OF AUTHORISED AVIATION MEDICAL EXAMINER (AAME)

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### 1.0 PURPOSE

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This chapter is issued to provide guidelines for the authorization and administration of the Authorised Aviation Medical Examiner (AAME) including terminating the authorization. The Authority is responsible for oversight and management of the AAMEs and establishes policies, plans, procedures and regulations governing the AAME.

### 2.0 REFERENCES

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- 2.1 Regulations [2.2.1.6](#), [2.11.1.3](#) and [IS 2.11.1.3](#) of the Nigeria Civil Aviation Regulations
- 2.2 checklists: [CL:O-MED001](#); [CL:O-MED002](#)
- 2.3 Forms: [FORM: O-MED009](#); [FORM:O-MED013](#); [FORM:O-MED012](#); [FORM:O-MED015](#); [FORM:O-MED016](#)

### 3.0 GUIDANCE AND PROCEDURES

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#### 3.1 General Information

- 3.1.1 AAMEs are normally designated as Medical Examiners and are not employees of the Authority. They have certain responsibilities directly related to the Nigerian Civil Aviation Authority's safety programme. They have the responsibility to ensure that only those applicants who are state safety physically and mentally able to perform safely may exercise the privileges of licenses and certificates.
- 3.1.2 To properly discharge the duties associated with these responsibilities, AAMEs shall have received training in aviation medicine and shall maintain familiarity with general knowledge applicable to aviation. They also shall have detailed knowledge and understanding of the civil aviation rules, regulations, policies and procedures related to the medical certification. AAMEs must also possess acceptable equipment and suitable facilities necessary to carry out the prescribed examinations. Regulation 1.2.1.5 shall apply to any applicant who falsifies or alters his/her submission for a medical certificate.

#### 3.2 Authorization of an AAME

The Authority will issue authorization under Regulation 2.1.6 of Part 2 of the Nigeria Civil Aviation Regulations, only to professionally qualified and appropriately licensed medical doctors. Only those Medical Doctors who enjoy the respect of their associates and members of the public whom they serve shall be authorized and be retained as AAMEs.





### 3.3 Application Requirements

- 3.3.1 Advise the applicant to bring the following documents attached to the application form on applying for the authorization:
- a) a properly completed prescribed Application Form;
  - b) a certified report to demonstrate adequate competence in aviation medicine and substantiating the experience and training shown on the application form

### 3.4 Review the Application

- 3.4.1 Collect and evaluate the documents and records listed above;
- 3.4.2 Check the Application Form for accuracy, using the instructions attached to the form.

### 3.5 Verify Applicant's Identity

- 3.5.1 Inspect the acceptable form of identification to establish the applicant's identity. Compare the identification with the personal information provided on the prescribed application form; and if the applicant's identity can be verified, proceed with the task.
- 3.5.2 If the applicant's identity cannot be verified because of lack of identification or inadequate identification, explain what types of identification are acceptable. Advise the applicant to return with appropriate identification to reapply.
- 3.5.2.1 If the applicant's identity appears to be different from the information supplied on the application form, or it appears that an attempt at falsification has been made, do not continue with this task. Collect the falsified documents and bring them to the attention of the Authority for further legal action.

### 3.6 Establish Eligibility for the Authorization

Determine if the applicant meets the specific eligibility and experience requirements for the authorization as a Medical Examiner as specified under Regulation 11.1.3 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.7 Conditions of Authorization

To be designated as an AAME, the applicant must comply with the following conditions:

#### 3.7.1 Qualification and Experience:

3.7.1.1 The applicant AAME shall be qualified and licenced in the practise of medicine.

3.7.1.2 The applicant AAME should have received training in Aviation Medicine as follows:

\* Basic training in Aviation Medicine for classes 2 & 3 AAME designation.

\*Advance training in AViation Medicine for class 1 AAME designation.

3.7.1.3 Applicant AAME shall demonstrate adequate competency in Aviation Medicine before their designation.

3.7.1.4 Applicant AAMEs shall have practical knowledge and experience of the conditions in which licence holders and ratings carry out their duties. Practical knowledge of the Aviation environment can be gained through cockpit/cabin familiarization flights, simulator experience, On-site observation and any other hand on experience to be determined by the Authority.

3.7.1.5 AAMEs shall receive refresher training in Aviation Medicine at least once every three years. The re-designation of an AAME will be based on the maintenance of his competency and qualification in Aviation Medicine.

#### 3.7.2 Professionalism:

Be informed of the principles of aviation medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of all persons requiring aviation





medical certification as specified in Part 2 of the Nigeria Civil Aviation Regulations; and abide by the policies, rules, and regulations of the Authority.

### 3.7.3 Examinations:

The AAME shall personally conduct all medical examinations at an established office address. Paraprofessional medical personnel (e.g. nurses, nurse practitioners, doctor assistants, etc.) may perform limited parts of the examinations (e.g. measurement of visual acuity, hearing, phorias, blood pressure, and pulse, and conduct of urinalysis and electrocardiography) under the supervision of the AAME.

3.7.4 The AAME shall conduct the general physical examination, and sign the Authority Form and the report to the Authority. In all cases, the AAME shall review, certify, and assume responsibility for the accuracy and completeness of the full report of the examination.

3.7.5 The Authority retains the right to reconsider any action of an AAME under Regulation 11.1.3 (g) (1) of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.8 Discrepancies and Ineligibility

If a discrepancy that cannot be immediately corrected exists in any of the documents, return the application and all submitted documents to the applicant. Inform the applicant of the reasons for ineligibility and explain how the applicant may correct the discrepancies.

### 3.9 Medical Examination Fees

The medical examination fees charged by AAMEs should, as a general rule, be equivalent to the fees generally charged for a comparable medical examination service.

### 3.10 AAME's Contact

An AAME will be listed in the Aeromedical Office with the office location and telephone number. The AAMEs are required to promptly advise the Authority in writing, of any change in office location or telephone numbers.

### 3.11 Conduct of the Examination

The Authority's Medical Assessors will then inspect the new medical facility and determine the appropriateness of the facility for aircrew medical.

### 3.12 Falsification by an Applicant

Regulation 2.11.1.4 of the Nigeria Civil Aviation Regulations refers to the fact that an applicant, who does not furnish the Medical Examiner with the accurate and complete medical information or history or fails to authorize the release of such information requested by the medical examiner may result in the application being denied as well as suspending, modifying or revoking all the applicant's medical certificates.

### 3.13 Prohibited Examinations

An AAME may not perform self-examination for issue of a medical certificate nor issue a medical certificate to him or herself.

### 3.14 Duration of an AAME's Authorization

Authorizations of AAMEs are effective for 12 months from the date issued unless terminated earlier by the Authority. For continued service as an AAME, a new Authorization shall be issued every 12 months.

### 3.15 Authority of the AAMEs and System of Identification

a) An AAME is authorized to:

- (i) examine an applicant in accordance with medical practice, under Regulation 11.1.8 (b) of Part 2 of the Nigeria Civil Aviation Regulations.



- (ii) submit within 5 working days the signed medical evaluation report to the Authority as required by Regulation 11.1.3 (e) of Part 2 of the Nigeria Civil Aviation Regulations; and
- (iii) report to the Authority any individual cases where, in his judgment, an applicant for a licence or certificate fails to meet any requirement, which could jeopardize flight safety.
- (iv) defer issuance of a medical certificate to the Authority in circumstances where he/she is in doubt of the medical fitness or otherwise of the applicant. The Authority shall have the final say on such issues after subjecting the applicant to further medical assessment and investigation(s).

- b) Authorization Numbering:  
A system of authorization numbering shall be used to identify the examiner's authorization, indicating each examiner's designation number. There will be a stamp issued by the Authority for use by an examiner on certifying reports and records.

### 3.16 Authorised Aviation Medical Examiner Seminars

- 3.16.1 The purpose of AAME Seminars is to develop aeromedical knowledge and clinically proficient AAMEs committed to aviation safety. They are also designed to provide standardization in the application of the Authority medical certification policies, procedures and regulations.
- 3.16.2 After initial designation, and as a requirement for continued designation, an AAME should attend a refresher course in general or aviation medicine at least once every 3 years.
- 3.16.3 Travel costs and other expenses for the AAME to attend seminars are the responsibility of the AAME

### 3.17 Familiarization Flight

- 3.17.1 Practical knowledge: For AAMEs to acquire the practical knowledge and experience in which the holders of licences and ratings carry out their duties, the authority will schedule familiarization flights (cockpit/cabin), simulator experience and on-site visits (ATC etc) for AAMEs at least once during their AAME career.

### 3.18 Facilities and Equipment

- 3.18.1 The applicant shall have adequate facilities for performing the required examinations and possess such equipment prior to conducting any Aviation Medical examinations. Some of the equipment is as listed below:
- a) Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane. Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, Opaque plastic or cardboard occlude.
  - b) Muscle Test-Light: May be a spot of light 0.5cm in diameter, a regular muscle-test light, or an ophthalmoscope.
  - c) Maddox Rod: May be hand type.



- d) Horizontal Prism Bar – Risley, Hughes, or hand prism are acceptable alternatives.
- e) Colour Vision Test Apparatus. Standard Pseudoisochromatic plates, (American Optical Company (AOC), 1965 edition; AOC-HRR, 2nd edition); Dvorine, 2nd edition; Ishihara, Concise 14 -, 24 -; or 38- plate editions; or Richmond (1983 edition, 15-plates). Acceptable substitutes are: Farnsworth Lantern; Keystone Orthoscope; Keystone Telebinocular; LKC Technologies Inc., Apt-5 Colour Vision Tester; OPTEC 2000 Vision Tester (Models 2000PAAME, and 2000OPI); Titmus Vision Tester; Titmus II Vision Tester (Model Nos. TII and TIIS); and Titmus 2 Vision Tester (Models T2A and T2S), Holmes Wright Colour lantern. The gold standard for the colour vision test is the Colour Assessment and Diagnosis (CAD)
- f) A wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper) and a 2-mm white test object (may be a pin) in a suitable handle of the same colour as the background.
- g) Standard doctor diagnostic instruments and aids including those necessary to perform urinalysis.
- h) Electrocardiography equipment: Authorised Aviation Medical Examiners must have access to electrocardiographic equipment. Digital equipment with electronic transmission capability may be used if available.
- i) Audiometric equipment: All Aviation Medical Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing.

### 3.18.2 Procedure for Inspection of an AAME Facility

The medical facility of the AAME shall be inspected prior to his/ her appointment as an AAME and periodically after authorization. The procedure for the inspection of the AAME facility will be as follows:

- 3.18.2.1 On arrival at the medical facility of the AAME the medical assessor will introduce himself/herself to the facility receptionist, and request to see the AAME with his/her official identification card visibly worn.
- 3.18.2.2 The medical assessor is also required to officially brief the AAME of his reason for the inspection and discuss the modality for the inspection with the AAME. The checklist to be used for the inspection will be discussed in detail with the AAME and any comments made by the AAME noted by the medical assessor.
- 3.18.2.3 The medical assessor will request the AAME to sign the relevant areas of the checklist and proceed with the facility inspection as outlined in the checklist.
- 3.18.2.4 The medical assessor will after completing the inspection brief the AAME of any preliminary finding(s) that will need to be addressed pending a more detailed report.
- 3.18.2.5 The medical assessor will finish his/her documentation of the inspection and write a detailed report of the inspection. The medical assessor will indicate his/her findings and recommendations in the relevant part of the checklist.
- 3.18.2.6 The findings and recommendations of the medical assessor will be communicated to the AAME. The AAME will be given time to address any finding and a



follow-up visit paid at a later date by the medical assessor to confirm that corrective action has been carried out by the AAME.

3.18.2.7 **UNSATISFACTORY PERFORMANCE OF AN AAME.**

Failure of an AAME to carry out the required corrective action(s) to address deficiencies in the technique, standard or judgment within a reasonable period of time, the Authority may in addition to the provision of paragraph 3.2.1 of this chapter:

- (i) Initiate an appropriate training to correct the deficiencies.
- (ii) Limit, suspend or withdraw AAME privileges.

3.19 **Issue of the Letter of Authorization**

3.19.1 When an applicant has satisfactorily met all requirements for the Authorization, and the prescribed application form has been completed, the letter of Authorization will be issued or renewed;

3.19.2 Ensure the prescribed Authorization fee is paid (if applicable);

3.19.3 Prepare the Authorization letter;

3.19.4 Allocate the AAMEs designation number;

3.19.5 Provide the applicant with an AAMEs Certifying Stamp;

3.19.6 Make a copy of the Authorization letter for the licensing file;

3.19.7 Provide applicant with the Authorization letter;

3.19.8 File all documents on the Authorised examiners licensing file;

3.19.9 The AAME shall be issued with a photo identification card by the Authority for the duration of his/her designation.

3.20 **Renewal or Re-Authorization**

3.20.1 For the re-authorization the Authority shall consider that at least ten (10) medical examinations have been performed by the AAME and that the AAME's services are still required. AAMEs located outside Nigeria may be re-authorized if they have not carry out the Ten (10) aeromedical assessments as required in the preceding 12 months

3.20.2 At the end of the Authorization period of one (1) year, the Authorization will only be renewed by the Authority based on acceptable performance and the required number of medical assessments carried out by the AAME, within the preceding twelve (12) months.

3.20.3 The AAME will be required to respond in writing of his/her willingness to retain or decline authorization.

3.20.4 **Alternative Means of Compliance**

3.20.4.1 Designation by other CAA may be considered for the re-authorization of an AAME.

3.20.4.2 The performance of other aircrew related medical examinations may be accepted as an Alternative Means of Compliance (AMC) to the number of Medical Examination required to be performed by an AAME.

3.21 **Termination of the Authorization**

3.21.1 The Authority shall through its evaluation and facility inspections identify AAMEs who commit



repetitive serious certification errors and notify them in writing. If the AAMEs conduct and performance does not improve the Authority shall terminate his/her designation.

- 3.21.2 The designation of an AAME shall be terminated at any time by the Authority when it is established that his/her continued retention as an AAME will jeopardize flight safety. This termination will be in writing and the AAME will be required to immediately return all AAME/limitation stamps, photo ID card, aeromedical assessment forms and documents in his/her possession.
- 3.21.3 Where there is no longer a need for the examiner's services the Authorization will be terminated either for the whole Authorization or for part of the Authorization.
- 3.21.4 Termination or non-renewal of Authorization may be based in whole or in part on the one or more of the following criteria:
  - a) The required number of examination not performed within the 12 months of the initial Authorization;
  - b) Disregard of or failure to demonstrate knowledge of the civil aviation rules, regulations, policies, and procedures over a period of time.
  - c) Careless or incomplete reporting of the results of medical examinations over a period of time;
  - d) Failure to comply with the mandatory AAME training requirements;
  - e) Unprofessional office maintenance and appearance;
  - f) Unprofessional performance/conduct of medical examinations;
  - g) Failure to promptly deliver medical examinations evaluation reports to the Authority over a period of time;
  - h) Loss, restriction, or limitation of a licence to practice medicine;
  - i) Any action that compromises public trust or interferes with the AAME ' s ability to carry out the responsibilities of his or her Authorization;
  - j) Any illness or medical condition that may affect the AAME's sound professional judgment or ability to perform examinations;
  - k) Arrest, indictment, or conviction for violation of law;
  - l) Request by the AAME's for termination of Authorization;
  - m) Any other reason the Authority deems appropriate
  - n) After 75 years of age
  - o) when confirmed to be deceased.

**4.0 RESULTS**

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- 4.1 Completion of this task results in the issue of one of the following:
- 4.2 Letter of Authorization; or
- 4.3 Letter of Denial

**5.0 FUTURE ACTIVITIES**

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Applicant may return for re-authorization





## CHAPTER 2

### ISSUE, RENEWAL OR RE-ISSUE OF A MEDICAL CERTIFICATE

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#### 1.0 PURPOSE

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- 1.1 This chapter is issued to provide guidance and procedures for issue, renewal and re-issue of a class 1, 2 and 3 medical certificates. It provides information to assist an Authorised Aviation Medical Examiner (AAME) in performing his duties in an efficient and effective manner under part 2 of the Nigeria Civil Aviation Regulations; and to assist applicants for medical certificates on the requirements and standards to be met for the issue, re-issue or renewal of a medical certificate.
- 1.2 It also describes the Examiner's responsibilities as the Authority's representative in medical certification to determine the fitness of applicants to hold a medical certificate. Each person to be issued a medical certificate must undergo a medical examination based on physical and mental requirements contained in the set standards.

#### 2.0 REFERENCES

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- 2.1 Regulations [2.11](#); [2.11.1 to 2.11.8](#) and [IS 2.11.1.8](#) of the Nigeria Civil Aviation Regulations;
- 2.2 The prescribed application forms: [FORM:O-MED001](#); [FORM:O-MED002](#); [FORM:O-MED003](#); [FORM:O-MED004](#); [FORM:O-MED005](#); [FORM:O-MED013](#); [FORM:O-MED014](#); [FORM:O-MED015](#)

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information

- 3.1.1 The authorized aviation medical examiner takes on a responsibility of medically certifying the flight and cabin crew member and air traffic controllers. The consequences of negligent or wrongful certification, which would permit an unqualified person to take the controls of an aircraft or control air traffic, can be serious for the public, for the country and for the examiner.
- 3.1.2 If the examination is cursory and the examiner fails to find a disqualifying defect that should have been discovered in the course of a thorough and careful examination, a safety hazard may be created.

##### 3.2 Authorization of an Authorised Aviation Medical Examiner

An Authorised Aviation Medical Examiners is delegated by the Authority to examine applicants for medical fitness for the issue, renewal or re-issue of a medical certificate.

##### 3.3 No "Alternate" Examiners Designated

- 3.3.1 The AAME is to conduct all medical examinations at their designated address only. An AAME is not permitted to conduct examinations at a temporary address and is not permitted to name an alternate examiner to act on his behalf. During an AAME's absence from the permanent office, applicants for flight crew member and air traffic controller medical certification must be referred to another AAME in the area.



3.3.2 If medical examination is carried out by two or AAMEs, the Authority shall appoint one of these be responsible for co-ordinating the results of the examination, evaluating the findings with regard to medical fitness and signing reports.

### 3.3.3 AAME STAFF

Qualification and licensed medical doctors and nurses working with AAMEs may be appointed as AAME staff for that AAME by the authority. The AAME staff will only assist the AAME in carrying out medical assessments for flight crew and ATCOs and compiling such assessment reports for submission to the Authority. The AAME must closely supervise the work of AAME staff and ensure that necessary diligence has been exercised in carrying out the medical assessments before signing and issuing the aircrew medical certificates for the applicable class of medical assessment of applicant aircrew and ATCO in the absence of his/her AAME.

## 3.4 Issue of a Medical Certificate

3.4.1 A medical certificate is issued to any person who meets the medical requirements prescribed in the Part 2 of the Nigeria Civil Aviation Regulations, based on the medical examination and evaluation of the applicant's history and condition.

3.4.2 The applicant for a medical certificate is required to:

- a) seek an appointment with an AAME.
- b) complete the prescribed medical certification form.
- c) Pay the doctor's prescribed fees.
- d) Furnish the AAME with information required by Regulation 11.1.4 of Part 2 of the Nigeria Civil Aviation Regulations.
- e) Present a photo Identification Card or Passport for identification. If the applicant's identity cannot be verified because of lack of identification or inadequate identification, the AAME will explain what types of identification are acceptable and advise the applicant to return with appropriate identification to reapply.

## 3.5 Deferral of Medical Examination

3.5.1 The medical examination for renewal of a licence, when the holder is operating in an area distant from the designated medical examiner facilities, may be deferred by the Authority, but the applicant is required to pass a medical examination with a medical examiner acceptable to the authority.

3.5.2 The prescribed re-examination of a licence holder operating in an area outside Nigeria distant from Authorised Aviation Medical Examiner facilities should be that such deferment shall be made as an exception and shall not exceed:

3.5.2.1 a single period of six months in the case of a flight crew member of an aircraft engaged in non-commercial operations;

3.5.2.2 two consecutive periods each of three months in the case of a flight crew member of an aircraft engaged in commercial operations provided that in each case a favourable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practice medicine in that area. A report of the medical examination shall be sent to the Authority;

3.5.2.3 in the case of a private pilot, a single period not exceeding 24 months where the medical examination is carried out by an examiner designated by a contracting state in which the applicant is temporarily located. A report of the medical examination shall be sent to the Authority.



### 3.6 Medical Certification Decision Making

- a) An AAME may issue a medical certificate only if the applicant meets all medical standards, including those pertaining to medical history.
- b) An AAME shall not issue a medical certificate if the applicant fails to meet specified minimum standards or demonstrates any of the findings or diagnoses described in Regulations 11.2.6 (b), 11.2.7 (b), 11.2.8 (b) and 11.2.2 of Part 2 of the Nigeria Civil Aviation Regulations.
- c) AAMEs must be aware that an established medical history or clinical diagnosis described under Regulation 11.2.6 (b), 11.2.7 (b) and 11.2.2 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.7 Initial Medical Certificate Issuance

The initial issue of a Class 1 medical certificate will be done by the Authority or may be specifically delegated to an AAME. The initial issue of a Class 2 and 3 certificates may be delegated to an AAME as described under Regulation 11.2.8 (b)

### 3.8 Archiving of the medical reports of Applicants

The medical reports of applicants shall be archived after a period not exceeding ten (10) years.

### 3.9 Classes and validity of medical certificates

An applicant may apply and be granted any class of a medical certificate as long as the applicant meets the required medical standards for that class of medical certificate.

- 3.9.1 However, an applicant must have the appropriate class of medical certificate for the flying duties the applicant intends to exercise. For example, an applicant who exercises the privileges of an airline transport pilot licence must hold a Class 1 medical certificate; an applicant who exercises the privileges of a private pilot licence or a cabin crew member certificate may hold a Class 1 or 2 medical certificate and an applicant who exercises the privileges of an air traffic control licence must hold a class 3 medical certificate.
- 3.9.2 The three classes of the medical certificates, identifying the application and validity of each class are specified under Regulations 11.1.8 (c), 11.2.6, 11.2.7 and 11.2.8 of Part 2 of the Nigeria Civil Aviation Regulations.

### 3.10 Validity dates of medical certificates

- 3.10.1 **Initial:**  
Validity of a medical certificate begins on the date the medical examination is performed.





### 3.11 Reduction of the medical validity period:

The period of validity of a medical certificate may be reduced by the Authority when clinically indicated.

### 3.12 Re-Validation of Medical Certificate

#### 3.12.1 CLASS 1

3.12.1.1 If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial or extended examination, at the Authority's discretion.

3.12.1.2 If a licence holder allows his Medical Certificate to expire by more than two years but less than five years, renewal shall require the prescribed standard or extended examination to be performed by an AAME who has obtained his relevant medical records, or at the discretion of the Authority, subject to the records of medical examinations for flight crew licences being made available to the medical examiners.

3.12.1.3 If a licence holder allows his certificate to expire by more than 90 days but less than two years, renewal shall require the prescribed standard or extended examination to be performed by an AAME at the discretion of the Authority.

#### 3.12.2 CLASS 2 AND 3

3.12.2.1 If an instrument Rating is added to the licence, pure tone audiometry must have been performed within the last 60 months if the licence holder is 39 years of age or younger, and within the last 24 months if the licence holder is 40 years of age or older.

3.12.2.2 If a licence holder allows his Medical Certificate to expire by more than five years, renewal shall require an initial aeromedical examination. Prior to the [certificate issue] the [relevant] medical records shall be obtained by the AAME.

3.12.2.3 If a licence holder allows his Medical Certificate to expire by more than two years(s) but less than five years, renewal shall require the prescribed examination to be performed. Prior to the examination the relevant medical records shall be obtained by the AAME.

3.12.2.4 If a licence holder allows his certificate to expire by less than two years renewal shall require the prescribed examination to be performed.

3.12.2.5 An extended aeromedical examination shall always be considered to contain a standard aeromedical examination and thus count both as a standard and an extended examination.



### 3.13 Decrease in Medical Fitness

A person who holds a current medical certificate issued by the Authority and who is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate must not exercise the privileges of their licenses, certificates, ratings or authorizations at anytime they are aware of any decrease in their medical fitness which might render them unable to safely and properly exercise the privileges in compliance with Regulation 11.1.6 of Part 2 of the Nigeria Civil Aviation Regulations.

Licence holders shall inform the Authority of any decrease in medical fitness of a duration of more than 20 days or which requires continued treatment with prescribed medication or which has required hospital treatment.

### 3.14 Curtailment of Privileges of Licence Holders Aged 60 years or more

3.14.1 No person may serve nor may any AOC holder use a person as a required PIC in single pilot operations on an aircraft engaged in commercial air transport operations if that person has reached his or her 60<sup>th</sup> birthday as prescribed under Regulation 8.10.1.1 (a) of the Nigeria Civil Aviation Regulations.

3.14.2 For aircraft engaged in commercial air transport operations requiring more than one pilot as flight crewmembers, the AOC holder may use one pilot up to the age of 65 provided the other pilot is less than age 60 in compliance as prescribed under Regulation 8.10.1.1 (b) of the Nigeria Civil Aviation Regulations.

3.14.3 Additional medical tests for pilots aged 60 – 65 years holding or being issued a Class 1 medical certificate shall include the following:

3.14.3.1 Stress electrocardiogram at age 60 and 2 yearly thereafter.

3.14.3.2 Extended ophthalmological and otorhinolaryngological examinations at age 60 and 2 yearly thereafter.

### 3.15 Re-examination of a Flight Crew, Cabin Crew Member or Air Traffic Controller

A medical certificate holder may be required to undergo a re-examination at any time if, in the opinion of the inspector of the Authority or in the opinion of a medical assessor of the Authority for the purpose, there is a reasonable basis to question the holder's ability to meet the medical standards, that are applicable to the medical certificate holder's operation.

### 3.16 Submission of Medical Certificates and Medical Reports to the Authority

All certificates and medical reports, unless otherwise directed by the Authority, must be submitted to the Authority by the medical examiner within 5 days after completion of the medical examination. Originals and all copies must be signed by the AAME and the applicant.

In the case of the medical examination being carried out by a constituted group of examiners, the Authority shall appoint the head of the group responsible for coordinating the results of the examination and signing the report.



### 3.17 Evaluation of the Medical Reports Submitted to the Authority by AAMEs

- 3.17.1 The Authority shall employ the services of doctors who are experienced in the practice of aviation medicine, to evaluate medical reports submitted to the Authority by the AAMEs.
- 3.17.2 Applicant medical reports submitted to the Authority by the AAME's shall;
  - 3.17.2.1 Be received and stamped by the Authority, indicating the date they were received.
  - 3.17.2.2 Evaluated by the Aeromedical Assessors of the Authority using the medical assessment report form.
  - 3.17.2.3 Errors in the filling of the application and assessment forms, conduct of the medical examination and reporting by the AAME's shall be documented in the error generation form by the Authority's Medical Assessors.
  - 3.17.2.4 The AAME shall be notified of his error rate in writing by the Authority quarterly.
  - 3.17.2.5 Minor deficiencies in Aeromedical disposition by the AAME will be noted and the applicant informed of the corrective measures to be taken within a given time frame.
  - 3.17.2.6 Where flight safety will be jeopardized the medical certificate of the applicant shall be temporarily suspended by the Authority while further medical assessment and investigations are carried out. The AAME concerned shall be notified of the temporarily suspension of the medical certificate of the applicant and the further medical evaluation being carried out by the Authority.
  - 3.17.2.7 The Medical Assessor shall sign all medical reports evaluated by him/her indicating the limitations, restrictions and recommendations in the medical assessment report form.
  - 3.17.2.8 After the evaluation by the medical assessors, of the medical reports submitted to the Authority by the AAMEs, the reports are then entered into the Authority's electronic aircrew data bank of with the hardcopies filed in the different files of the aircrew kept in a fire-proof cabinet.

### 3.18 Accessibility to Medical Reports

- 3.18.1 Medical confidentiality shall be respected at all times.
- 3.18.2 All medical reports and records shall be securely held with accessibility restricted to authorized personnel.
- 3.18.3 When justified by operational considerations, the medical assessor shall determine to what extent pertinent medical information is presented to relevant officials of the Authority.



### 3.19 Protection and Destruction of Application Forms

AAMEs are cautioned to provide adequate security for blank medical application and certificate forms to ensure that they do not become available for illegal use. When new or revised medical forms and certificates are issued, an AAME will be advised by the Authority to dispose of the old forms and certificates.

If requested, the AAME should be prepared to account for the forms. The AAME is responsible for making provisions to return all the unused forms at the time the AAME ceases to exercise the privileges of an AAME, either by resignation, retirement, termination, or death.

### 3.20 AAMEs Responsibility to Review Application

A medical certificate shall not be issued to an applicant who refuses to answer any of the items on the medical assessment/evaluation form.

### 3.21 Issue or Denial of a Medical Certificate

3.21.1 After reviewing the medical history and completing the examination, the AAME may:

- a) Issue a medical certificate in accordance with Regulation 11.1.8 (b) of Part 2 of the Nigeria Civil Aviation Regulations;
- b) Issue a medical certificate with the appropriate limitations in accordance with Regulation 11.1.5(3) of Part 2 of the Nigeria Civil Aviation Regulations;
- c) Deny issuance of a medical certificate in accordance with Regulation 11.1.8 (e) (1) of Part 2 of the Nigeria Civil Aviation Regulations. Issue the applicant with a certificate of denial;
- d) Give the applicant the original of the relevant medical certificate and retain a copy for the applicant's medical file;
- e) The medical report shall be forwarded to the Authority under Regulation 11.1.3 (e) of Part 2 of the Nigeria Civil Aviation Regulations.

## 4.0 RESULTS

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4.1 Completion of this task results in the issue of one of the following:

- 4.1.1 A Medical Certificate;
- 4.1.2 A Certificate of Denial;
- 4.1.3 Forwarding a full Medical Report to the Authority.

## 5.0 FUTURE ACTIVITIES

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An applicant may return for renewal or re-issue of a medical certificate.



## CHAPTER 3

### ALCOHOL AND PSYCHOACTIVE SUBSTANCE ABUSE POLICY

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#### 1.0 PURPOSE

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This chapter is issued to guide Aeromedical assessors in the testing procedures, regulations, enforcement actions and Aeromedical disposition involving aircrew/ATCO on alcohol and psychoactive substance use.

#### 2.0 REFERENCES

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- 2.1 Regulations 1.2.1.8; 2.11.1.7 and 8.5.1.5 of the Nigerian Civil Aviation Regulations
- 2.2 The prescribed application forms: **FORM:O-MED006**; **FORM:O-MED007**; **FORM:O-MED008**  
**FORM:O-MED010**; **FORM:O-MED011**; **FORM:O-MED014**.

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General Information

3.1.1 Holders of flight crew member and air traffic controller licences must not engage in the use of substances which might render them unable to safely and properly exercise the privileges of the licence in compliance with Regulation 11.1.7 of Part 2 of the Nigeria Civil Aviation Regulations.

*Note: A history of acute toxic psychosis need not be regarded as disqualifying, provided that the applicant has suffered no permanent impairment*

3.1.2 The psychoactive substances comprise the following;

- Alcohol
- Opiates
- Cannabinoids
- Sedatives
- Hypnotics
- Cocaine
- Heroin
- Psycho stimulants
- Hallucinogens and
- Volatile solvents.



### 3.1.2.1 Alcohol

3.1.2.1.1 The effects of alcohol on performance are:

- i. Euphoria – Blood alcohol concentration (BAC) of 25mg/100ml
- ii. Lack of co-ordination – BAC of 50 – 100mg/100ml
- iii. Unsteadiness – BAC of 100 – 150mg/100ml
- iv. Stupor – BAC of 200 – 400mg/100ml
- v. Respiratory depression and death BAC >400mg/100ml

3.1.2.2 Other effects of psychoactive substance abuse are:

- i. Alteration of mental state
- ii. Interference with judgment, vision, alertness, and co-ordination.
- iii. Addiction

## 3.2 Alcohol and Psychoactive Substance Testing and Reporting

3.2.1 An employee who performs any function requiring a licence, rating, qualification or authorization prescribed by these regulations directly or by contract for a certificate holder under the provision of these regulations may:-

3.2.1.1 Be denied any licence, certificate, rating, qualification, or authorization for a period of up to 1 year after the date of refusal to submit to a drug or alcohol test.

3.2.1.2 Have his or her licence, certificate, rating, qualification, or authorization issued under these regulations suspended or revoked.

3.2.2 Any person subject to these regulations who is convicted for the violation of any local or national statute relating to the growing, processing, manufacture, sale, disposition, possession, consumption, transportation, importation of narcotic drugs, marijuana, depressant, stimulant drugs or substance may:-

3.2.2.1 Be denied any licence, certificate, rating, qualification, or authorization issued under these regulations for a period of up to 1 year after the date of final conviction or

3.2.2.2 Have his or her licence, certificate, rating, qualification, or authorization issued under these regulations suspended or revoked.

3.2.2.3 Any person subject to these regulations who refuses to submit to a drug or alcohol test to indicate the percentage by weight of alcohol in the blood, when requested by a law enforcement officer, or other persons duly authorized by the Authority or refuses to furnish or to authorize the release of the test results requested by the Authority may:-





- 3.2.2.4 Be denied any licence, certificate, rating, qualification, or authorization issued under these regulations for a period of up to 1 year after the date of that refusal or;
- 3.2.2.5 Have his/her licence, certificate, rating, qualification, or authorization issued under these regulations suspended or revoked.
- 3.2.3 No person may act or attempt to act as a crewmember of a civil aircraft;
  - 3.2.3.1 While under the influence of alcohol or
  - 3.2.3.2 While using any drug that affects the person's faculties in any way contrary to safety.
  - 3.2.3.3 A crew member shall, up to 8 hours before or immediately after acting or attempting to act as a crew member, on the request of a law enforcement officer or the Authority, submit to a test to indicate the presence of alcohol or psychoactive drugs in the blood.
- 3.2.4 Airline and ATC operators are to institute an alcohol work place policy for their employees which will be reviewed by the Authority periodically. This policy shall include the random testing of personnel by the employer while at work.
- 3.2.5 The maximum permissible limit of breath alcohol concentration (BAC) for aircrew and ATCOs is 0.019 or less (i.e. less than 0.02).
- 3.2.6 Zero tolerance testing for the following illicit drugs; Cocaine, marijuana, opiates, amphetamines, phencyclidine, inhalation of solvents, heroin, and other hallucinogens.
- 3.2.7 "Bottle to Throttle" time of 8 hours for Aircrew.
- 3.2.8 Immediate suspension from flight or ATCO duties of any personnel on the suspicion of alcohol and or drug intoxication.
- 3.2.9 Suspicion and investigation for alcohol abuse of an applicant if he/ she shows up drunk for an appointment with the AAME for his/her periodic medical assessment.
- 3.2.10 Random and on the spot assessment of aviation personnel for alcohol (breathalyzer) and or drug abuse (urine testing) will be carried out by the police, the Authority or their representatives.

### 3.3 Reasons, Timing and Locations for Testing

- 3.3.1 Reasons for tests:
  - 3.3.1.1 Post- accident
  - 3.3.1.2 Reasonable suspicion/cause
  - 3.3.1.3 Random
  - 3.3.1.4 Return-to-duty
  - 3.3.1.5 Follow-up



### 3.4 Timing and Location

- 3.4.1 The testing of Aviation personnel by the Authority for alcohol or psychoactive substance abuse will be carried out at any time and at any of the following locations:
  - 3.4.1.1 Return-to-duty and follow-up testing shall be conducted at the Authority's testing room.
  - 3.4.1.2 Reasonable suspicion, Random and Post-accident testing may be carried out in:
    - 3.4.1.3 Briefing room of aircrew before a flight
    - 3.4.1.4 In the cockpit of an aircraft after walk around by pilot but before the call for passengers to embark aircraft or before commencing control of airspace in the case of an ATCO and;
    - 3.4.1.5 Immediately after completing his/her duty.
    - 3.4.1.6 In the control tower, enroute centre, or approach centre in the case of an ATCO who is already on duty.
  - 3.4.2 A convenient and secure place in the case of other aviation personnel.
  - 3.4.3 After an accident involving aviation personnel, a test shall be conducted within 2 hours but not later than 8 hours of the accident.
    - 3.4.3.1 The post-accident testing shall be conducted at the most convenient place with as much security and privacy as possible.

### 3.5 Information and Briefing

- 3.5.1 The Representative of the employer of the personnel to be tested present at the scene will be duly informed by the Authority of the testing to be carried out.
- 3.5.2 If a random test is to be carried out, the personnel to be tested will be randomly selected by a method to be determined by the Authority which shall be free from bias.
- 3.5.3 If the test is based on reasonable suspicion, upon a report received on personnel or after an accident, the personnel will be so informed, singled out and tested as appropriate.
- 3.5.4 The personnel is free to accept or refuse to be tested for alcohol or psychoactive substance abuse. A refusal for testing shall be treated as a positive test and the personnel shall be immediately removed from safety-sensitive functions for a period not less than one year.





### 3.6 Alcohol Testing

#### 3.6.1 Types of Tests

##### 3.6.1.1 Screening Test

##### 3.6.1.2 Confirmatory Test

#### 3.6.2 Screening Test

3.6.2.1 A screening test shall be performed on the personnel based on modalities mentioned above using an Alco Sensor IV Evidential Breath Tester (EBT) with or without a printer.

3.6.2.2 If the screening test result of Breath Alcohol Concentration (BrAC) is less than 0.02, the test shall be deemed to be negative.

3.6.2.3 However if the screening test result is 0.02 or greater, a confirmatory test will be performed.

#### 3.6.3 Confirmatory Test

3.6.3.1 A confirmatory test is conducted only when a screening test result is 0.02 or greater.

3.6.3.2 It can only be carried out using an Evidential Breath Tester (EBT) device which has a printer (RBT IV).

### 3.7 Testing Procedure

3.7.1 An Alcohol Testing Form (ATF) in triplicate shall be used when the Authority carries out an Evidential Breath test (EBT) on any personnel.

3.7.2 The employee or personnel to be tested will be asked to identify his/herself by either a company Photo ID, National Driver's License or any government issued; Identification card. The law enforcement officer, medical Assessor or any representative of the Authority conducting the test will also identify himself/herself if so demanded by the employee.

3.7.3 The employee or personnel to be tested shall then be informed of the procedure of the test, which can also be found at the back of the alcohol testing form of the Authority.

3.7.4 The employee shall be further informed that if the screening test is 0.02 or greater a confirmatory test shall be carried out after a 15-minute waiting period. In the event that the confirmatory test is 0.02 or greater the test shall be deemed as being positive with attendant consequences, which will be applied by the Authority in consonance with his/her employers.



### 3.8 **Step 1 of the Test**

- 3.8.1 The ATF shall be filled in four steps as outlined below:
- 3.8.2 The employee or personnel name, personnel photo ID number or licence number, employer's name, address, telephone number and reason for test will be entered in the provided spaces on the ATF.
- 3.8.3 The personnel to be tested will be required to confirm that the information entered on the ATF is true and correct

### 3.9 **Step 2 of the Test (Certification Statement)**

- 3.9.1 The personnel being tested will be required to sign this part of the ATF indicating his/her acceptance to be tested. if however the personnel refuses to sign this part of the ATF it shall be treated as a 'refusal to test'.
- 3.9.2 The employee is then asked to pick a sealed mouth piece.
- 3.9.3 The mouth piece is then unsealed gently by the medical assessor or the representative of the Authority and inserted into the EBT instrument, which will then prompt for the test to proceed.
- 3.9.4 The employee or personnel to be tested is then instructed to take a deep breath, hold it briefly and blow continuously into the EBT instrument through the mouthpiece until he/she is told to stop.
- 3.9.5 A 'click will be heard if enough breath sample has been introduced into the EBT instrument and the test will therefore proceed with the instrument analyzing the collected breath sample.
- 3.9.6 Within a few seconds, the result of the test will be displayed on the 4-digit LCD display of the EBT instrument.



- 3.10 Step 3 of the Test  
(To be completed by the medical assessor or representative of the Authority)**
- 3.10.1 The information to be filled on the ATF in this step of the test shall include the following; the name, address and telephone number of the person conducting the test, the device being used, the sample being used for the test (saliva or breath), whether a 15-Minute waiting period was observed in the case of a positive screening test requiring a confirmation test. Other details to be written on the ATF are; details of screening test: (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results).
- 3.10.2 Confirmation Test
- 3.10.2.1 Once a screening test result is 0.02 or greater the personnel being tested is informed of the result and the need for a confirmation test after a mandatory 15-minute waiting period to be conducted.
- 3.10.2.2 The personnel will be informed by the person conducting the test not to engage in any of the following during the fifteen-minute waiting period; eating, smoking, belching, putting anything in his/her mouth or drinking. Failure to comply with this instruction will be deemed as a 'refusal to test'.
- 3.10.2.3 The personnel will remain in the testing area being closely monitored for compliance with the above instructions during the mandatory 15-minute waiting period.
- 3.10.2.4 An air blank with a result of 0.00 must be recorded by the Alco sensor IV instrument at the expiration of the 15-minute waiting period and the result of the air blank test shown to the personnel being tested before the confirmation test proceeds.
- 3.10.2.5 After observing the mandatory 15-minute waiting period, the test will be repeated with the personnel being tested blowing into the Alcosensor IV device. The test result will be printed out immediately in triplicate by the RBT IV.
- 3.10.2.6 The personnel being tested is then shown the printed test result before it is affixed with a tamper-evident tape to the three copies of the Alcohol Testing form.
- 3.10.2.7 If the confirmation test result is 0.02 or greater (positive confirmation test) the personnel being tested is then asked to read, sign and date the employee or personnel certification statement found in step 4 of the Alcohol Testing Form (ATF).
- 3.10.2.8 A positive (0.02 or greater) confirmation test result shall be immediately communicated to the employer of the personnel. The employee shall then be immediately taken off his/her duty for further administrative action.
- 3.10.2.9 However if the confirmation test result is less than 0.02 (negative confirmation test result) the employee or personnel is not required to read, sign and date the Certification statement in Step 4 of the ATF. The personnel is declared free of alcohol abuse, and the test is deemed to be completed.
- 3.10.2.10 The documents are then signed and dated by the person conducting the test and a copy of the ATF is given to the personnel being tested, one copy mailed to his/her employers and one is retained by the person who conducted the test.



### 3.11 **Step 4 of the Test**

- 3.11.1 This step of the test is to be completed by the personnel being tested if the confirmation test result is 0.02 or higher, affirming that he/she has submitted to the alcohol test, the results of which are accurately recorded on the form and that he/she will not drive, perform safety sensitive duties, or operate heavy equipment because the results are 0.02 or greater.
- 3.11.2 Refusal to sign the employee certification statement in step 4 of the ATF by the personnel being tested is not deemed as a refusal to test. A note will however be made by the person conducting the test in the remarks column in step 3 of the refusal of the personnel to sign the employee certification statement.

### 3.12 **Insufficient Breath Sample (Shy Lung)**

- 3.12.1 In the event that the breath sample introduced into the EBT instrument by the personnel being tested is insufficient, the instrument will display "NOGO" or "V006" on the third attempt.
- 3.12.2 The test is to be repeated three times with proper instructions by the person conducting the test to the personnel being tested on the need to provide a sufficient breath sample by taking a deep breath, holding it for a few seconds and blowing continuously into the mouth piece of the Alcosensor IV device.
- 3.12.3 This will be noted in the remark column in step 3 of the ATF and the employee sent to a competent respiratory physician for a medical check to exclude medical pathology as cause for the insufficient breath sample.
- 3.12.4 If the medical report reveals the absence of any medical pathology resulting to his/her inability to produce a sufficient breath sample, this will be treated as a 'refusal to test' which shall carry the same penalty as a positive test.
- 3.12.5 If however, there is a medical cause for the employee's inability to produce a sufficient breath sample, a manual EBT testing shall be carried out using the manual provision on the Alcosensor IV device.



### 3.13 **Testing for Psychoactive Substance**

3.13.1 If the personnel is going to be tested for alcohol and drug abuse, the alcohol test will be carried out before the drug test, if practicable.

#### 3.13.2 **Employee Identification**

3.13.2.1 The employee shall be identified by an acceptable means of identification to include: Photo identification (e.g. Driver's licence, Employee badge issued by the employer, other means of identification duly issued by the State or Federal Government of Nigeria or identification by an employer or PIC, lead crew, or most senior ATCO on duty; or

3.13.2.2 The personnel to be tested shall be required to produce an unadulterated urine sample for the test which shall be a split-sample, to ensure confirmation in a laboratory in case of a positive screening test.

3.13.2.2 A drug testing custody and control form (CCF) shall be used for drug testing by the Authority.

#### 3.13.3 **Procedure for Urine Collection**

3.13.3.1 The medical assessor or representative of the Authority conducting the test must have received training in urine collection and be duly certified.

##### 3.13.3.2 **Urine Collection Site**

3.13.3.2.1 A urine collection site (temporary or permanent) will be selected by the Authority where the personnel will provide their urine specimen.

3.13.3.2.1 The collection facility may either be; a single – toilet restroom, with a full length door or a multi-stall restroom, with partial length doors.

##### 3.13.3.3 **A collection site must have the following;**

3.13.3.3.1 Restroom or stall with a toilet for the employee to have privacy while providing the urine sample. If possible a single toilet restroom, with a full-length privacy door is to be made available.

3.13.3.3.2 A source of water for washing hands, if practicable should be external to the restroom where urination occurs. If not practicable, the medical assessor must secure the water source before the urine collection takes place by using tamper-evident tape or cutting off the water supply.

Moist hygienic towelettes should be provided outside the rest room if there is no water.

3.13.3.3.3 All urine collections are to be monitored by the urine collector.



### 3.13.3.4 **Security Requirements at Urine Collection Sites**

- 3.13.3.4.1 Restrictions to prevent unauthorized access to the site during the collection.
- 3.13.3.4.2 Toilets are to be secured to prevent access by unauthorized persons.
- 3.13.3.4.3 A suitable clean surface to use as a work area and for completing the required paper work.
- 3.13.3.4.4 Removal of all items that can be used to adulterate the urine sample.
- 3.13.3.4.5 Provisions for the secure handling and storage of specimens.

### 3.13.4 **Drug Custody and Control Form (CCF)**

- 3.13.4.1 The CCF will be used to document every urine collection and testing.
- 3.13.4.2 The CCF shall consist of 4 copies namely; laboratory copy (which accompanies the split specimen for confirmation of test, Authority's copy (retained by the Authority), employer's copy and employee copy.
- 3.13.4.3 The CCF is to be completed by the medical assessor or urine collector.

### 3.13.5 **Urine Collection Procedure**

- 3.13.5.1 The information to be provided in the first step of the CCF shall include the following; employer ID No, reason for test, drugs to be tested for, collection site address.
- 3.13.5.2 The personnel to be tested is required to identify him/her self with the appropriate employer identification card or government issued ID card. He/she will also confirm the details above as being correct.
- 3.13.5.3 The urine collector will then explain the process to the personnel to be tested and ask him/her to go to the urine collection site/toilet to produce the urine in a container given to him by the urine collector. The personnel to be tested is to return the urine sample to the urine collector on completion of the collection.
- 3.13.5.4 The urine collector will note in the appropriate column of the CCF the temperature and color of the urine specimen produced by the personnel.
- 3.13.5.5 The urine sample is then split into two bottles (split sample) by the urine collector. The first bottle is to contain at least 30 mls and the second bottle 15mls of urine.
- 3.13.5.6 The urine bottles are both sealed with a tamper-evident seal and a label affixed on the bottles which will have the same serial number as the CCF being used to fill the details of the personnel being tested and the testing process.
- 3.13.5.7 The personnel being tested will be required to sign the label affixed to the urine bottle and the date of the test also be indicated on the label.





- 3.13.5.8 The personnel will then sign step 5 of the CCF confirming that he/she has not adulterated the urine sample in any way and that the urine bottles were sealed with a label affixed in his/her presence.
- 3.13.5.9 The urine collector will indicate the mode of transfer of the sealed urine bottles to the testing laboratory.
- 3.13.5.10 In the event that a random test will be conducted by the urine collector on the urine sample of the personnel, the testing card which must be sealed will be dipped into the urine in one of the containers in the presence of the personnel. The result on the test strip will be immediately shown to the personnel and noted in the remark column as the screening test.
- 3.13.5.11 In the event of a positive screening test the result of the second split urine sample sent to the laboratory must be received before a conclusion is reached. However the personnel will be removed from any safety-sensitive job before the receipt of the confirmation test result.
- 3.13.6 **Shy Bladder Procedure**
- 3.13.6.1 In the situation that the employee fails to provide a sufficient amount of urine (45ml) for a required drug test; it is referred to as "shy bladder".
- 3.13.6.2 The urine collector shall treat all cases of "shy bladder" with understanding and explain to the employee the process of a "shy bladder" collection.
- 3.13.6.3 The employee is required to drink 40 ounces of fluids, distributed reasonably through a period of 3 hours, or until the individual has provided sufficient amount of urine specimen whichever occurs first.
- 3.13.6.4 A water log is started from the start of water intake until 40 ounces of fluid is consumed, by the employee being tested.
- 3.13.6.5 Refusal to drink fluid by the employee as required is not treated as a 'refusal' to test.
- 3.13.6.6 Insufficient urine sample should be discarded and new specimen bottles used for the next collection.
- 3.13.6.7 In the event that the employee is unable to provide sufficient urine sample (45ml), after drinking 40 ounces of fluid over a 3 hour period, a medical evaluation by a competent urologist acceptable to the Authority will be required.
- 3.13.6.8 If the medical evaluation shows no evidence of pathology, it shall be deemed a 'refusal' to test by the Authority and shall be treated in the same manner as a positive test.
- 3.14 **Aeromedical Disposition on Testing Positive to Alcohol**
- 3.14.1 For an Aircrew or ATCO who tests positive to an alcohol test, the following steps shall be taken:
- 3.14.2 Revocation of aircrew/ATCO licence for one (1) year.



- 3.14.3 Treatment by a competent psychiatrist/rehabilitation facility.
- 3.14.4 Re-certification after the one (1) year period of licence revocation will be after successful treatment or where no treatment is necessary, after the cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.
- 3.14.5 Follow-up aircrew surveillance will be maintained for a period of sixty (60) months.

3.15 **Aeromedical Disposition on Testing Positive to Psychoactive Substance(s)**

- 3.15.1 For an Aircrew or ATCO who test positive to psychoactive substance(s), the following steps shall be taken:
- 3.15.2 Suspension of Aircrew or ATCO's licence for an initial period of six (6) months.
- 3.15.3 Recertification after the six (6) months period of suspended licence will only be after successful rehabilitation/treatment or where no treatment is necessary, after the cessation of the problematic use of substances and upon determination that the person's continued performance of the function is not likely to jeopardize safety.
- 3.15.4 Re-certification after the one (1) year period of licence revocation will be after successful treatment or where no treatment is necessary, after the cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.
- 3.15.5 Follow-up aircrew surveillance will be maintained for a period of sixty (60) months.

**4.0 RESULTS**

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- 4.1 Completion of this task results in the issue of one of the following:
  - 4.1.1 Revocation of aircrew/ATCO licence for one (1) year.
  - 4.1.2 Re-certification after the one (1) year period of licence revocation with evidence that the problem has been resolved with no danger to safety.

**5.0 FUTURE ACTIVITIES**

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An applicant may return for re-certification after one (1) year





## **CHAPTER 4**

### **PROCEDURES FOR EVALUATION OF BORDERLINE CERTIFICATION CASES**

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#### **1.0 PURPOSE**

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The purpose of this chapter is to provide medical assessors with the procedure for evaluation of borderline certification cases (special circumstances).

#### **2.0 REFERENCES**

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2.1 Regulations 2.11.1.5 of the Nigeria Civil Aviation Regulations.

2.2 ICAO Manual of Civil Aviation Medicine (DOC 8984)

#### **3.0. GENERAL INFORMATION**

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##### **3.1 Sample medical flight tests**

Borderline medical conditions should first be referred to a specialist for a thorough investigation as outlined in the following chapters of this manual. This should include an evaluation of whether or not the condition is progressive, to what extent functions is impaired, and whether there is any risk of future deterioration or sudden incapacitation. If the applicant fails to meet the medical requirements but the condition, in the examiner's opinion, does not affect the regular and safe performance of duties, the Licensing Authority might wish additionally to assess any skill and experience demonstrated during practical flight tests, in order to make certain that the applicant is capable of performing duties without endangering flight safety.

Special medical flight testing, appropriate to the applicant's deficiencies, is conducted to help the Licensing Authority estimate the applicant's ability to perform under normal as well as adverse flight conditions. Therefore, testing of the applicant could include marginal or simulated marginal conditions such as might be encountered in emergency operations, in adverse weather, in twilight or at night, in haze or cloudiness, and in flight towards the sun as appropriate to the condition being assessed.

The flight test report should comment on the conditions under which tests were given. Reasonable simultaneous tasks should be introduced during medical flight testing (such as map reading and navigation, operation of flight equipment, maintenance of communications, and even equipment or engine malfunction) to estimate the applicant's ability to perform more than one task simultaneously.

Specifications for such special medical flight tests provide guidelines to help in determining the applicant's abilities and limitations.

Where the applicant's abilities are compared to those of the flight examiner, it is assumed that the relevant flight examiner's physical attributes are normal. If not, the applicant should be reassigned to another flight examiner.

All of the medical flight test items should be observed and assessed by the flight examiner, but additional tests may be added as deemed necessary at the time of the testing. A medical flight test should be conducted when assessing borderline cases described below. The descriptions apply mainly to general aviation pilots but the same principles are relevant to professional pilot operations.



### 3.2 Deformity or absence of extremities

An applicant might be assessed as fit if able to demonstrate:

- a) Ability to reach readily and operate effectively all controls that would normally require use of the deficient extremity (or extremities), noting any unusual body position required to compensate for the defect.
- b) Ability to perform satisfactorily emergency procedures in flight, such as recovery from stalls and power-off control, as well as on the ground, including evacuation of the aircraft.

### 3.3 Defective hearing

Defects in hearing would not normally necessitate tests under actual flight conditions since all pertinent factors may be readily simulated. Whether conducted on the ground or in flight conditions, the main considerations to be assessed in such cases are:

- a) Ability to hear radio voice and signal communications.
- b) Ability to understand ordinary conversational voice on the ground, in the cockpit with engine on and engine off. (The examiner should guard against the applicant lip-reading.)

### 3.4 Speech defects – stammering, stuttering

An applicant might be assessed as fit, if able to demonstrate ability to converse and be clearly understood in direct conversation and over the radio.

### 3.5 Visual deficiencies

The following circumstances represent some of the typical conditions defining the visual abilities required of a general aviation pilot. Possession of these abilities by an applicant or the applicant's inability to meet the required level of proficiency may be established by simulation or, more realistically, in actual flight conditions. In either case, the ability of an applicant to perform specified tasks is a practical requirement

which is not easily established by a conventional test. Suggested testing procedures may determine the following:

- a) Ability to select emergency landing fields from a distance, preferably over unfamiliar terrain and from high altitude.
- b) Ability to undertake simulated forced landings in difficult fields. Note the manner of approach, rate of descent, and comparative distance at which obstructions (stumps, boulders, ditches) are recognized.
- c) Ability to recognize other aircraft approaching on a collision course (possibly by pre-arrangement), especially aircraft approaching from the far right or far left.
- d) Ability to judge distances (compared with the examiner's judgment), such as distance from other aircraft and from the ground, and to recognize landmarks at the limit of the examiner's vision.
- e) Manner in which landings are made, including crosswind landings.



- f) Ability to read aeronautical maps in flight and to tune the radio on a pre determined station accurately and quickly.
- g) Ability to read instrument panels quickly and correctly (including overhead panel, if any).

### 3.5.1 Additional colour perception tests

An applicant failing to obtain a satisfactory score when tested with pseudo-isochromatic plates may nevertheless be assessed as fit, as specified in Annex 1, 6.2.4.4, provided the applicant is able to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights. This can be tested, usually for aviation red, green and white light, by means of a colour perception lantern recognized by the Licensing Authority. Failure of the applicant to name each colour correctly within the time during which the light is being shown (usually about four seconds) shall indicate failure of the test.

Several such lanterns are in use.

Additional diagnostic testing may be carried out by anomaloscopy.

### 3.6 Medical flight test reports

All results of special medical flight tests should be reported to the Licensing Authority. The report should include information about:

- a) deficiency, test and recommendations;
- b) any additional procedures deemed necessary by the examiner;
- c) any physical attributes of the examiner relevant to comparison of the examinee's abilities with those of the applicant;
- d) marginal or simulated marginal conditions for the test;
- e) the applicant's susceptibility to distraction caused by simultaneous tasks; and
- f) any recommended operating limitations for the licence concerned or, alternatively, the fact that no limitations are required.

## 4.0 RESULTS

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4.1 Completion of a medical flight test may result in one of the following:

4.1.2 Issuance of an Medical Certificate (unrestricted or with the appropriate limitation)

4.1.3 Upholding the initial denial of medical certificate.

## 5.0 FUTURE ACTIVITIES

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An applicant who fails a medical flight test may re-apply for the conduct of another medical flight test with improvement in his/her medical condition.



## CHAPTER 5

### PROCEDURE FOR ON BOARD INSPECTION OF FIRST AID AND MEDICAL KITS

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#### 1.0 PURPOSE

This chapter is to guide medical assessors in the conduct of in-board inspection of first Aid and Medical Kits of Aircraft.

#### 2.0 REFERENCES

- 2.1 **Regulations 7.9.1.11; 7.9.1.12; IS 7.9.1.11; IS 7.9.1.12 and IS 7.9.1.13** of the Nigerian Civil Aviation Regulations
- 2.2 **Checklist for the on-board inspection of First aid and Medical kits: CL:O-MED008**

#### 3.0 GUIDANCE AND PROCEDURES

##### 3.1. General Information

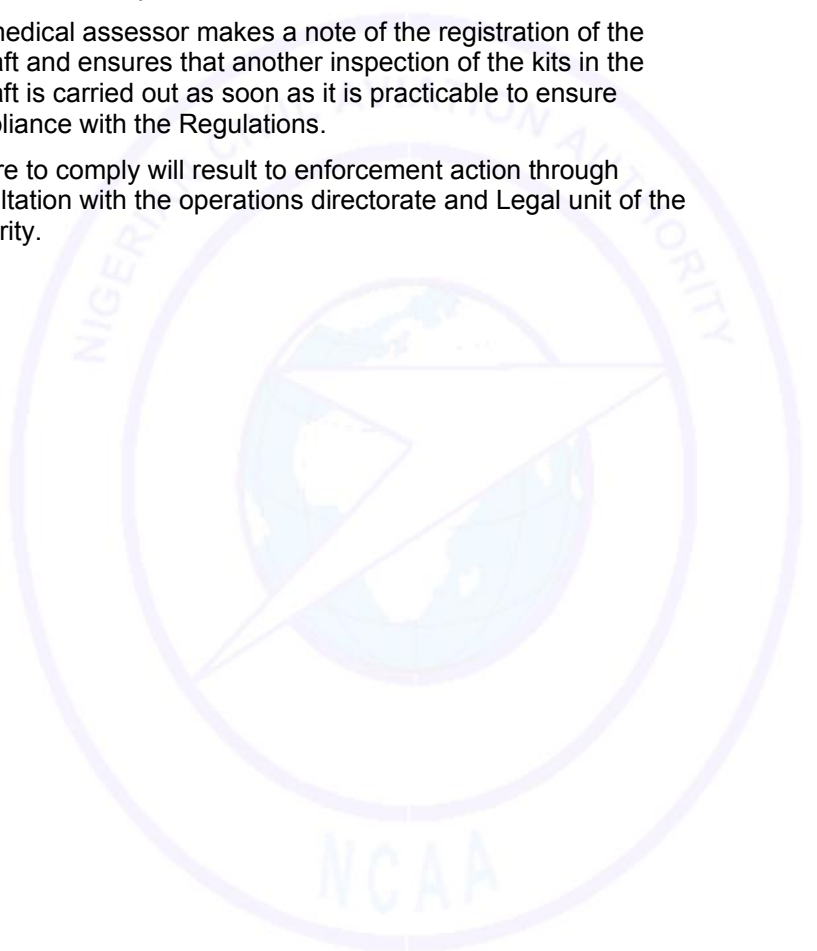
There is the need to periodically inspect the first aid and medical kits carried on aircraft for the handling of medical emergencies that may occur during flights (in-flight medical emergencies). The periodic inspection of these kits is to ensure that the drugs and equipment being carried in them are not expired and are in compliance with the provisions of the Regulations.

##### 3.2 Inspection Procedure

- 3.2.1 The medical assessor will approach and board a randomly picked aircraft after the discharge of passengers.
- 3.2.2 The medical assessor will then inform the captain of the flight or lead cabin crew his/her assignment.
- 3.2.3 Using a prepared checklist the medical assessor will require that all the first aid and medical kits on-board the aircraft are brought for inspection.
- 3.2.4 The name of the airline, name of flight crew, date of inspection and the number of first and medical kits on board the aircraft are noted in the checklist.
- 3.2.5 The captain or lead cabin crew member will then sign the consent for inspection.
- 3.2.6 The first aid and medical kits will be inspected for the following:
  - 3.2.6.1 Integrity of the medical kit (storage, case, safety pin etc).



- 3.2.6.2 Conformity of the contents of the kits in relation to the Regulations.
- 3.2.6.3 Expiry date of the drugs and equipment in the kits
- 3.2.7 Any noted minor discrepancies will be discussed with the flight crew.
- 3.2.8 Any kit with expired drugs or equipment will be immediately withdrawn from service and the airline required replacing it before the next operation of that aircraft.
- 3.2.9 The medical assessor makes a note of the registration of the aircraft and ensures that another inspection of the kits in the aircraft is carried out as soon as it is practicable to ensure compliance with the Regulations.
- 3.2.10 Failure to comply will result to enforcement action through consultation with the operations directorate and Legal unit of the Authority.





## CHAPTER 6

# AIRPORT EMERGENCY MEDICAL PREPAREDNESS, AIRCRAFT ACCIDENT INVESTIGATION AND GENERAL RULES TO BE OBSERVED IN HANDLING AIRCRAFT ACCIDENT CASUALTIES

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### 1.0 PURPOSE

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This chapter is to provide guidance to medical assessors on the conduct of Airport Emergency medical preparedness, participation in Aircraft Accident Investigation and the general rules for handling aircraft accident casualties.

### 2.0 REFERENCES

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#### 2.1 ICAO ANNEX 13

2.2 Relevant checklists : [CL:O-MED003](#); [CL:O-MED004](#); [CL:O-MED005](#)

### 3.0 GUIDANCE AND PROCEDURES

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#### 3.1 General Information

3.1.1 There is the need for medical assessors to be informed of their roles in respect of airport medical emergencies especially in relation to aircraft accidents resulting in mass deaths.

#### 3.2 Airport Emergency Medical Preparedness

3.2.1 The Aeromedical standards department of the Authority will be involved in the preparation, organization and implementation of airport emergency/disaster plans at all airports in the country in collaboration with the Directorate of Airspace and Aerodrome Standards (DAAS), aerodrome service providers, emergency management agencies, security agencies, hospitals etc.

3.2.2 Mock exercises shall be conducted periodically thereafter to prepare the airports to handle medical emergencies when they arise.

3.2.3 A checklist for airport emergency mock exercises will be used.





### 3.3 **Aircraft Accident Investigation**

- 3.3.1 The Aeromedical Standards department of the Authority will form part of the 'Human Factors Group' in any Aircraft Accident Investigation within Nigeria. The department will avail its expertise to accident investigators of the Accident Investigation Bureau (AIB). This group is usually responsible for all aeromedical aspects of the crew's performance including physical, physiological and psychological elements. It is concerned with issues of crew incapacitation.
- 3.3.2 The analysis of the 'Human Factors Group' shall include the following:
- 3.3.2.1 The presence of any physical or psychological disorder that may have contributed to impaired function of the flight deck crew.
- 3.3.2.2 Any specific environmental factor(s) that may have affected the crew's performance.
- 3.3.2.3 Any factors in the medical, paramedical and psychological background of the crew which might suggest or explain a decrement in their function or efficiency.
- 3.3.2.4 The bioengineering aspects that will include among other things an attempt to establish the relationship of injuries sustained by casualties to the cockpit, cabin structure, seat orientation, harness restraint, etc.
- 3.3.2.5 The factors that may have affected negatively the immediate evacuation of the aircraft and escape. The efficiency of survival aids will also come under scrutiny.
- 3.3.2.6 The pattern of injuries that may provide sound evidence as to the sequence of events or even the cause of the accident.
- 3.3.2.7 The services of a forensic pathologist will be required in fatal aircraft accidents in matters relating to body recovery, identification; and subsequent post-mortem examinations.
- 3.3.2.8 The body recovery and identification forms will be used for each victim of an aircraft accident.
- 3.4 **General Rules to be observed in the handling of Aircraft Accident Casualties**
- 3.4.1 Do not remove any of the bodies until all inquiries and examination which can be made on the spot have been concluded.
- 3.4.2 Determine and record the position of each body in relation to the crash site.
- 3.4.3 Do not touch any wreckage, human remains or property until all evidence that might assist in the identification has been photographed or recorded, and even when the examination and identification of the victims is finished, do not touch any wreckage until the competent Authorities (Police, AIB, NCAA etc) have completed their investigations.
- 3.4.4 Collect all personal possessions that may belong to the deceased and keep these with the remains to which they belong.
- 3.4.5 Attach immediately a tag carrying an identification number marked in indelible ink to each corpse: the tag should be attached to the body itself and not to a stretcher or to a blanket in which the remains have been wrapped.
- 3.4.6 Ensure the early transfer of all human remains to a mortuary facility.
- 3.4.7 Assist the pathologist in carrying out the post mortem on the remains of the casualties.



## CHAPTER 7

### MEDICAL ASSESSMENT & PREGNANCY

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#### 1.0 PURPOSE

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This chapter is to guide medical assessors in the medical assessment of pregnant crew members.

#### 2.0 REFERENCES

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- 2.1 Regulations 2.11.2.6 (a) (34,35 ,36); 2.11.2.7 (a) (32,33,34) and 2.11.2.8 (a) (32 ,33, 34)

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 General information

- 3.1.1 Pregnancy is a normal physiological process; however, major anatomical and hormonal disturbances are associated with it which increases the risk of incapacitation accordingly.
- 3.1.2 Applicants who are pregnant shall be assessed as unfit unless obstetrical evaluation and continued medical supervision indicates a low risk, uncomplicated pregnancy. The fit assessment period may be limited to the end of the 26th week for Class 1 medical assessment and 34<sup>th</sup> week for Class 2 and 3 medical assessments.
- 3.1.2.1 In the event of an unfit status, a medical report shall be sent to the Authority.
- 3.1.2 A crew who confirms that she is pregnant is to immediately inform the Authority in writing.
- 3.1.4 Following confinement or termination of pregnancy, the applicant shall not be permitted to exercise the privileges of her licence until she has undergone re – evaluation in accordance with best medical practice and has been assessed as fit to safely exercise the privileges of her licence and ratings.





## CHAPTER 8

### PROCEDURE FOR THE APPEAL OF AEROMEDICAL DECISIONS

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#### 1.0 PURPOSE

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This chapter is issued to provide guidelines for the appeal of decisions by the Authority in respect of denial or revocation of medical certificates.

#### 2.0 REFERENCES

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2.0 Regulation 1.10 of the Nigerian Civil Aviation Regulations.

2.1 FORM: [FORM:O-MED015](#)

#### 3.0 GUIDANCE AND PROCEDURES

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- 3.1 Decisions of the Authority may be appealed and this includes those related to the denial or revocation of a medical certificate.  
The applicant notifies the Authority in writing to the Director General within sixty days from the date of denial/revocation requesting a review of his or her case.
- 3.2 The Director General will refer the case to the Head of Aeromedical Standards who will convene a medical review panel. The panel may comprise external medical consultants with expertise in the medical condition under review and relevant officers of the Authority from Aeromedical, Legal and the appropriate technical directorate(s).
- 3.3 The panel will review the case taking into consideration the nature of the duties to be performed by the applicant, the limitations of the medical condition and holding safety as the guiding principle.
- 3.4 The Authority will convey the decision to the applicant in writing within fourteen(14) working days.
- 3.5 The decision will subsist during the appeal process.



## CHAPTER 9

# HUMAN IMMUNODEFICIENCY VIRUS (HIV) PROTOCOL

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## AEROMEDICAL DISPOSITION OF AICREW OR AIRTRAFFIC CONTROLLERS WHO ARE SEROPOSITIVE TO THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

### 1.0 PURPOSE:

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This chapter is issued to provide guidelines for the aeromedical disposition of aircrew and air traffic controllers who are seropositive to the Human Immunodeficiency Virus (HIV)

### 2.0 AEROMEDICAL CONCERNS

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- 2.1 The primary aeromedical concerns are the progression of disease, occurrence of neurocognitive impairment and the changing spectrum of the illness in the age of Highly Active Antiretroviral Therapy (HAART).
- 2.2 Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment (ICAO Annex 1)

### 3.0 REFERENCES

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- 3.1 Regulations [2.11.2.6 \(a\) \(32\)](#); [2.11.2.7 \(a\) \(30\)](#); [2.11.2.8 \(a\) \(29\)](#) of the Nigeria Civil Aviation Regulations 2009
- 3.2 ICAO Annex 1, 6.3.2.20, 6.4.2.20, 6.5.2.20
- 3.3. ICAO Manual of Civil Aviation Medicine (Doc 8984).

### 4.0 GUIDANCE AND PROCEDURES

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- 4.1 Following a diagnosis of HIV Seropositivity, the applicant (abinitio or renewal) shall be assessed as unfit unless the applicant's condition has been investigated and evaluated in accordance with best medical practice and is assessed as not likely to interfere with the safe exercise of the applicant's license or rating privileges.
- 4.2 For initial certification or re-certification the applicant shall undergo the following reviews:
  - 4.2.1 **HIV Specialist Review** Specialist review must be from a treating physician knowledgeable and experienced in the treatment of HIV-infected persons.

This shall include but not limited to the following:

    - 4.2.1.1 History of disease:

A medical history emphasizing symptoms and treatment referable to the immune system, any signs or symptoms of atherosclerotic cardiovascular disease, diabetes mellitus or insulin resistance, and a clinical assessment of cognitive function.



- 4.2.1.1 History of disease:
- 4.2.1.2 Current and previous symptoms of the disease
- 4.2.1.3 Stability of medical condition/management of disease
- 4.2.1.4 History of opportunistic infections or associated illnesses
- 4.2.1.5 History of CD4 T-cell counts
- 4.2.1.6 History of Viral load measurements
- 4.2.1.7 Medication history (including “over the counter” medications and alternative medicines)
- 4.2.1.8 Reports concerning side effects of medications
- 4.2.1.9 Laboratory testing to include:
  - Hepatitis B & C, Cytomegalovirus, Toxoplasma, Tuberculosis
  - Full Blood Count, Urea and Creatinine estimation, Liver Function Tests, Fasting Blood Glucose, and Fasting Lipid Profile.

### **4.3 Neurology Review**

- 4.3.1 This can be undertaken by the HIV specialist or a Neurologist.
- 4.3.2 Assessment for neurological sequelae, includes assessment of primitive reflexes (because of their association with cognitive decline).

### **4.4 Neuropsychological Review**

- 4.4.1 Baseline neuropsychological assessment
- 4.4.2 Tests should include psychomotor tasks and memory tasks requiring attention, learning, active monitoring and retrieving of information.
- 4.4.3 Psychiatry Review
- 4.4.4 Assessment for psychiatric sequelae related to HIV seropositivity and antiretroviral treatment.

### **4.5 Cardiology Review (only if indicated)**

- 4.5.1 Cardiological review is recommended if the following exist:
  - 4.5.1.1 Lipodystrophy or metabolic syndrome (dyslipidaemia – raised total cholesterol, Low high density lipoprotein cholesterol and raised triglycerides or insulin resistance with hyperglycaemia);
  - 4.5.1.2 Cardiac risk factors are present including: Hypertension, evidence of Left Ventricular Hypertrophy, smoking, raised lipids, diabetes, age over 40 years.

## **5.0 AEROMEDICAL CERTIFICATORY ASSESSMENT/QUALIFICATION CRITERA**

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### **5.1 HIV- Infection**

A CD4 cell count of 200/mm<sup>3</sup> or more confirmed by two (2) or more tests taken at least one month apart regardless of whether the applicant is on antiretroviral medication or not is acceptable.

Also, viral load of between 5,000 or less copies per ml of more than Six months after primary infection is acceptable.



5.2 On receipt of satisfactory reports, applicants who are asymptomatic, stable, without significant opportunistic infection may be considered for certification, if their CD4+ count is above the minimal stated.

5.3 Once diagnosed HIV positive, solo operation as a pilot shall not be accepted for Class 1 or Class 2 applicants. A multi-crew limitation shall be placed on applicant's licence by the Authority.

5.4 Table 1 – Applicants not established on antiretroviral therapy (cART)

Age (yr)	Minimum CD4+ Count
20-39	350
40-59	400
60+	500

5.5 Applicants over 40yrs of age with CD4+ counts below these levels but above 350/mm<sup>3</sup> may be considered for recertification on an individual basis.

5.6 Table 2 Applicant established on Combined Antiretroviral Therapy (CART)

<b>CD4 Count</b>	> 350 = 0	201 - 350 = +0.62	51 - 00 = +1.46	≤50 = +2.44
<b>BMI</b>	≤18 = +0.80	18.1 - 25 = 0	> 25 = -0.29	
<b>Viral load</b>	< 500 = 0	≥500 = +0.18		
<b>CD4 slope (3 months)</b>	< -25/mm <sup>3</sup> = +0.49	-25 to +25/mm <sup>3</sup> = 0	> 25/mm <sup>3</sup> = +0.18	
<b>Anaemia</b>	No = 0 Hb > 14.0g/dl male Hb > 12.0g/dl female	Mild = +0.68 Hb 8.01 - 14.0g/dl male Hb 8.01 - 14.0g/dl female	Severe = +1.02 Hb ≤ 8.0g/dl	



<b>ART experience prior to cART</b>	Yes = 0	No = - 0.39		
<b>Taking antiretrovirals</b>	Yes = 0	No = +1.24		
<b>Age</b>	Age x 0.027			
<b>Infected with HIV</b>	Via intravenous drug use = +0.25		Via any other route = 0	
<b>Prior diagnosis of AIDs at starting cART</b>	No = 0	Yes = +0.19		
<b>Total Score</b>	<b>% Risk of Clinical progression in following twelve months</b>			
<15	0.5			
1.5 – 2.99	1.4			
3.0 – 4.49	6.25			
≥4.5	>20			

5.7 Table 2 enables a risk assessment to be undertaken. The figures are summated to reach a score that follows a prediction of risk of progression during the next 12 months.

## 6.0 CONDITIONS FOR DISQUALIFICATION

- In HIV seropositive applicants, a viral load greater than 5,000 and a CD4 cell count below 350/mm<sup>3</sup> is disqualifying unless the applicant is on antiretroviral medications
- Any cognitive/neuropsychiatric impairment
- Unacceptable visual field defects
- Change in or discontinuation of medication
- Any other aeromedically adverse clinical findings

## 7.0 MEDICATION

7.1 Acceptable medications include:

Abacavir, Didanosine, Emtricitabine, Lamivudine, Tenofovir, Zidovudine, Atazanavir, Fosamprenavir, Lopinavir, Ritonavir, Nelfinavir, Saquinavir, Nevirapine and Efavirenz.

7.2 Unacceptable medications include:

Enfuvirtide, Zalcitabine, Indinavir and Stavudine.

7.3 Recently available medications, e.g Tipranavir, Darunvir, Raltegravir and Maraviroc, may be acceptable on an individual basis. Particular attention needs to be given to the toxicity and side



effect profile of such medications.

- 7.4 A temporarily unfit assessment shall be made when initiating, modifying or discontinuing ART. When stable, recertification after three months of monitoring may be permitted provided that there has been an acceptable serological response, no ongoing side effects and FBC, LFTs, Lipids and Fasting blood glucose are acceptable.
- 7.5 Those commencing or modifying Efavirenz treatment shall require a psychiatric and neurological examination at initial certification or within six months after initiating therapy.
- 7.6 Reviews shall take account of any over-the-counter medications and alternative therapies being taken.

## **8.0 FOLLOW-UP**

- 8.1 Regular follow-up shall be required, to include:
  - 8.2 3-monthly CD4+ and viral load measurements
  - 8.3 6-monthly neurology assessment (by HIV specialist or neurologist including consideration of the need for psychiatric evaluation)
  - 8.4 If taking ART: 6-monthly LFTs, FBC, Lipids and Fasting blood glucose
  - 8.5 Annual cognitive function test
  - 8.6 Evidence of having passed a Licence Proficiency Check (LPC) or the report from a Medical Flight Test (MFT) with a Flight Instructor Examiner (FIE) may be considered in lieu of this where disease stability and the risk of disease progression is acceptable.
  - 8.7 Impaired performance shall require further neuropsychological assessments to be compared with baseline testing and any deficits shall require that the pilot is declared temporarily unfit.
  - 8.8 Neuropsychological assessment shall be undertaken if there are any clinical concerns about cognitive impairment.
  - 8.9 Further co-infection testing shall be undertaken where clinically indicated and those with new positive tests shall be deferred for further assessment.
  - 8.10 If an applicant develops new symptoms and/or fails to achieve the nominal levels listed above at any time after certification, they shall inform the Authority who shall declare an unfit status. (Nig. CARs 2.11.1.6)
  - 8.11 The unfit status may be reversed when the acceptable fitness levels are achieved in line with the nominal levels listed earlier. (Nig. CARs 2.29.2(f))

## **9.0 VARIATIONS IN CD4+ COUNTS**

- 9.1 CD4+ T-cell counts are subject to substantial variability due to both biological and laboratory methodologies and can vary up to 30 percent on repeated measures in the absence of a change in clinical status.
- 9.2 Therefore, it is important to monitor trends over time rather than take a decision on one specific determination. Sudden changes in the count need to be confirmed by a second determination.

## **10.0 DEFERMENT OF MEDICAL CERTIFICATION TO THE AUTHORITY**

- 10.1 The protocol requires AAMEs to carry out investigations following the above guidelines for Aircrew/ATCOs who are seropositive for HIV before deferring to the Authority for the determination of their medical fitness or otherwise.



## CHAPTER 10 OTHER MEDICAL CONDITIONS

### 1.0 PURPOSE:

This chapter provides general guidance information on aeromedical fitness for conditions involving the various systems of the human body.

### 2.0 REFERENCES

**Regulations 2.11.2.6; 2.11.2.7 and 2.11.2.8 of the Nigeria Civil Aviation Regulations, 2.1: checklists: CL:O-MED006**

### 3.0 GUIDANCE AND PROCEDURES:

The detailed information for guidance and procedures regarding all the systems of the human body and related medical conditions are contained in the Manual of Civil Aviation Medicine (ICAO Doc 8984).

3.1 Diabetes mellitus one of the medical conditions for which protocols have been developed and are in use by the AAMEs.

3.1.1 Table 1 shows the diagnostic criteria for classifying glucose impairment and diabetes.

**Table 1**

<b>Diagnostic criteria</b>	
<b>Condition</b>	<b>Blood glucose level</b>
Diabetes	fasting blood glucose: 7.0 mmol/L (126mg/dL) and above or 2 hours after glucose load: 11.1 mmol/L (200 mg/dL) and above
Impaired glucose tolerance	fasting blood glucose: less than 7.0 mmol/L (126 mg/dL) and 2 hours after glucose load: 7.8 mmol/L (140 mg/dL) and above and less than 11.1 mmol/L (200 mg/dL)
Impaired fasting glucose	fasting blood glucose: 6.1 mmol/L (110 mg/dL) and above and less than 7.0 mmol/L (126 mg/dL) and 2 hours after glucose load: less than 7.8 mmol/L (140 mg/dL)
Modified from Definition, diagnosis and classification of diabetes mellitus and its complications. Report of a WHO consultation (WHO, Geneva, 1999) and the International Diabetes Federation.	



- 3.1.2 It is essential that aircrew have satisfactory control before being returned to the operational environment. They should be free from diabetic symptoms and maintain good nutrition.
- 3.1.3 Their metabolic control should be good and should not focus solely on blood glucose. In order to decrease cardiovascular risk, a holistic approach should be taken.
- 3.1.4 The targets for the relevant parameters are shown in Table 2.

**Table 2**

<b>Good control</b>	
Glucose:	
Fasting	< 6.7 mmol/L
Post-prandial peak	< 9.0 mmol/L
HbA1c	< 7.0%
Blood pressure	130/80 mmHg
Total cholesterol	< 4.8 mmol/L
LDL-C	< 2.5 mmol/L
Triglycerides	< 2.3 mmol/L
HDL-C	> 1.0 mmol/L

- 3.1.5 The key to returning diabetic aircrew to aviation duties safely is to use evidence-based medicine to avoid incapacitation in the aviation environment.
- 3.1.6 The aviation physician must liaise closely with the endocrinologist treating the aircrew, in order that the benefits of both disciplines can be consolidated to produce a fair and objective assessment. All policies for certification should be audited regularly in the light of developments in the world literature and modified accordingly.

**4.0 Guidance Checklist on Diabetes Mellitus for AAMEs**

See checklists : [CL:O-MED006](#)





## **CHAPTER 11**

### **USE OF MEDICATION, DRUGS AND OTHER TREATMENTS**

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#### **1.0 PURPOSE**

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This chapter is to provide guidelines to medical assessors for the surveillance of licensed aircrew who are on medication and other treatments.

#### **2.0 REFERENCES**

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Regulations [1.2.1.7](#); [2.11.1.6](#) of the Nigeria Civil Aviation Regulations

#### **3.0 GUIDANCE AND PROCEDURES**

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##### **3.1 General Information**

- 3.1.1 Holders of medical certificates shall not take any prescription or non prescription (over the counter) medication or drug; or undergo any other treatment, unless they are completely sure that the medication, drug or treatment will not have any adverse effect on their ability to safely perform their duties.
- 3.1.2 If there is doubt, advice shall be sought from the Authority, or the Authorized Aviation Medical Examiner (AAME).
- 3.1.3 Holders of medical certificates shall, without delay, seek the advice of the Authority, or an AAME when becoming aware of:
  - 3.1.3.1 Hospital or clinic admission for more than 12 hours; or
  - 3.1.3.2 Surgical operation or invasive procedure; or
  - 3.1.3.3 The regular use of medication; or
  - 3.1.3.4 The need for regular use of correcting lenses.
  - 3.1.3.5 Holders of medical certificates who are aware of:
    - 3.1.3.5.1 Any significant personal injury involving incapacity to function as a member of a flight crew; or
    - 3.1.3.5.2 Any illness involving incapacity to function as a flight crew for a period of 20 days or more.
    - 3.1.3.5.3 Being pregnant, ill or injured, an applicant shall inform the Authority in writing of the pregnancy or the nature of injury and as soon as;



- 3.1.3.5.4 The pregnancy has ended after safe confinement or miscarriage and;
- 3.1.3.5.5 Twenty (20) days has elapsed in the case of illness.
- 3.1.3.6 The medical certificate of such a person shall be deemed to be suspended upon the occurrence of such injury, the elapse of such period of illness or the confirmation of pregnancy and;
- 3.1.4 In the case of injury or illness the suspension shall be lifted upon the holder being medically examined under arrangements made by the Authority and being pronounced fit to function as a member of the flight crew, or upon the Authority exempting, subject to such conditions as it thinks fit, the holder from the requirement of a medical examination; and
- 3.1.4.1 In the case of pregnancy the suspension may be lifted by the Authority, for such period and subject to such conditions as it thinks fit and shall cease upon the holder being medically examined under arrangements made by the Authority after the pregnancy has ended or following safe confinement and being pronounced fit to resume her functions as a member of the flight crew.
- 3.2 Consumption of medication by flying personnel.**
- 3.2.1 Any intake of medicine or narcotic substance must be declared in the formal declaration signed by flying personnel and handed to physicians in charge of the evaluation of flying fitness (AAME's) at each medical examination.
- 3.2.2 The decision as to whether a pilot is fit to fly under medication has always to be taken in conjunction with knowledge of his clinical situation and the dose and form of prescribed drug.
- 3.2.3 Consumption of medicines or other substances must always be reported as it may justify temporary or permanent suspension from flying status.
- 3.2.4 The consumption of such substances may have consequences on qualification for three reasons:
- a. The disease requiring a treatment may be cause for disqualification;
  - b. Flight conditions may modify the reactions of the body to a treatment (jet lag, dehydration, moderate hypoxia); and
  - c. Most important, drugs may cause adverse side effects impairing flying safety. It should be noted that the effects of medicine do not necessarily immediately disappear when the treatment is stopped (e. g. cannabis has a side effect enduring for about two weeks), and that the subject may be temporarily disqualified during the withdrawal period.
- 3.2.5 Flying personnel should nevertheless not be deprived of an efficient treatment because of their professional occupation. What is important is to find the compromise between flying fitness requirements, medical treatment and illness that is the most suitable both for the patient and flying safety.



- 3.2.6 Single-drug therapy may in certain cases be tolerated for flying personnel but multiple-drug therapy which may multiply adverse effects requires the greatest circumspection. As new therapeutic agents with significance advantage for flying personnel become available, the use would be introduced and insertion made following the normal amendment process.

### 3.3 Declaration of fitness of flying personnel

- 3.3.1 Flying personnel must be declared fit by the Authority or the AAME according to the circumstances; and not by their practitioner.
- 3.3.2 One of the goals of aviation medical examiners must be to make flying personnel aware of the problems caused by treatments in order to entice them to refrain from taking unreported treatments whose side effects may not have been assessed.

## 4.0 List of Some medications for the treatment of Hypertension in Aircrew

Some medications for hypertension that are compatible with flying duties are listed below. The list below is not exhaustible and is continually under revision.

- 4.1 Acebutolol
- 4.2 Amiloride (in combination with hydrochlorothiazide)
- 4.3 Atenolol
- 4.4 Captopril
- 4.5 Chlorthalidone (less than 100 mg/d)
- 4.6 Diltiazem
- 4.7 Enalapril (10-15 mg/day)
- 4.8 Hydrochlorothiazide
- 4.9 Indapamide
- 4.10 Methylothiazide
- 4.11 Metoprolol
- 4.12 Nadolol
- 4.13 Nifedipine (tablet only)
- 4.14 Oxprenolol
- 4.15 Pindolol
- 4.16 Propranolol (Inderal)
- 4.17 Timolol
- 4.18 Triamterene
- 4.19 Verapamil
- 4.20 Though most  $\beta$  - blockers are acceptable, hydrophilic  $\beta$  – blockers are preferred.



## CHAPTER 12

### AIR AMBULANCE OPERATIONS

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#### 1.0 PURPOSE

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- 1.1 This chapter is to provide guidance to potential operators of air ambulance services in Nigeria. The guidance is general in nature and not exhaustive.
- 1.2 Operators and pilots of air ambulance services are reminded that all operations must be conducted in compliance with the Nigeria Civil Aviation Regulations. In particular, nothing should be taken as exempting air ambulance operations from applicable licensing, operations, airworthiness or air traffic regulations.

#### 2.0 REFERENCES

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Relevant regulations in Parts 2, 5, 6, 8 and 9 of the Nigeria Civil Aviation Regulations

#### 3.0 GUIDANCE AND PROCEDURES

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##### 3.1 Pilot qualifications

The pilot of aircraft engaged in air ambulance operations shall –

- 3.1.1 as a minimum be the holder of a valid commercial pilot licence with instrument rating - appropriate to the category and type of air ambulance aircraft and the mission to be flown;
- 3.1.2 have received training, terrain information and demonstrated minimum competency for the relevant mission to be flown, as prescribed in the operator's operations manual; and
- 3.1.3 The operations manual of the operator shall set minimum criteria for qualifications of pilots to be used for the missions intended.

##### 3.2 Medical qualifications

- 3.2.1 Medical personnel and medical service providers involved in air ambulance operations shall comply with the relevant legislation and regulations.

##### 3.3 Training of flight crew, medical personnel and operations personnel

- 3.3.1 The owner or operator of an aircraft engaged in an air ambulance operation shall ensure that each flight crew member, medical personnel and operations personnel, assigned to an air ambulance operation, has successfully completed the appropriate training.



- 3.3.2 However, a medical specialist who is not trained in air ambulance operations may be taken on a specific air ambulance operation, in addition to the regular medical personnel, for the benefit of the patient.
- 3.3.3 The operator shall ensure that all flight crew members, medical personnel or operations personnel, as the case may be, who have not completed the training as referred to above, shall have a standard safety briefing pertaining to the aircraft to be used for the operation.

#### 3.4 Aircraft configuration

- 3.4.1 The owner or operator of an aircraft engaged in air ambulance operations shall ensure that the cabin of the aircraft –
- 3.4.1.1 has an entry which allows loading of the patient without excessive maneuvering, which is not greater than 45° tilt along the lateral axis, and not greater than 30° tilt along the longitudinal axis that;
- 3.4.1.2 has an entry that allows loading or unloading without compromising the functioning of the monitoring systems, IV lines and manual or mechanical ventilation; and
- 3.4.1.3 must be able to accommodate volumetrically, as a minimum:
- (i) one stretcher unit large enough to carry a 95 percentile patient full length in supine position (6ft stretcher);
  - (ii) two medical personnel, with sufficient access to the patient from a secured seat-belted position; and
  - (iii) all the medical equipment required by the medical service provider for the operation.

#### 3.5 Lighting and electrical equipment

- 3.5.1 The owner or operator of an aircraft engaged in an air ambulance operation shall ensure that –
- 3.5.1.1 adequate lighting equipment is provided in the patient care area;
- portable lighting equipment is provided for use in the event of a failure or inability to utilise the main electrical system;
- 3.5.1.3 the cockpit or the flight deck, as the case may be, is screened from lights in the patient care area during night operations, or alternatively, where such protection is not possible, shall ensure that sufficient light of low intensity is used in the patient care area, provided that such lighting does not interfere with the operations of the flight deck crew;
- 3.5.1.4 without compromising the normal operation of any aircraft equipment, and if required by the medical service provider, there shall be a power source available from the aircraft.
- 3.5.1.5 in cases where unaided verbal communication cannot be sustained, such aircraft is equipped with an interphone system which provides a means of two-way communication between the flight crew members and medical personnel and the pilot can isolate himself or herself from such system.



- 3.5.2 The owner or operator of an aircraft engaged in an air ambulance operation shall not operate the aircraft unless such aircraft is equipped with –
- 3.5.2.1 an approved restraining strap for each patient;
- 3.5.2.2 an additional restraining device for a child or small adult who will not be adequately restrained with the restraining strap referred to above, if applicable;
- 3.5.2.3 an incubator, which is properly secured in position, should an incubator be needed for the flight; and
- 3.5.2.4 a stretcher and mounting system which allows for rapid detachment from the base unit.
- 3.5.3 The operator shall ensure that suitable measures are taken to protect the pilot, aircraft controls, communication and navigation equipment from any interference by the patient, medical personnel or medical equipment on board the aircraft during flight or during loading and unloading.
- 3.6 Medical equipment**
- 3.6.1 The owner or operator of an aircraft engaged in an air ambulance operation shall ensure that :–
- 3.6.1.1 any medical equipment, supplies or other items on board of the aircraft are: –
- 3.6.1.1.1 properly secured in accordance with good aviation practise;
- 3.6.1.1.2 so positioned that they do not or are not likely to –
- (a) cause injury to any person on board of the aircraft;
- (b) obstruct access to any regular or emergency exit; or
- (c) obstruct access to any emergency equipment;
- 3.6.1.1.3 appropriately certified by the manufacturer thereof for use in an aircraft.
- 3.6.2 All portable gas cylinders shall be properly secured with approved devices during flight.
- 3.6.3 All oxygen and medical gas cylinders used in an air ambulance operation:–
- 3.6.3.1 shall have an annual visual and a five-yearly hydrostatic inspection by a testing facility approved for the purpose by the relevant regulatory body(Standards Organisation of Nigeria);
- 3.6.3.1.1 shall be marked with a sticker indicating approval for 'return to service' and 'next service due' date, which sticker shall be clearly visible to flight crew and medical personnel;
- 3.6.3.1.2 shall, where applicable, bear a stamp of approval from an appropriately approved provider which stamp shall be clearly visible on each cylinder and certifying such cylinder as being approved.
- 3.6.4 All oxygen and medical gas cylinders fixed in an air ambulance operation shall be maintained as per the manufacturer's specifications.





### 3.7 Relationship with medical service provider

3.7.1 The owner or operator of an aircraft engaged in an air ambulance operation shall ensure that he or she is aligned with a medical service provider who is compliant with all the relevant legislation administered by all relevant agencies to consult with on matters pertaining to –

- (a) the advisability of the transportation by air of the patient;
- (b) the type of air ambulance aircraft required for the transport;
- (c) the level of patient care required;
- (d) medical equipment needed on board the aircraft; and
- (e) precautions to be taken during the flight and during ground transportation.

3.7.2 Where the operator of an aircraft is also the medical service provider, such operator shall ensure that the medical aspects of the operation complies with all the relevant requirements as contained in the relevant legislation administered by all relevant agencies.

### 3.8 Loading and unloading

3.8.1 The pilot-in-command of a helicopter engaged in an air ambulance operation shall allow the loading or unloading of a patient with the rotors turning only –

- (a) under strictly controlled circumstances overseen by appropriately trained personnel;
- (b) in times of a serious emergency; and
- (c) if the loading or unloading of a patient is undertaken by appropriately trained personnel.

3.8.2 In cases of fixed wing multi-engine aircraft, the loading or unloading shall be undertaken only if the engine on the side of the exit is switched off.

3.8.3 Loading or unloading shall not be undertaken in cases of single-engine aircraft.

3.8.4 The owner or operator shall make provisions in the manual of procedure concerning circumstances and procedures for rapid patient loading and unloading.

3.8.5 Medical personnel shall inform the pilot-in-command regarding add-on equipment for calculation of the aircraft's mass and balance.



### 3.9 Infection control and fluid contamination

- 3.9.1 The owner or operator of an aircraft engaged in an air ambulance operation shall ensure that:–
- 3.9.1.1 every employee, before performing duty on, or cleaning an aircraft :–
- (i) is familiar with any infection control procedure which may apply in respect of the aircraft; and
  - (ii) takes appropriate precautions before performing duty on or cleaning such aircraft, as prescribed by the Occupational Safety and Health Act, and other relevant legislation, and set out in the manual of procedure; and
- 3.9.1.2.1 such aircraft shall not be operated unless it is equipped with measures to protect the aircraft against bodily fluid contamination.
- 3.9.1.3 the protection measures referred to in the paragraphs above are set out in the manual of procedures and are compliant with the minimum standards as prescribed in the regulations issued by the Ministry of Health and other relevant agencies; and
- 3.9.1.4 the cleaning agents used for cleaning are non-corrosive or non-abrasive to the aircraft.

### 3.10 Additional responsibilities

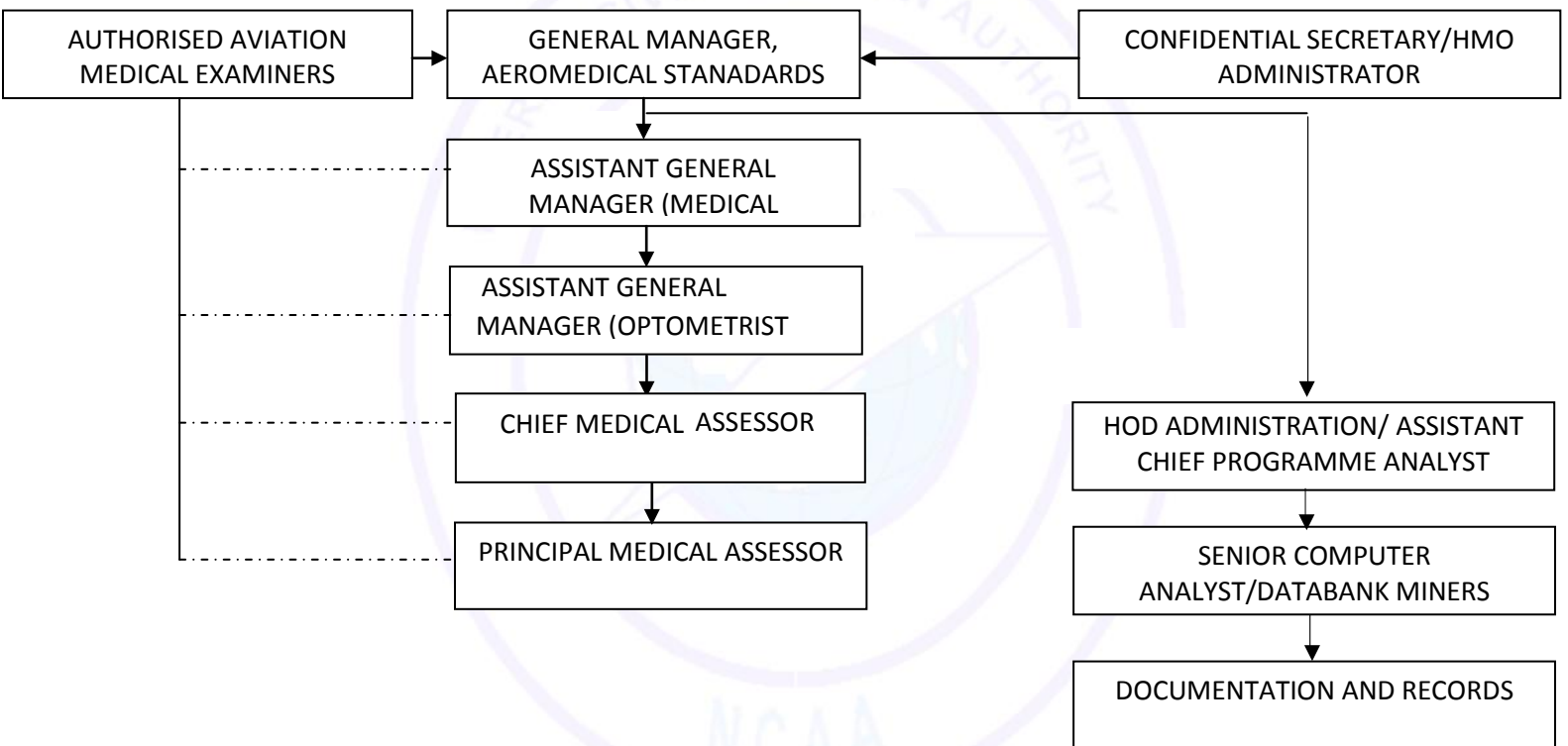
- 3.10.1 The medical personnel on board the aircraft shall be responsible for patient care from the time of hand-over by the dispatching medical unit until the time of hand-over to the receiving medical unit.
- 3.10.2 The pilot-in-command of the aircraft shall at all times be responsible for the safety of the aircraft operation.
- 3.10.3 The manual of procedure of the operator shall clearly state conditions under which landings at non-registered landing areas may be carried out.





**CHAPTER 13**  
**ORGANOGRAM, FUNCTIONS AND RESPONSIBILITIES**

**ORGANOGRAM**  
**AEROMEDICAL STANDARDS DEPARTMENT**





## **FUNCTIONS OF THE DEPARTMENT OF AEROMEDICAL STANDARDS**

1. The appointment, supervision and control of AAMEs.
2. Review and evaluation of aircrew medical reports from Authorised Aviation Medical Examiners (AAMEs).
3. Medical examination for AviationSecurity screening personnel.
4. Periodically inspection of AAME facilities in Nigeria.
5. Aeromedical data bank for collation and analysis of aircrew and ATCO medical reports for trends aimed at prevention of incidents inimical to aviation safety.
6. Periodic review and oversight of ab-initio cabin crew training and recurrent training.
7. Ensuring implementation of policy guidelines for all flight personnel who are license holders in line with ICAO SARPS.
8. The periodic updating of aeromedical regulatory standards for Nigeria in line with ICAO SARPS.
9. The periodic Inspection of medical facilities at all airports in the country including medical emergency preparedness.
10. Periodic on-board inspection of aircraft first aid and medical kits.
11. Carrying out periodic on the spot assessment of aircrew for alcohol and or psychoactive substance abuse.
12. Participation at mock air crash exercises at all airports in Nigeria.
13. Participation in Aircraft Accident Prevention and Investigation
14. Developing an aeromedical regulatory standard for air ambulance operations in Nigeria.
15. Organization of periodic sensitization seminars on relevant issues in aviation medicine for AAME's, AAME staff, aircrew and airline operators.



16. Appointment on an ad-hoc basis of competent consultants in relevant medical specialties for the review of contentious aircrew medicals (Medical Advisory Panel).
17. Staff Occupational health medical care – policy, review and implementation.
18. These functions are carried out by Aeromedical Assessors who are designated Aeromedical Safety Inspectors of the NCAA.





## **FUNCTIONS OF KEY STAFF**

### **DEPARTMENT OF AEROMEDICAL STANDARDS**

#### **A) All Medical Assessors**

The Aeromedical Assessors listed below will carry out the following functions under the caption - all Assessors.

1. Ab – initio Medical assessment for aircrew and air traffic Controllers (ATCO)
  2. Review and evaluation of aircrew medical reports from Authorised Aviation Medical Examiners (AAMEs).
  3. Periodic inspection of AAMEs medical facilities in Nigeria.
  4. The periodic inspection of medical facilities at all airports in the country including medical emergency preparedness
  5. Periodic on-board inspection of aircraft first aid and medical kits.
  6. Participation at mock air crash exercises at all airports in Nigeria.
  7. Carrying out periodic on-the-spot assessment of aircrew for alcohol and or psychoactive substance abuse.
  8. Staff Occupational health medical care – review and implementation.
-



**B). Functions of the Head of Department**

1. The appointment, supervision and control of Authorised Aviation Medical Examiners (AAMEs)
2. Ensuring implementation of policy guidelines for all flight personnel who are license holders in line with ICAO SARPS.
3. The periodic updating of Aeromedical regulatory standards for Nigeria in line with ICAO SARPS.
4. Appointment on an ad-hoc basis of competent consultants in relevant medical specialties for the review of contentious aircrew medical issues.
5. The day to day running of the department to ensure harmonization and implementation of the policies of the Authority.
6. Involved in management decision making of the Authority.
7. Overseeing the continuous and proper electronic collation of aircrew medical reports.
8. Ad hoc assignments as delegated by the Director General.
9. Staff Occupational health medical care policy and review.

**C) Functions of the senior staff of the department**

1. Participate in the appointment, supervision and control of Authorised Aviation Medical Examiners (AAMEs)
2. Periodic review and oversight of ab – initio cabin crew training and recurrent training.
3. Developing an Aeromedical regulatory standard for air ambulance operations in Nigeria.

**D) Functions of Databank Staff**

1. Maintenance, collation and analysis of the aeromedical data bank of air crew and air traffic controllers.
2. Data bank analysis of medical issues for trends aimed at prevention of incidents/accidents inimical to aviation safety.

# **AEROMEDICAL CHECKLISTS**

**DEPARTMENT OF AEROMEDICAL STANDARDS**  
**CHECKLIST INDEX**

<b>ITEM</b>	<b>CHECKLIST NO</b>	<b>SUBJECT</b>
1.	CL O - MED 001	FACILITY INSPECTION OF AAME AND COMPETENCY EVALUATION
2.	CL O - MED 002	DESIGNATION RE DESIGNATION OF AUTHORISED AVIATION MEDICAL EXAMINERS (AAME's)
3.	CL O - MED 003	INSPECTION OF AIRPORT FOR EMERGENCY MEDICAL PREPAREDNESS
4.	CL O - MED 004	IDENTIFICATION FORM INJURED: VICTIMS
5.	CL O - MED 005	IDENTIFICATION FORM: FATALITIES
6.	CL O - MED 006	AAME GUIDANCE CHECKLIST: DIABETES MELLITUS
7.	CL O - MED 007	AEROMEDICAL CONFIDENTIAL VOLUNTARY INCIDENT REPORTING
8.	CL O - MED 008	ON-BOARD MEDICAL KITS INSPECTION
9.	CL O - MED 009	TOWER FAMILARIZATION VISIT
10.	CL O - MED 010	TRACON VISIT
11.	CL O - MED 011	COCKPIT FAMILARIZATION FLIGHT
12.	CL O - MED 012	INSPECTION OF COMPANIES OFFERING CATERING SERVICES TO HAJJ OPERATORS IN NIGERIA
13.	CL O - MED 013	FUNCTIONAL HEARING ASSESMENT FOR PILOTS.
14.	CL O - MED 014	ATCO OPERATIONAL SPEECH DISCRIMINATION TEST
15.	CL O - MED 015	MEDICAL (FUNCTIONALITY) FLIGHT
16.	CLO - MED 016	SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL
17.	CLO -MED 017	SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL WATER SOURCE (TREATMENT PLANT)
18.	CLO - MED 018	SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL WATER CONVEYANCE VEHICLE AND TRANSFER POINT
19.	CLO - MED 019	INSPECTION OF COMPANIES OFFERING IN-FLIGHT CATERING SERVICES IN NIGERIA
20.	CLO - MED 020	SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL AIRCRAFT WATER SYSTEM
21.	CL O - MED 021	GUIDANCE NOTES (AEROMEDICAL) WATER SAFETY PLAN (WSP)
22.	CLO - MED 022	SUPPLIERS OF WATER FOR TOILETS IN AIRCRAFTS OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL WATER CONVEYANCE VEHICLE AND TRANSFER POINT

23.	CLO - MED 023	SUPPLIERS OF WATER FOR TOILETS IN AIRCRAFTS OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL
24.	CLO - MED 024	MEDICAL FLIGHT TEST REPORT
25.	CLO - MED 025	MEDICAL FLIGHT TEST REPORT SUBSTANDARD VISION IN ONE EYE
26.	CLO - MED 026	AIRCREW MEDICAL FUNCTIONALITY CHECK FOR MORBID OBESITY





# NIGERIAN CIVIL AVIATION AUTHORITY

## CHECK LIST FOR THE FACILITY INSPECTION OF AN AUTHORISED AVIATION MEDICAL EXAMINER (AAME) AND COMPETENCY EVALUATION

### PART ONE

#### AAME BIODATA

1.0 **NAME OF AAME:**.....

1.1 **AAME NO:**.....

1.2 **NAME & LOCATION OF MEDICAL FACILITY:** .....

.....

.....

1.3 **CLASS OF AAME:** .....

1.4 **DATE OF AUTHORISATION:** .....

1.5 **NAME OF AEROMEDICAL ASSESSOR/INSPECTOR:** .....

1.6 **DATE OF INSPECTION:** .....

1.7 **SIGNATURE OF AAME:** .....

1.8 **SIGNATURE OF AEROMEDICAL ASSESSOR/INSPECTOR:**.....

**PART TWO**

2.0 <b><u>General</u></b>	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
2.1 General Surrounding of Medical Facility	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Walkways for physically disadvantaged persons	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Ventilation/Illumination	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Fire Escape	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Fire Extinguisher(s)	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Toilets	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Running Water	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Power Supply	<input type="checkbox"/>	<input type="checkbox"/>
2.8.1 - PHCN	<input type="checkbox"/>	<input type="checkbox"/>
2.8.2 - Generator	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Waiting room/Reception	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Consulting room(s)	<input type="checkbox"/>	<input type="checkbox"/>
2.11 Wards	<input type="checkbox"/>	<input type="checkbox"/>
2.12 Laboratory - Basic	<input type="checkbox"/>	<input type="checkbox"/>
- Computerized	<input type="checkbox"/>	<input type="checkbox"/>

**DATE OF LAST CALIBRATION**

S/N	Equipment	Date of last Calibration

	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
2.13 X-Ray Facility	<input type="checkbox"/>	<input type="checkbox"/>
2.14 Medical Records	<input type="checkbox"/>	<input type="checkbox"/>
2.15 Appearance of staff	<input type="checkbox"/>	<input type="checkbox"/>
2.16 Level of professionalism of staff	<input type="checkbox"/>	<input type="checkbox"/>
2.17 Ambulances (s)	<input type="checkbox"/>	<input type="checkbox"/>
2.18 Theatre	<input type="checkbox"/>	<input type="checkbox"/>
2.19 Eye unit	<input type="checkbox"/>	<input type="checkbox"/>
2.20 Communication facilities;	<input type="checkbox"/>	<input type="checkbox"/>
2.20.1 Internet (on line transmission)	<input type="checkbox"/>	<input type="checkbox"/>
2.20.2 - Direct Line/Fax	<input type="checkbox"/>	<input type="checkbox"/>
2.20.3 - Mobile telephone(s)	<input type="checkbox"/>	<input type="checkbox"/>
2.20.4 - Intercomm	<input type="checkbox"/>	<input type="checkbox"/>
2.21 Others.	<input type="checkbox"/>	<input type="checkbox"/>

**3.0 CARDIOLOGY**

	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
3.1 Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Sphygmomanometer	<input type="checkbox"/>	<input type="checkbox"/>
3.3 E.C.G. machine	<input type="checkbox"/>	<input type="checkbox"/>
Date of last calibration:	<input type="checkbox"/>	<input type="checkbox"/>
	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
3.4 Stress test machine	<input type="checkbox"/>	<input type="checkbox"/>
Date of last calibration:	<input type="checkbox"/>	<input type="checkbox"/>

	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
3.5 24-hr Ambulatory Blood Pressure monitor	<input type="checkbox"/>	<input type="checkbox"/>

Date of last Calibration:
---------------------------

	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
3.6 24-hour ECG Monitor	<input type="checkbox"/>	<input type="checkbox"/>

Date of last Calibration:
---------------------------

<b>4.0 <u>Ophthalmology</u></b>	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
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4.1 Near point Charts	<input type="checkbox"/>	<input type="checkbox"/>
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4.2 Ishihara Colour Chart	<input type="checkbox"/>	<input type="checkbox"/>
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4.3 Ophthalmoscope	<input type="checkbox"/>	<input type="checkbox"/>
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4.4 Retinoscope	<input type="checkbox"/>	<input type="checkbox"/>
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4.5 Lantern(s)	<input type="checkbox"/>	<input type="checkbox"/>
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4.6 Test charts	<input type="checkbox"/>	<input type="checkbox"/>
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4.7 Maddox wing	<input type="checkbox"/>	<input type="checkbox"/>
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4.8 Maddox rod	<input type="checkbox"/>	<input type="checkbox"/>
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4.9 Prism bar	<input type="checkbox"/>	<input type="checkbox"/>
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4.10 Ophthalmic Lenses	<input type="checkbox"/>	<input type="checkbox"/>
------------------------	--------------------------	--------------------------

4.11 Visual field analyzer	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------	--------------------------	--------------------------

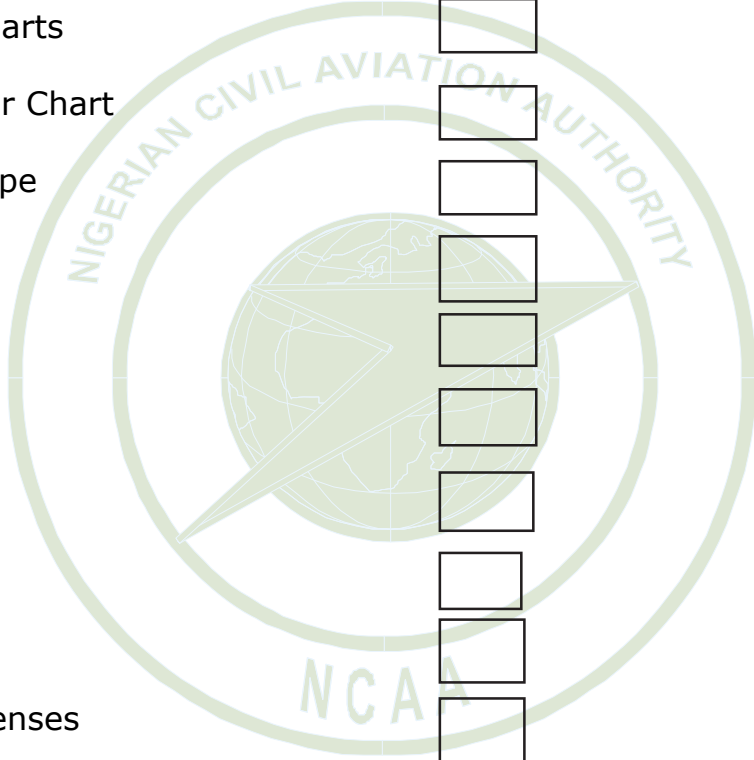
Date of last calibration:
---------------------------

4.12 Auto refractor	<input type="checkbox"/>	<input type="checkbox"/>
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4.13 Combi unit	<input type="checkbox"/>	<input type="checkbox"/>
-----------------	--------------------------	--------------------------

Date of last calibration:
---------------------------

4.14 Pulair keelers	<input type="checkbox"/>	<input type="checkbox"/>
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	<u>Satisfactory</u>	<u>Not Satisfactory</u>
4.15 Amsler grid	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Others	<input type="checkbox"/>	<input type="checkbox"/>

**5.0 ORTHORHINOLARYNGOLOGY**      **Satisfactory**      **Not Satisfactory**  
**(Ear, Nose and Throat)**

5.1 Diagnostic set	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Audiometer	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Audio scope	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Tuning fork (s)	<input type="checkbox"/>	<input type="checkbox"/>
5.4.1 - A <sub>1</sub> (440Hz)	<input type="checkbox"/>	<input type="checkbox"/>
5.4.2 - c <sub>2</sub> (512 Hz)	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Others	<input type="checkbox"/>	<input type="checkbox"/>

**6.0 Other Equipment:**      **Satisfactory**      **Not Satisfactory**

6.1 Weight measuring equipment		
Date of last calibration:	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Height measuring equipment		
	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Ultrasound Scan machine	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Peak flow meter	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Patellar Hammer	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Others	<input type="checkbox"/>	<input type="checkbox"/>

**Satisfactory**      **Not Satisfactory**

**7.0 Aircrew Medical Records Kept by AAME:-**

7.1	Pilots:- ATPL	<input type="checkbox"/>	<input type="checkbox"/>
7.1.1	- CPL	<input type="checkbox"/>	<input type="checkbox"/>
7.1.2	- PPL	<input type="checkbox"/>	<input type="checkbox"/>
7.1.3	- SPL	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Cabin Crew	<input type="checkbox"/>	<input type="checkbox"/>
7.3	ATCO's	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Flight Engineers	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Others	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Correspondence with department of Aeromedical standards of NCAA	<input type="checkbox"/>	<input type="checkbox"/>
7.7	Others	<input type="checkbox"/>	<input type="checkbox"/>

**8.0 Courses, Meetings and Conferences attended By AAME**

**Annual Practicing Licence, Designation by other CAAs etc.:**

8.1	Refresher Courses	<input type="checkbox"/>	<input type="checkbox"/>
8.2	International Aviation Medicine Association Meetings	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Certificate Course(s) in Aviation Medicine	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Annual practicing Licence	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Designation by other CAAs	<input type="checkbox"/>	<input type="checkbox"/>
8.6	CME/CPD activities	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Others	<input type="checkbox"/>	<input type="checkbox"/>

	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
9.0 <u>Other Medical Professionals Engaged by AAME:</u>		
9.1 Optometrist	<input type="checkbox"/>	<input type="checkbox"/>
9.2 E.N.T. Specialist	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Radiologist	<input type="checkbox"/>	<input type="checkbox"/>
9.5 Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Others	<input type="checkbox"/>	<input type="checkbox"/>

**10.0 Names of AAME Staff;**  
**Name**

**Cadre**

10.1	.....	.....
10.2	.....	.....
10.3	.....	.....

**11.0 Aircrew Medical Examinations Done**

11.1 In a year to warrant re-authorisation By the Authority.	<input type="checkbox"/>	<input type="checkbox"/>
11.2 Promptness in submitting completed Medical Examination reports to the Authority.	<input type="checkbox"/>	<input type="checkbox"/>

**PART THREE**

**AAME COMPETENCE EVALUATION**

**Satisfactory**    **Not Satisfactory**

**1.0 APPLICATION FORM FILLING**

1.1 AAME staff supervision of Application form filling by Applicant

*Comments:*

**2.0 Medical Examination By AAME:**

**Satisfactory**    **Not Satisfactory**

2.1 Assessment of History Taking

2.2 Assessment of Medical Examination

*Comments:*

**3.0 Ophthalmology:**

**Satisfactory**    **Not Satisfactory**

3.1 Assessment of Technique/Reporting:

*Comments:*

**4.0 Audiogram:**

**Satisfactory**    **Not Satisfactory**

4.1 Assessment of Technique/Reporting

*Comments:*



**Satisfactory**    **Not Satisfactory**

5.0 **Electrocardiography**

5.1 Assessment of Technique/Reporting

*Comments:*



Findings/Actions by Department of Aeromedical Standards (DAMS)



**Signed:**..... **Date:**.....

**NOTE:** The Authority shall carry out Medical Facility Audits periodically.



# NIGERIAN CIVIL AVIATION AUTHORITY

## CHECK LIST FOR THE DESIGNATION/RE-DESIGNATION OF AUTHORISED AVIATION MEDICAL EXAMINERS (AAME's)

**NAME OF APPLICANT:**..... **A.A.M.E. Number:**.....

**Address:**.....

**(A) INITIAL DESIGNATION**

	YES	NO
(1) Has received requisite Medical Training	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is licensed to practice medicine	<input type="checkbox"/>	<input type="checkbox"/>
(3) Has received training in Aviation Medicine	<input type="checkbox"/>	<input type="checkbox"/>
(4) Has requisite experience in Aviation Medicine.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Have other A.A.M.E. designation(s)	<input type="checkbox"/>	<input type="checkbox"/>
(6) Is less than 70 years of Age	<input type="checkbox"/>	<input type="checkbox"/>
(7) Has a well equipped medical facility	<input type="checkbox"/>	<input type="checkbox"/>
(8) Adequate staffing of medical facility	<input type="checkbox"/>	<input type="checkbox"/>
(9) Has an appropriately located medical facility	<input type="checkbox"/>	<input type="checkbox"/>

**(B) RE-DESIGNATION**

	YES	NO
(1) Has attended adequate refresher courses, seminars and conferences in Aviation medicine during period of designation (1 or >).	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has carried out adequate number of crew medical during period of designation (>5)	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is less than 70 years of Age	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/Recommendations:**

**Name of Medical Assessor:**..... **Signature:**.....

**Date:**.....



**CHECKLIST FOR THE INSPECTION OF AN AIRPORT**  
**EMERGENCY MEDICAL PREPAREDNESS**

(A) **AIRPORT DETAILS:**

1) **NAME OF AIRPORT**.....

.....  
.....

2). **AIRPORT CATEGORY**.....

3). **NOTAM OF AIRPORT**.....

4). **DISTANCE OF AIRPORT FROM THE TOWN (IN KMS)**.....

5). **NAME OF AIRPORT MANAGER (OR HIS REPRESENTATIVE)**.....

.....

6). **SIGNATURE OF AIRPORT MANAGER (OR HIS REPRESENTATIVE)**.....

.....

7). **NAME OF AIRPORT HEAD OF MEDICAL DEPARTMENT**.....

8). **SIGNATURE OF HOD OF MEDICAL DEPARTMENT**.....

9). **DATE OF INSPECTION**.....

10). **NAME OF MEDICAL INSPECTOR**.....

11). **SIGNATURE OF MEDICAL INSPECTOR**.....

(B) **AIRPORT MEDICAL FACILITY:**

1). **NAME**.....

.....

2). **LOCATION WITHIN THE AIRPORT**.....

.....

- 3). **LEVEL OF HEALTH CARE DELIVERY:**
- |       |                  | <b>YES</b>               | <b>NO</b>                |
|-------|------------------|--------------------------|--------------------------|
| (i)   | <b>PRIMARY</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii)  | <b>SECONDARY</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | <b>TERTIARY</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

4. **NUMBER OF MEDICAL DOCTORS (FULL TIME):**.....

5. **NUMBER OF DOCTORS ON PART - TIME:**.....

6. **NUMBER OF PHARMACIST(S):**.....

7. **NUMBER OF NURSES (FULLY TRAINED):**.....

8. **NUMBER OF AUXILLIARY NURSES:**.....

9. **NUMBER OF LABORATORY TECHNOLOGIST(S) :**.....

10. **ARE THE MEDICAL DOCTORS AND NURSES TRAINED IN MEDICAL EMERGENCY PROCEDURES;**
- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |

11. **IF YES, PLEASE PROVIDE THE COURSE TITLE & DATE OF TRAINING AND INSTITUTION**.....

.....

.....

12. **COMMUNICATION FACILITIES:**
- |                             | <b>YES</b>               | <b>NO</b>                |
|-----------------------------|--------------------------|--------------------------|
| (a) <b>DIRECT LINE</b>      | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <b>MOBILE TELEPHONE</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) <b>WALKIE TALKIE</b>    | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) <b>INTERCOMM</b>        | <input type="checkbox"/> | <input type="checkbox"/> |

13. a. **AMBULANCE(S):**
- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YES, HOW MANY?**.....

b. **NO. OF AMBULANCE DRIVERS**.....

14. **AMBULANCE RESUSCITATION EQUIPMENT DRUGS AND COMMUNICATION FACILITIES:** **ADEQUATE** **INADEQUATE**

- a. **AED - CARDIAC DEFIBRILLATOR**
- b. **OXYGEN/MASKS AND ACCESSORIES**
- c. **EMERGENCY DRUGS AND INTRAVENOUS FLUIDS**
- d. **STRETCHER(S)**  
  - (I) **REGULAR**
  - (II) **WITH SPINAL SUPPORT**
- e. **FIRST AID KIT(S)**
- f. **COMMUNICATION FACILITIES**
- g. **IS THE AMBULANCE(S) FULLY FUNCTIONAL** **YES** **NO**

- YES** **NO**
- 15(a). **FUNCTIONAL WHEEL CHAIR (S)**

(b) **NO. OF WHEEL CHAIRS.....**

- 16. **CLINIC DEDICATED EMERGENCY CUPBOARD**

17. **OPERATIONAL HOURS OF MEDICAL FACILITY:.....**

18. **ELECTRICITY SUPPLY TO CLINIC:** **RELIABLE** **UNRELIABLE**

- a. **PHCN**
- b. **GENERATOR**

**ADEQUATE**

**INADEQUATE**

19. **GENERAL STRUCTURE OF CLINIC:**

a. **OUTSIDE/EXTERNAL ENVIRONMENT:**

(i) **ACCESS ROAD TO THE CLINIC**

(ii) **WALKWAYS FOR PHYSICALLY  
DISADVANTAGED PERSONS**

b. **INSIDE THE CLINIC:**

(i) **RECEPTION/WAITING ROOM**

(ii) **GENERAL ILLUMINATION/VENTILATION**

(iii) **CONSULTING ROOM(S)**

(iv) **WARDS/BED SPACE**

(v) **NURSING STATION**

(vi) **DRUG STORE/PHARMACY**

(vii) **LABORATORY**

(viii) **TOILETS**

(ix) **MINI - THEATRE**

(x) **DOCTOR'S CALL ROOM (OPTIONAL)**

(xi) **RUNNING WATER**

(xii) **FIRE ESCAPE**

(xiii) **FIRE EXTINGUISHER(S)**

20. **NUMBER OF BEDS IN THE CLINIC.....**

21. **EQUIPMENT PROFILE OF CLINIC:**

**YES**

**NO**

a. **SPHYGMOMANOMETER**

b. **STETHOSCOPE**

- |    |                           | YES                      | NO                       |
|----|---------------------------|--------------------------|--------------------------|
| c. | DIAGNOSTIC SET            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | WEIGHT/HEIGHT SCALE       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | ELECTROCARDIOGRAM MACHINE | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | EXAMINATION COUCH         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | SURGICAL EQUIPMENT        | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | TROLLEYS                  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | SUCTION MACHINE           | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | X-RAY MACHINE             | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | ULTRASOUND SCAN MACHINE   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | EXAMINATION LIGHT         | <input type="checkbox"/> | <input type="checkbox"/> |
| n. | LABORATORY EQUIPMENT      | <input type="checkbox"/> | <input type="checkbox"/> |
| o. | WARD SCREEN(S)            | <input type="checkbox"/> | <input type="checkbox"/> |
| p. | DELIVERY BED(S)           | <input type="checkbox"/> | <input type="checkbox"/> |
| q. | SURGICAL BED(S)           | <input type="checkbox"/> | <input type="checkbox"/> |

22. **EMERGENCY DRUGS AND INTRAVENOUS FLUIDS**

ADEQUATE	INADEQUATE
<input type="checkbox"/>	<input type="checkbox"/>

(C) **EMERGENCY PREPAREDNESS:**

	YES	NO
(1) <b>ANY COLLABORATION WITH OTHER HEALTH INSTITUTIONS?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES, LIST THE HOSPITALS AND THEIR LEVEL OF HEALTH CARE DELIVERY:**

<u>NAME OF HOSPITAL</u>	<u>DISTANCE FROM AIRPORT</u>	<u>LEVEL OF HEALTH CARE DELIVERY</u>
(i) .....	.....	.....



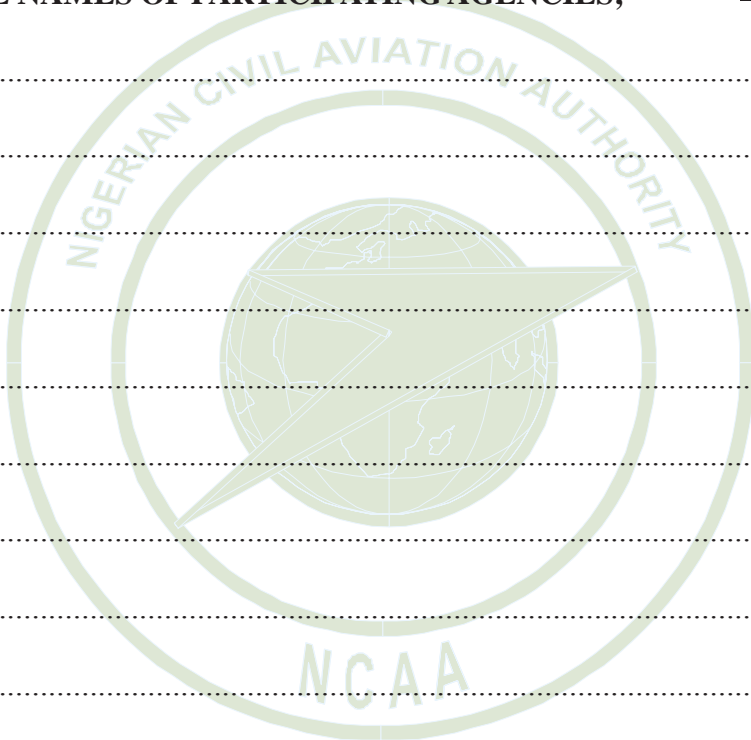
- (ii) .....
- (iii) .....
- (iv) .....
- (v) .....
- (vi) .....

(2) **IS THERE IN PLACE AN AIRPORT EMERGENCY RESPONSE STRATEGY? (AIRPORT SECURITY COMMITTEE) ETC.**      **YES**      **NO**

**IF YES; STATE NAMES OF PARTICIPATING AGENCIES;**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....
- (v) .....
- (vi) .....
- (vii) .....
- (viii) .....
- (ix) .....
- (x) .....
- (xi) .....



**HOW OFTEN DOES THE AIRPORT SECURITY COMMITTEE MEET?.....**

3(a). **IS THERE AN AIRPORT EMERGENCY PROCEDURE HANDBOOK?**      **YES**      **NO**

(b) **IF YES, WHEN WAS IT LAST UPDATED?.....**

(c) **LOCATION OF EMERGENCY PROCEDURE HANDBOOKS;**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....
- (v) .....
- (vi) .....
- (vii) .....
- (viii) .....
- (ix) .....
- (x) .....
- (xi) .....

4. **WHERE IS THE LOCATION OF THE AIRPORT RESUSCITATION CENTRE?**

.....

.....

5. **ANY KNOWLEDGE OF THE “TRIAGE” SYSTEM?**

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**IF YES, EXPLAIN**

**(HOD MEDICAL AND OR FIRE/SAFETY)**

**EXPLANATION**  
**SATISFACTORY**

**EXPLANATION**  
**NOT**  
**SATISFACTORY**

6. **EQUIPMENT AT THE AIRPORT RESUSCITATION CENTRE;**

- (i) .....
- (ii) .....
- (iii) .....

- (iv) .....
- (v) .....
- (vi) .....
- (vii) .....
- (viii) .....
- (ix) .....
- (x) .....

7(a) **IS THERE AN AIRPORT EMERGENCY ALERT BELL?**      **YES**      **NO**  
     

(b) **IF YES WHERE IS IT LOCATED?**.....

**WITHIN**      **BELOW**  
**ACCEPTABLE**      **ACCEPTABLE**  
**REACH**      **REACH**

(c) **TEST, IF THERE IS, WHAT IS THE REACH**              
**(ACCEPTABLE REACH =      )**

8. **AIRPORT RAPID COMMUNICATION STRATEGY:**

(a) **IS THERE A HANDY LIST OF TELEPHONE NUMBERS OF RELEVANT EMERGENCY ESTABLISHMENTS/ HOSPITALS IN THE AIRPORT AND NEARBY CITIES?**      **YES**      **NO**  
     

(b) **IF YES, WHEN WAS THE LIST UPDATED LAST?**.....

(9) **HOW IS AN EMERGENCY REPORTED?**

**EXPLAIN:**

.....

.....

.....

.....

**(D). SEARCH AND RESCUE (SAR) TEAM:**

**(1)(a) DOES THE AIRPORT HAVE AN EFFECTIVE SEARCH AND RESCUE TEAM IN PLACE?**

**YES**

**NO**

**(b) IF YES, HOW OFTEN ARE EMERGENCY DRILLS CARRIED OUT?**

.....  
.....

**(2) WHAT IS THE COMPOSITION OF THE SAR TEAM?**

**(a)**

.....

**(b)**

.....

**(c)**

.....

**(d)**

.....

**(E) RATING OF AIRPORT EMERGENCY MEDICAL PREPAREDNESS:-**

**EXCELLENT**

**VERY GOOD**

**GOOD**

**FAIR**

**BAD**

**EXTREMELY BAD**

**(F). COMMENTS AND SUGGESTIONS;**

.....  
.....  
.....  
.....

.....  
.....

(G) **SIGNATURE OF AEROMEDICAL INSPECTOR**.....

**DATE**.....





**NIGERIAN CIVIL AVIATION AUTHORITY**  
**IDENTIFICATION OF VICTIMS AND DISPOSITION**  
**OF PASSENGER REMAINS AND PERSONAL EFFECTS**

**(ICAO DOC 8984 - AN/895)**

**IDENTIFICATION FORM: INJURED VICTIMS**

1. **Date of Disaster:** .....
2. **Place:** .....
3. **Type of Aircraft:** .....
4. **Flight No:** .....
5. **Aircraft Registration No:** .....
6. **Passenger Seat No (from ticket):** .....
7. **Identification No (assigned at site):** .....
8. **Identity Card details:** .....
- (a) **Name:** .....
- (b) **Sex:** ..... (c) **Age or date of birth:** .....
- (d) **Place of birth:** .....
- (e) **Nationality:** ..... (f) **Occupation:** .....
9. **Address:** .....
10. **Religion:** .....
11. **Ever finger Printed? Where and When?** .....
12. **Colour:** ..... (13) **Height:** .....
14. **Weight:** ..... (15) **Complexion:** .....
16. **Eye:** ..... (17) **Build:** .....
18. **Spectacles (Type):** .....

19. **Injury(ies) sustained (explain)**

- (a) **Mild:** .....
- (b) **Moderate:** .....
- (c) **Severe:** .....
- (d) **Others:** .....

20. **Treatment Offered:** .....

.....

.....

.....

.....

.....

21. **OTHERS:**

- (a) **Clothing:** .....
- (b) **Under Clothing:** .....
- (c) **Accessories:** .....
- (d) **Jewellery:** .....
- (e) **Money:** .....
- (f) **Photograph(s):** .....
- (g) **Additional Information:** .....

.....

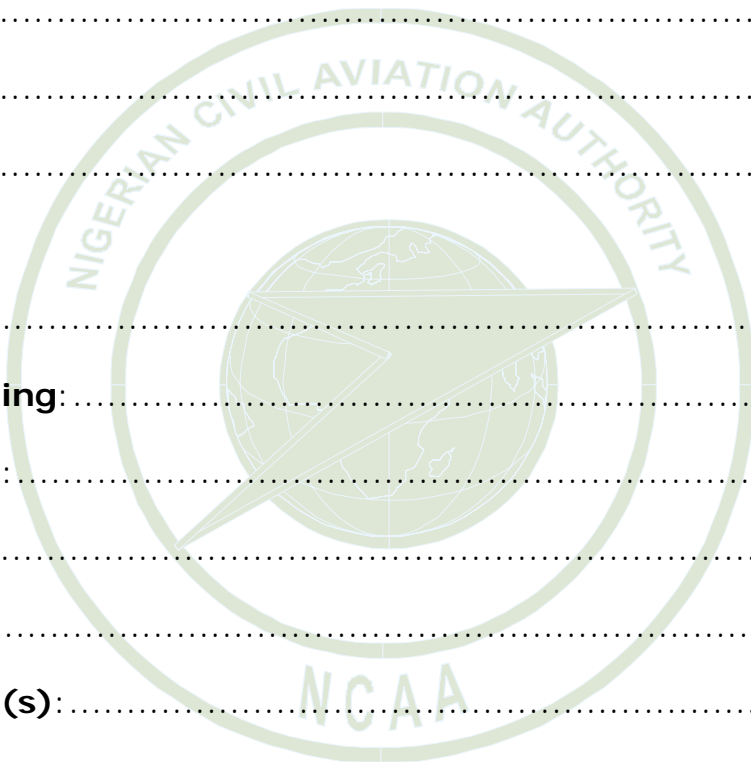
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(h) **Comments and Recommendations of attending physician:** .....

.....

.....



- (i) **Name of physician:**.....
- (j) **Designation:**.....
- (k) **Date and Signature:**.....







**NIGERIAN CIVIL AVIATION AUTHORITY**  
**IDENTIFICATION OF VICTIMS AND DISPOSITION**  
**OF PASSENGER REMAINS AND PERSONAL EFFECTS**

**(ICAO DOC 8984 - AN/895)**

**IDENTIFICATION FORM: FATALITIES**

- 01. **Date of Disaster:** .....
- 02. **Place:**.....
- 03. **Type of Aircraft:**.....
- 04. **Flight No:** .....
- 05. **Aircraft Registration No:**.....
- 06. **Passenger Seat No (from ticket):**.....
- 07. **Identification No (assigned at site):**.....
- 08. **Name(s) Address(es) and Telephone Number(s) of person(s) who can identify;**
  - (a) .....
  - (b) .....
  - (c) .....
  - (d) .....
- 09. **Time and Date of Discovery:**.....
- 10. **Sex:** .....
- 11. **Probable Age:**.....
- 12. **Location of body at Disaster:**.....
- 13. **Condition of body (intact, dislocated limbs, disfigured, discomposed, fresh)**
  - .....
  - .....
  - .....

14. **Name(s) Address(es) and Telephone Number(s) of person(s) who found the body:**

- (a) .....
- (b) .....
- (c) .....
- (d) .....

15 **PHYSICAL**

(a) **Colour:**..... (b) **Height:**.....

(c) **Weight:**..... (d) **Complexion:**.....

(e) **Eye:**..... (f) **Build:**.....

(g) **Spectacles (Type):**.....

(h) **Colour of Hair and peculiarities (Dyed, short, long, straight, curly, receding from forehead, bald):**

.....

.....

.....

(i) **Nose (Size, shape, peculiarities):**.....

.....

(j) **Ears (size, shape, type of lobes:**.....

.....

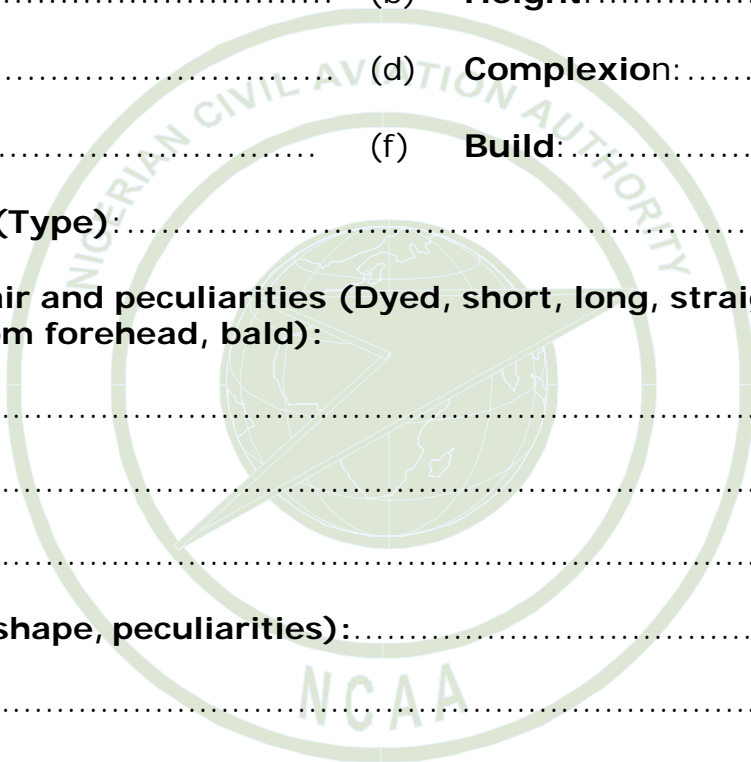
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(k) **Mouth and lips (Size, Shape):**.....

.....

(i) **Scars and Peculiarities on face:**.....

.....



m. **Teeth (Good, bad, clean, discolored, uneven, large, small, widely spaced, protruding, artificial):**.....

.....

n. **Extremities:- (Amputations, Callous Formations, Nail deformities):**

.....

.....

o. **Particular marks and scars on body (Deformities, Operation scars, Tattoo marks, Moles, vaccination marks, Perforation of ear lobes, Birthmarks);**

.....

.....

.....

.....

.....

(p) **Anatomic Variations:**.....

.....

.....

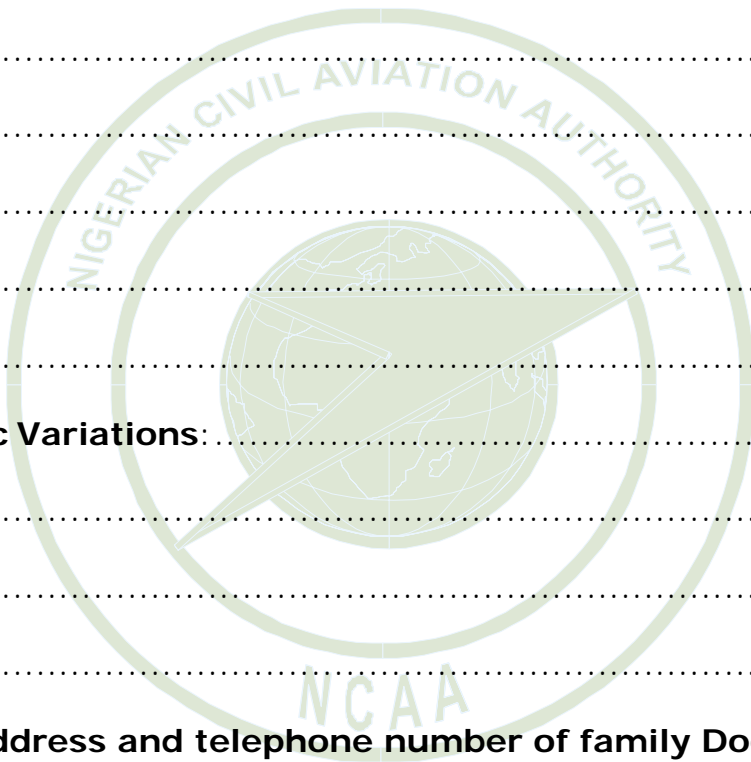
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(16) **Name, address and telephone number of family Doctor:**.....

.....

.....

.....



(17) (a) **ODONTOGRAM**

(B) **Name and address of Dentist:** .....

.....  
.....  
.....

(c) **Dentist Remarks:** .....

.....  
.....

(d) **Dentist Signature and Date:** .....

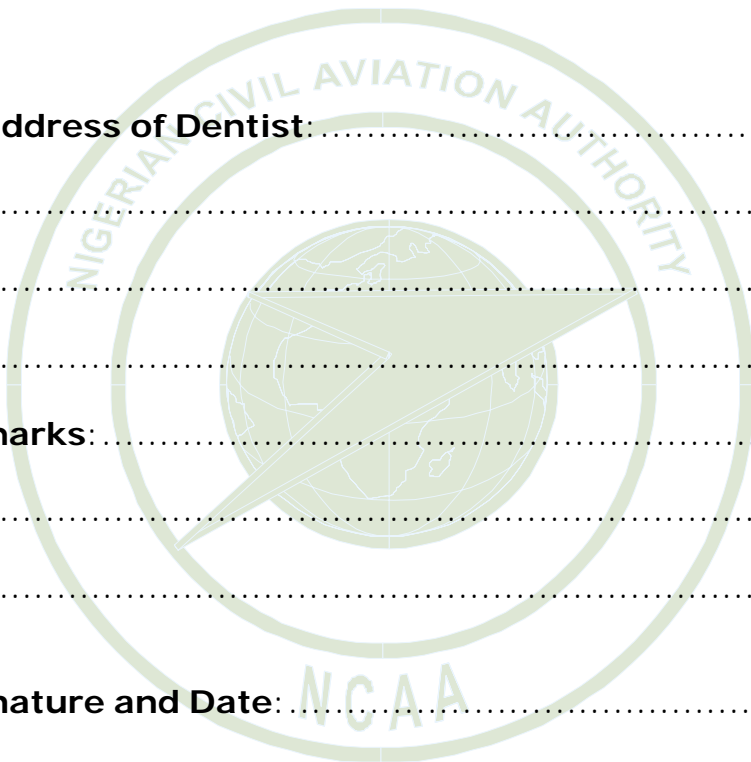
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18. **OTHERS:**

(a) **Clothing:** .....

(b) **Under Clothing:** .....

(c) **Accessories:** .....



(d) **Dry cleaning and laundry marks or other identifiable marks on clothing:**

.....  
.....

(e) **Jewellery:**.....

(f) **Documents:**.....

.....

(g) **Money:**.....

.....

(h) **Miscellaneous:**.....

.....

(i) **Finger prints:**.....

(j) **Photograph(s):**.....

.....

(k) **Dental or other X-rays:**.....

.....

(19) **Additional Information:**.....

.....

.....

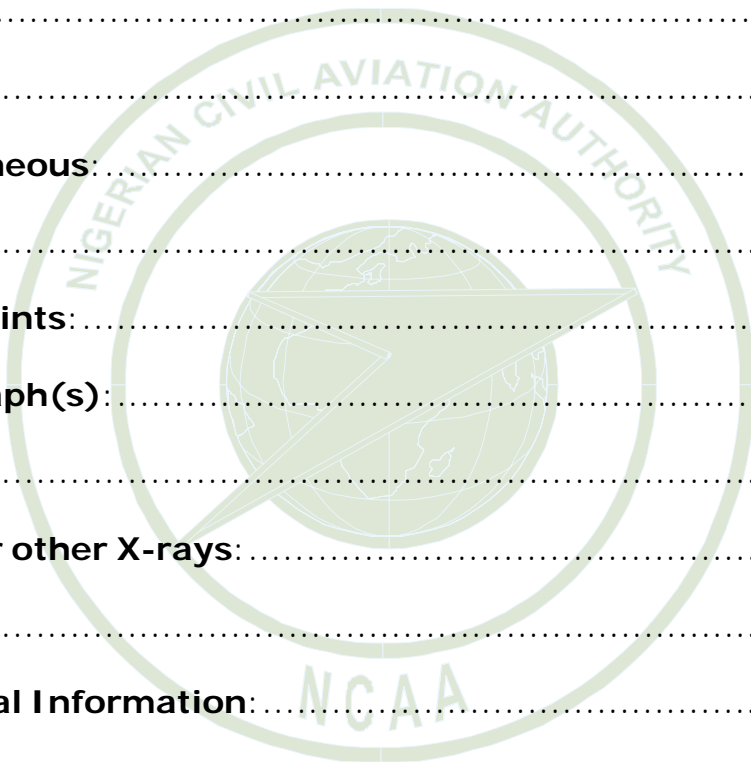
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(20) **Comments and Recommendations:**.....

.....

.....

.....



**(21) IDENTIFICATION:**

**Deceased victim identified as,**

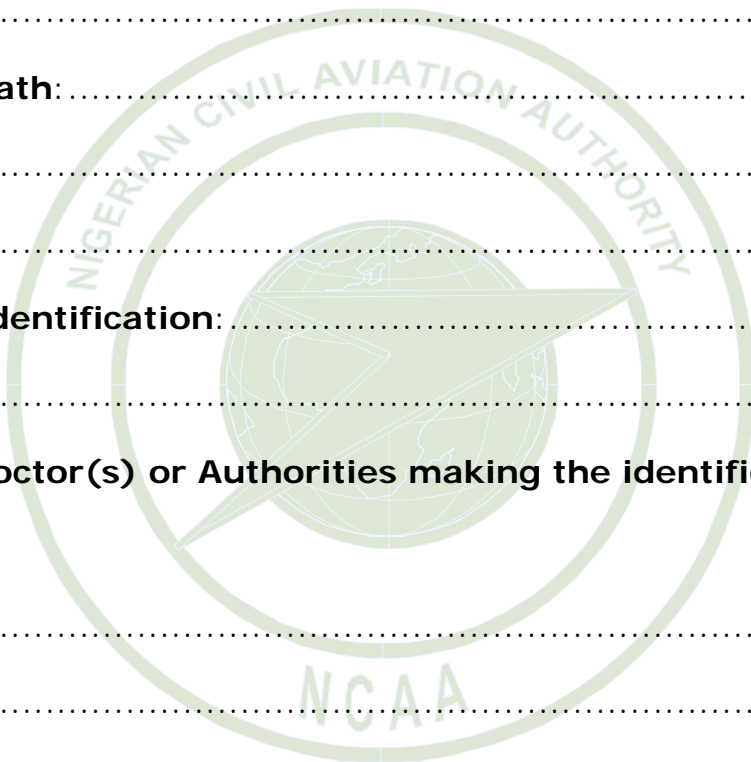
- (a) **Surname:** .....
- (b) **First Name:** .....
- (c) **Middle Name:** .....
- (d) **Address:** .....

(22) **Cause of death:** .....

(23) **Method of identification:** .....

**(24) Qualified Doctor(s) or Authorities making the identification:**

- (a) **Names:**
  - (i) .....
  - (ii) .....
  - (iii) .....
  - (iv) .....
- (b) **Designation(s):**
  - (i) .....
  - (ii) .....
  - (iii) .....
  - (iv) .....

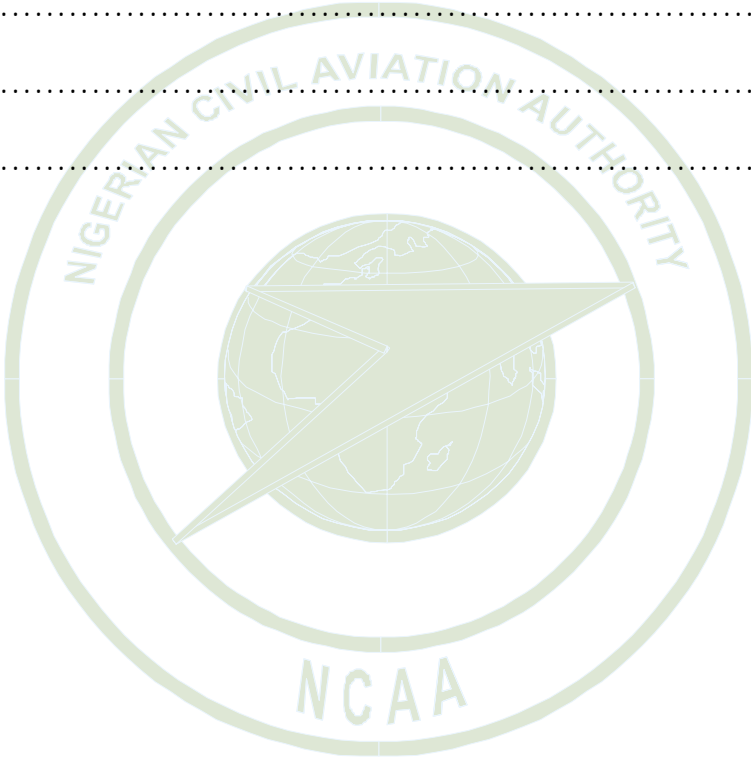


(c) **Address(es):**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

(d) **Date and Signature(s):**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....



**NIGERIAN CIVIL AVIATION AUTHORITY  
DEPARTMENT OF AEROMEDICAL STANDARDS**

**AAME GUIDANCE CHECKLIST - DIABETES MELLITUS**

S/NO.	DISEASE/TREATMENT PROFILE	AEROMEDICAL DISPOSITION (Certification)
1.	<b><u>TYPE 1 DIABETIC AIRCREW:</u></b> Requiring insulin (Exogenous)	Unfit all Classes.
2.	<b><u>TYPE 2 DIABETIC AIRCREW:</u></b>	
a.	Diabetics fully controlled on diet alone.	Unrestricted Class 1, 2 and 3 Certification.(Subject to detailed annual follow-up).
b.	Diabetics requiring Biguanides or Alpha - glucosidase Inhibitors in	Class 1 'OML' and unrestricted Class 2 and 3 Certification. (Follow addition to diet. - up every six months).
c.	Diabetics requiring Sulphonylureas.	Unfit all Classes.

**FOLLOW-UP REQUIREMENTS FOR A DIABETIC AIRCREW**

	TEST TYPE	PERIODICITY OF TEST
1.	Glycosylated Hemoglobin (HbA <sub>1c</sub> ) Estimation	Annually
2.	Fasting Blood Glucose (FBS)	Annually
3.	Weight Monitoring	At all periodic medical examinations
4.	Lipid profile (Fasting blood lipid/cholesterol)	Annually
5.	Extended Ophthalmological Examination(to include fundoscopy)	Annually
6.	Cardiological review (to include stress electrocardiogram)	Annually for Aircrew 40 years and above
7.	CNS examination for evidence of Neuropathy	Annually

AAME's are to counsel Aircrew on the negative effects of smoking.





**NIGERIAN CIVIL AVIATION AUTHORITY  
DEPARTMENT OF AEROMEDICAL STANDARDS  
AAME GUIDANCE CHECKLIST – DIABETES MELLITUS**

<b>S/NO.</b>	<b>DISEASE/TREATMENT PROFILE</b>	<b>AEROMEDICAL DISPOSITION (CERTIFICATION)</b>
1.	<b><u>TYPE 1 DIABETIC AIRCREW:</u></b> Requiring insulin (Exogenous)	Unfit all classes
2.	<b><u>TYPE 2 DIABETIC AIRCREW:</u></b>	
a.	Diabetics fully controlled on diet alone.	Unrestricted Class 1, 2, and 3 Certification. (Subject to detailed annual follow-up).
b.	Diabetics requiring Biguanides or Alpha – Glucosidase inhibitors, Glitazones, Glipins, Incretin Mimetics (GLP – 1 analogues).	Class 1 ‘OML’ (unless Monotherapy) and unrestricted. Class 2 and 3 Certification. (Follow addition to diet. - Up every six months).
c.	Diabetics requiring Sulphonylureas, Glinides (and any combinations therapy that includes Sulphonglureas of glinides).	Unfit all classes.

**FOLLOW – UP REQUIREMENTS FOR A DIABETIC AIRCREW**

<b>S/NO.</b>	<b>TEST TYPE</b>	<b>PERIODICITY OF TEST</b>
1.	Glycosylated Hemoglobin (HbA1C) Estimation	Six Monthly
2.	Fasting Blood Sugar (FBS)	Annually
3.	Weight Monitoring	At all periodic medical examinations
4.	Fasting Lipid Profile	Annually
5.	Ophthalmic Screening (Clinical Exams) - Fields/Retinas/Cataract etc.	Annually
6.	Cardiology review including Stress Electrocardiogram (Exercise Test) - using the Bruce Protocol.	- Diagnosis - Two yearly under 40yrs - Annually for aircrew above 40yrs
7.	CNS examination for evidence of Neuropathy.	Annually
8.	Nephropathy status (Min Urine Microalbumin), urea & creatinine clearance.	Annually
9.	Report from attending Endocrinologist and Ophthalmologist	Annually
10.	Renal and Liver Profiles	Annually

AAME’s are to counsel Aircrew on the negative effects of obesity and smoking.



## NIGERIAN CIVIL AVIATION AUTHORITY AEROMEDICAL STANDARDS DEPARTMENT

### AEROMEDICAL CONFIDENTIAL VOLUNTARY INCIDENT REPORTING (CREW/ATCO MEDICAL INCAPACITATION OR IMPAIRMENT REPORT)

#### **ADVISORY**

- (1) The report is to be filled by a Pilot, F/E, ATCO or Cabin Crew
- (2) This report can be made on self or colleague.
- (3) This report is to assist in data collection towards prevention of accidents; improvement in safety standards.
- (4) This report **SHALL NOT** be used by the NCAA to punish or sanction the reporting pilot, flight engineer, cabin crew or ATCO.
- (5) Note that response to name, licence number, signature and certain questions are optional to emphasize confidentiality and non-punitive disclosures.
- (6) The report is in line with ICAO's new focus on Safety Management Systems (SMS).
- (7) The report once completed is to be sent or mailed (**under strict confidentiality**) to the Director of Aeromedical Standards, Nigerian Civil Aviation Authority, Headquarters, Aviation House, P.M.B. 21029, 21038, Ikeja, Lagos.
- (8) Definition of Terms:
  - (a) **Incapacitating Event**: Incapacitation with symptoms that, if they had occurred in-flight would have resulted in an inability to act as flight crew (or when controlling an aircraft in terms of ATCO) for at least 10 minutes.
  - B) **Impairment**: A degree of incapacitation associated with symptoms such that, if they had occurred in-flight, would have caused a reduction in function or distraction but would have been unlikely to result in loss of control.

**PERSONAL DETAILS:**

- 1) Name of Aircrew/ATCO (Underline Surname) (Optional):.....  
.....
- 2) Title: ..... (3) Age (at last birthday):.....years
- (4) Sex: Male  Female
- (5) Present Employer (Optional):.....
- (6) Type and Class of Aviation licence held:.....
- (7) Licence No (Optional):.....
- (8) Total Flight Hours (Pilots/FE's).....(Hrs)

**INCAPACITATION/IMPAIRMENT REPORTING OF SELF OF COLLEAGUE:**

- (A) Please indicate the year the incident being reported occurred:  
2006  2007  Others  Please specify.....

**(B) MEDICAL HISTORY (SELF):**

i) Do you suffer from any of the following medical conditions?

	<b><u>Yes</u></b>	<b><u>No</u></b>
(i) Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Depression	<input type="checkbox"/>	<input type="checkbox"/>
(v) Obesity	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Epilepsy/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Renal Colic	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
(x) Eye Diseases	<input type="checkbox"/>	<input type="checkbox"/>
(xi) Others.....		

If yes; for any of the above, please state the year of diagnosis.....  
and present treatment being received.....  
.....

(2) Do you have a medical or operational limitation placed on your licence by the NCAA? e.g. "valid only with corrective lenses"

Yes  No

If yes, state the limitation and duration (if stated).....  
.....  
.....

(3) Have you been hospitalized in the last year? Yes  No

If yes, give details of medical ailment and duration of admission and the treatment received:.....  
.....  
.....

(D) **SOCIAL HISTORY**

1) Do you take alcohol? Yes  No

If yes, state the average amount of alcohol consumed per week:.....  
.....

2) Do you usually observe the 12-hours "Bottle-to-throttle" rule set by the NCAA for alcohol?

Always  Not Always  No

3) Do you smoke cigarettes? Yes  No

If yes, state the number of sticks taken per day:.....

4) Do you take any other substances (optional) Yes  No

If yes, state briefly type and amount taken.....  
.....

(E) **REPORT ON MEDICAL INCAPACITATION OR IMPAIRMENT**

1) Date of occurrence of medical incapacitation or Impairment:.....

2) Time of incapacitation/impairment.....

3) Type of Flight Operation;

Domestic  Charter  International

4) Type of Pilot Operation: Single Crew  Multi-Crew

5) Duration of Flight (approximate).....(Hrs)

6) Type of Aircraft:.....

7) The number of flights (Sorties) operated by you during your duty period prior to the flight in which the incapacitation or impairment occurred:.....

8) Time (Duration) between end of last flight (sortie) and beginning of the flight (sortie) in which the incapacitation or impairment occurred?.....  
..... Minutes  Hours

9) Phase of flight in which the medical incapacitation/impairment occurred?

(a) Taxing/Take off

(b) Ascent/climb

(c) Cruise Level

(d) Descent

(e) Landing

Others:.....  
.....

10) Explain briefly what happened to you to incapacitate or impair your functions (including signs and symptoms);.....  
.....  
.....

11) How long did the medical incapacitation or impairment last? (If unconscious, the probable report of witnesses).....

12) What steps were taken by you or those present to reduce the state of incapacitation or impairment on board?.....  
.....  
.....

13) Did you require further treatment after the flight? Yes  No   
 Give details:.....

.....  
 .....

14) Did the medical incapacitation or impairment lead to any of the following?

	<u>Yes</u>	<u>No</u>	<u>Probably</u>
(i) Reduction in function (e.g Vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Loss of control of self and or aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Removal from Cockpit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Handing over of flight control to co-pilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Diversion of Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Treatment by a doctor or medical personnel on board the aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Call to medlink, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(x) Others:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(15) Would you relate your medical incapacitation or impairment to any of the following;

	<u>Yes</u>	<u>No</u>	<u>Probably</u>
(i) State of Health at the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Medication (Prescribed) taken before the flight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Medication (not prescribed) taken before the flight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Ingestion of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Stress (Social, Family, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	<b>Yes</b>	<b>No</b>	<b>Probably</b>
(vi) Ingestion of drugs of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) High Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Low Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Lack of rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(x) Sleep loss/sleepiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xi) Absent Mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xii) Crossing of time zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xiii) Bad Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xiv) Migraine (Headache)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xv) Hypoxia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xvi) Loss of situational awareness(SA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xvii) Anxiety, Panic attack or Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xviii) Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ixx) Excessive intake of coffee (caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xx) Decompression of Cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxi) Gastroenteritis (Vomiting/diarrhoea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxii) Abdominal Colic (With or without Gastroenteritis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxiii) Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxiv) Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxv) Renal Colic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxvi) Difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxvii) Others.....			
.....			
.....			

(16) During the period of incapacitation or impairment what was the Cockpit, cabin or control tower environment like? **Yes** **No**

- (i) Normal
- (ii) Oxygen Mask deployed (Cockpit/Cabin)
- (iii) Bad Weather/Low Visibility (Control tower, Cockpit or Cabin)
- (iv) Equipment malfunction (Control tower, Cockpit or Cabin)
- (v) Smoke in the Cabin or Cockpit
- (vi) Disagreement/arguement with Co-pilot, Captain or Colleague on duty.
- (17) Was there any associated pre-flight situation(s) that would have led to the incapacitation or impairment?

- |  | <b>Yes</b>               | <b>No</b>                | <b>Probably</b>          |
|--|--------------------------|--------------------------|--------------------------|
| (i) Domestic or family misunderstanding/stress                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Interpersonal misunderstanding eg with other flight crew. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Fatigue  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Drugs (Medication)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) Financial constraint                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Ingestion of alcohol                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please explain briefly .....

.....

.....

**(F) INCAPACITATION OR IMPAIRMENT OF OTHER CREW MEMBER(S) OR ATCO OTHER THAN SELF**

1) Have you ever witnessed the medical incapacitation or impairment of a colleague other than self? Yes  No



If yes,

- (i) Provide Personal details of Crew or ATCO Colleague;
  - a) Title:.....
  - (b) Sex: Male  Female
  - (c) Type and Class of Aviation licence held:.....
- (ii) Please state where (phase of flight) and when (date and time) this happened?.....  
.....
- (iii) Duration of incapacitation or impairment:.....  
.....
- (iv) Was further treatment or hospitalization required after the incident?  
Yes  No

Please explain:.....  
.....  
.....

- (v) Did the medical incapacitation or impairment lead to any of the following?,

	<b>Yes</b>	<b>No</b>	<b>Probably</b>
(a) Reduction in function (e.g Vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Loss of control of self and or aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Removal from Cockpit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Handing over of flight control to co-pilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Diversion of Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Treatment by a doctor or medical personnel on board the aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Call to medlink, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Others:.....			

.....  
 (vi) During the period of incapacitation or impairment what was the Cockpit, cabin or control tower environment like?

	<u>Yes</u>	<u>No</u>
(a) Normal	<input type="checkbox"/>	<input type="checkbox"/>
(b) Oxygen Mask deployed (Cockpit/Cabin)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Bad Weather/Low Visibility	<input type="checkbox"/>	<input type="checkbox"/>
(d) Equipment malfunction (Control Tower, Cockpit or Cabin)	<input type="checkbox"/>	<input type="checkbox"/>
(e) Smoke in the Cabin or Cockpit	<input type="checkbox"/>	<input type="checkbox"/>
(f) Disagreement/argument with Co-pilot, Captain or Colleague on duty.	<input type="checkbox"/>	<input type="checkbox"/>

(3) Would you associate the medical incapacitation or impairment of your colleague to any of the following medical conditions?

	<u>Yes</u>	<u>No</u>	<u>Probably</u>
(i) Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Gastroenteritis (Vomiting and or diarrhoea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Abdominal Colic (With or without Gastroenteritis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Renal Colic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Stress (Social, Family, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Convulsive disorders e.g Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(x) Alcohol Intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xi) Anxiety, Panic attack or Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xii) Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xiii) Intake of drugs of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xiv) Ingestion of prescribed drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xv) Ingestion of non- prescribed drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>	<b>Probably</b>
(xvi) Lack of rest (fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xvii) High workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xviii) Low Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ixx) Psychiatric disorder/suicidal tendencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xx) Undisclosed medical ailment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxi) Loss of situational Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxii) Bad Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxiii) Sleep loss/Sleepiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxiv) Excessive intake of coffee (caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxv) Decompression of Cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxvi) Difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxvii) Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xxviii) Others; .....			
.....			
.....			

(G) Is there any other information or suggestion you would want to give the NCAA?

If space is not adequate you can attach a separate sheet.

(H) **Signature (Optional):**..... **Date:**.....





**NIGERIAN CIVIL AVIATION AUTHORITY**  
**CHECKLIST FOR ON-BOARD MEDICAL KITS**  
**INSPECTION**

1.0 Airline: .....

2.0 Aircraft Type: .....

3.0 Aircraft Registration No: .....

4.0 Type of Aircraft Operation: Domestic  International

5.0 Aircraft Pax Capacity: .....

6.0 **Aircrew;**

	Name	Licence No	Licence Expiration	Medical Limitation	Date of Last first Aid Training
6.1	Captain	.....	.....	.....	.....
6.2	Co-pilot	.....	.....	.....	.....
6.3	Cabin Crew;				
6.3.1	Most Senior Cabin Crew	.....	.....	.....	.....
6.3.2	Cabin Crew	.....	.....	.....	.....
6.3.3	Cabin Crew	.....	.....	.....	.....
6.3.4	Cabin Crew	.....	.....	.....	.....

7.0 **Signature/Date:**

7.1. Captain's Signature: ..... Date: .....

7.2. Senior Cabin Crew Member's Signature: ..... Date: .....

8.0 Date of Inspection: .....

9.0 Time of Inspection: .....

10.0 Type of Medical Kits On-board

	<b>BASIC FIRST AID KIT</b>	<b>EMERGENCY MEDICAL KIT</b>
	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Number</u>	<u>Satisfactory</u>	<u>Not Satisfactory</u>
11.0 Number of Medical Kits on-board;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1 Basic First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2 Emergency Medical Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.0 General State of Medical Kits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.0 Previous Inspection of Medical Kits;			
13.1 Date of last Inspection: .....			
13.2 Medical kits inspected by; Name: .....			
Rank/Designation: .....			

14.0 **CONTENTS OF BASIC FIRST AID KIT**

14.1 **DOCUMENTATION:**

	<u>Quantity</u>	<u>Quality</u>	<u>Satisfactory</u>	<u>Not Satisfactory</u>
14.1.1 Contents List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.2 Current Edition First Aid Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.3 Incident Record Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.4 Pen/Biro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.2 **GENERAL HYGIENE:**

14.2.1 Universal Precaution Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Contents of Universal Precaution Kit:-**

14.2.1.1 Dry powder that can covert small liquid spill into a sterile granulated get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.2 Germicidal disinfectant for surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.3 Skin wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.2.1.4 Face/eye mask (seperate or combined) or plastic face shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.5 Gloves (disposable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.6 Protective apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.7 Large absorbent towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.8 Pick - up scoop with scraper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.9 Bio-hazard disposal waste bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.1.10 Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Quantity   Quality   Satisfactory   Not Satisfactory**

14.2.2 Powered Free disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.3 Splints (for Upper and lower Limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2.4 Disposable Resuscitation Aid (Resucaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14.3 DRESSINGS AND BANDAGES:**

**Quantity   Quality   Satisfactory   Not Satisfactory**

14.3.1 Triangular Bandage with safety pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.2 Bandage (various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.3 Burns dressing (various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.4 Plaster (zinc oxide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.5 Cotton Wool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.6 Sterile Eye Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.7 Finger dressin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Quantity Quality Satisfactory Not Satisfactory**

14.3.8 Steri strips for sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.9 Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.10 Safety Pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.11 Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.12 Crepe bandage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.13 Mediwipe/antiseptic swabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.14 Thermometer (Non-Mercury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3.15 Sterile wound dressing (Large and Small)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.4 <u>MEDICATIONS</u></b>				
14.4.1 Motion (Air) Sickness tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.2 Rehydration powder (Dioralyte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.3 Antihistamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.4 Analgesics (Mild) e.g Paracetamol Tablets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.5 Antispasmodic tablets e.g Buscopan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.6 Indigestion tablets (Antacid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.7 Throat Lozenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4.8 Nasal decongestant e.g Otrivine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Quantity Quality Satisfactory Not Satisfactory**

14.4.9 Anti-diarrhoeal (eg Loperamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14.4.10 Others:.....  
.....

**15.0 CONTENTS OF EMERGENCY MEDICAL KIT**

**15.1 DOCUMENTATION**

15.1.1 Incident Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15.1.2 Pen/Biro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------	--------------------------	--------------------------	--------------------------	--------------------------

15.1.3 List of all medications (including expiry dates, batch numbers, effects and side effects of drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15.1.4 Basic Life Support Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

15.1.5 List of contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**15.2 GENERAL AND HYGIENE**

**Quantity Quality Satisfactory Not Satisfactory**

15.2.1 needle disposal box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------	--------------------------	--------------------------	--------------------------	--------------------------

15.2.2 Splints (for upper and lower Limbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

15.2.3 Surgical Gloves (6 - 8 pairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

15.2.4 Pen Touch (with batteries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**15.3 GENERAL**

15.3.1 Antiseptic Wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15.3.2 Emergency tracheal Catheter (2 sizes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Quantity   Quality   Satisfactory   Not Satisfactory**

15.3.3 surgical face masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.4 Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.5 Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.6 Sharp Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.7 Electronic Sphygmomanometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.8 Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.9 Tourniquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.10 Bandages (various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.11 Safety Pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.12 Sterile Wound Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.13 Triangular Bandage (at least 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.14 Burn Relief Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.15 Fever skin scan Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.16 Steri Strip Skin Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.17 Syringes 2cc/5cc with Needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.18 Oropharyngeal Airways (Different Sizes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.19 Sterile Water for Injection (at least 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3.20 Sodium Chloride Solution 0.9% (minimum 250mls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Quantity</u>	<u>Quality</u>	<u>Satisfactory</u>	<u>Not Satisfactory</u>
15.3.21 Intravenous Catheters (Various Sizes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.4 <u>MEDICATION</u></b>				
15.4.1 Antihistamine e.g. Chlorpheniramine Tabs (Piriton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.2 Epinephrine/adrenaline 1:1000 (Injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.3 Adrenocorticoid steroid e.g Hydrocortisone or Dexamethasone (Injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.4 Analgesic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.4.1 Major e.g. Ibrufen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.4.2 Minor e.g. Paracetamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.5 Antispasmodic (Hyoscine) Injection/ Tabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.6 Diuretic e.g Frusemide (Injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.7 Sedative/Anticonvulsant e.g Diazepam (Injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.8 Injectable (50%) Glucose - 50mls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.9 Antiemetic e.g Metoclopramide Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.10 Atropine Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.11 Digoxin (Injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.12 Uterine Contractants e.g Ergometrine/ Oxytocin (Injection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Quantity   Quality   Satisfactory   Not Satisfactory**

15.4.13 Aspirin:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.13.1 75mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.13.2 300mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.14 Bronchial Dilator e.g ventoline, Aminophylline Injection or Salbutamol Inhaler.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.15 Antidiarrhoeal (Loperamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.16 Antihistamine Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.17 Antiemetic Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.18 Oral Beta Blocker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.19 Glyceryl Trinitrate (Sublingual tablet/Spray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.20 Glucagon Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.21 Lidocaine/Lignocaine 2%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4.22 Diphenhydramine Injection/Tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.5   <u>OTHERS</u></b>				
15.5.1 Sterile Water for Injection (at least 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5.2 Resucaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5.3 Mucus Extractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5.4 Catheter - Male & Female sizes 12 and 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



.....  
.....

19.0 **NAME OF AEROMEDICAL INSPECTOR(S):**.....

.....

20.0 **SIGNATURE OF AEROMEDICAL INSPECTOR(S):**.....

.....

21.0 **DATE:**.....





# NIGERIAN CIVIL AVIATION AUTHORITY

## CHECK LIST FOR TOWER FAMILARIZATION VISIT

### PART ONE

**1.0 BIODATA OF MEDICAL ASSESSOR OR  
AUTHORISED AVIATION MEDICAL EXAMINER (AAME)**

**1.1 NAME OF MEDICAL ASSESSOR OR AAME:.....**

.....

**1.2 AAME NO.:.....**

**1.3 CLASS OF AAME:.....**

**1.4 DATE OF AAME DESIGNATION:.....**

**1.5 ADDRESS OF MEDICAL ASSESSOR OR AAME:.....**

.....

.....

**1.6 DATE OF FAMILARIZATION VISIT:.....**

**1.7 TIME OF VISIT:.....**

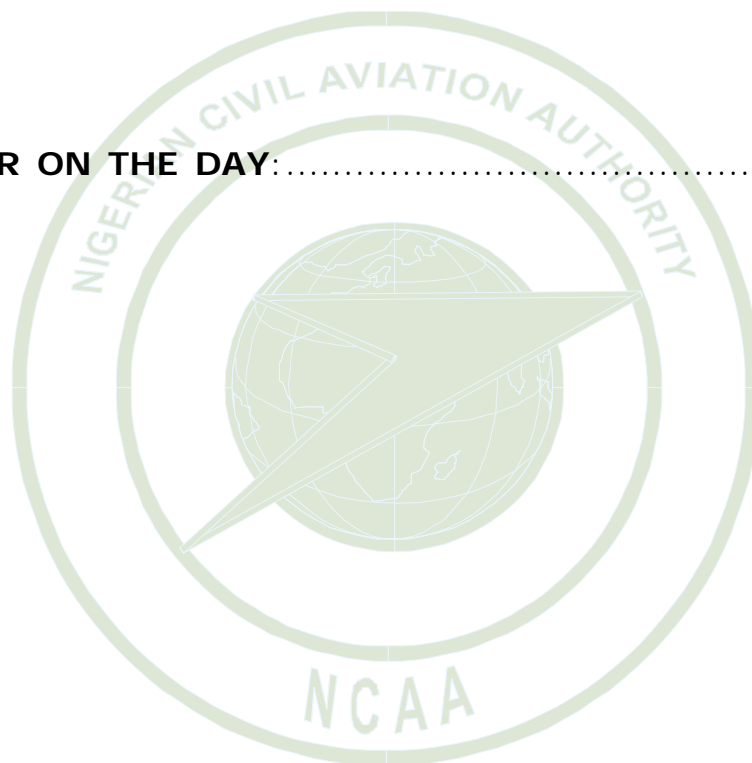
**1.8 DURATION OF VISIT:.....**

**PART TWO**

2.0 **LOCATION OF TOWER:**.....

2.1 **NAME OF NAMA OFFICIAL CONDUCTING THE FAMILIARIZATION VISIT:**.....

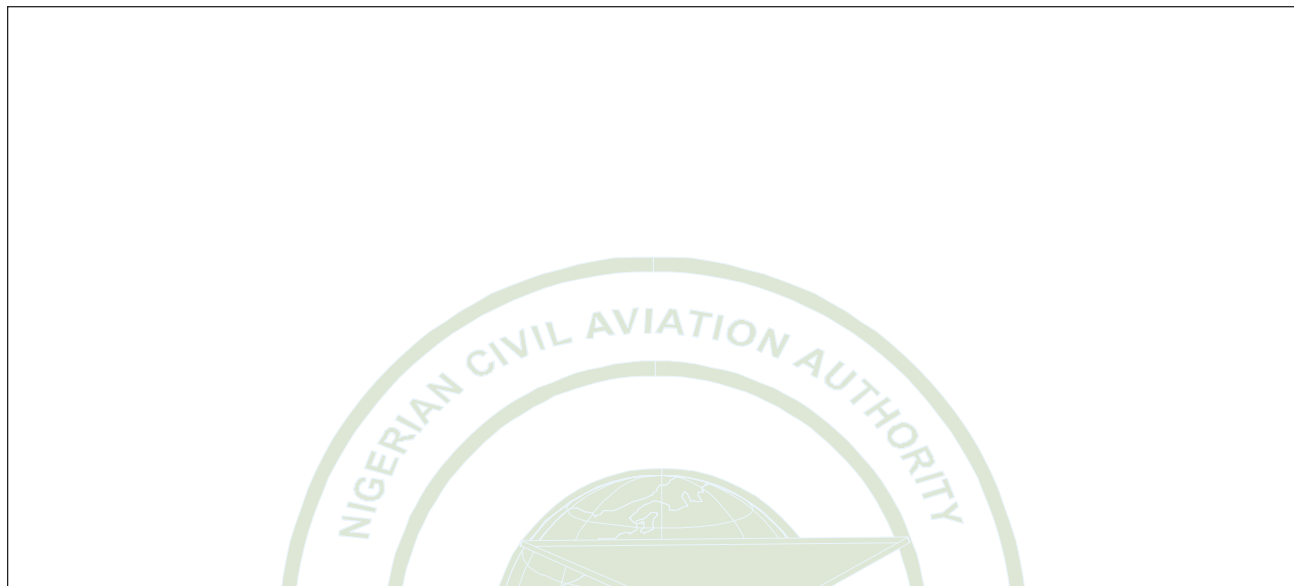
2.2 **WEATHER ON THE DAY:**.....



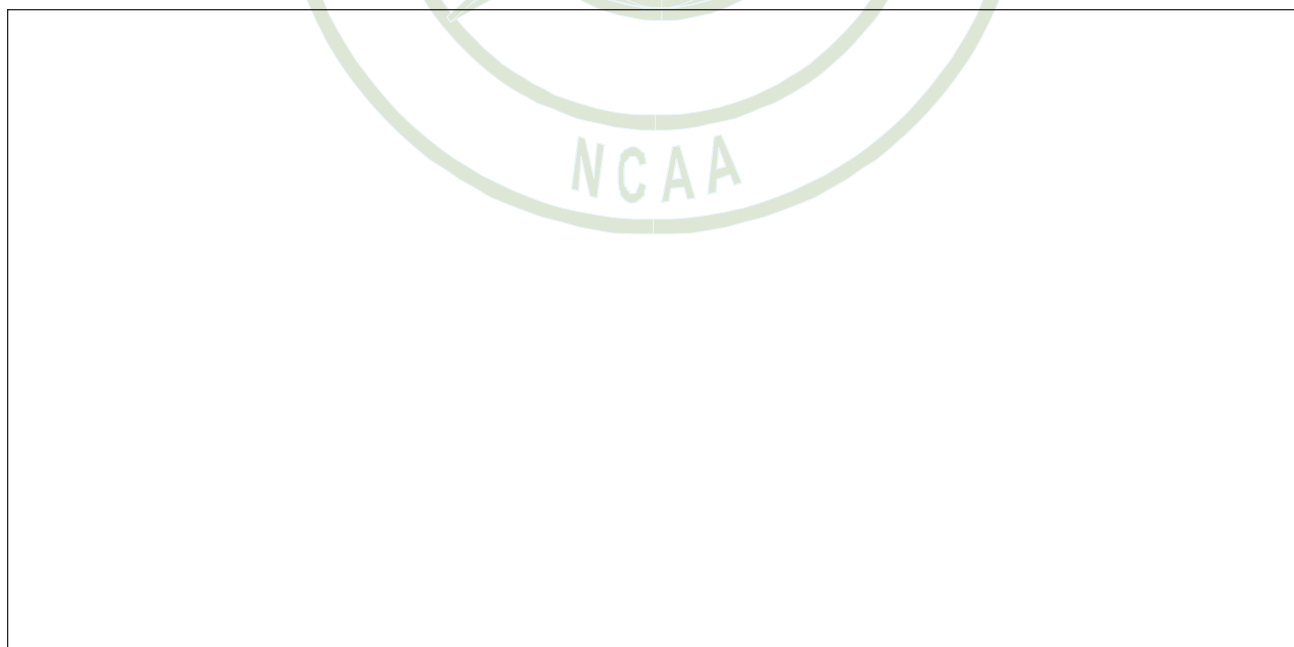


## **PART THREE**

### **3.0 COMMUNICATION BETWEEN THE AIRCRAFT AND TOWER AIR TRAFFIC CONTROLLER**



### **3.1 COMMUNICATION BETWEEN THE AIR TRAFFIC CONTROLLERS IN TOWER AND TRACON**



**3.2 GENERAL OBSERVATIONS AND COMMENTS**



**3.3 SIGNATURE OF MEDICAL ASSESSOR OR AAME:.....**

**3.4 DATE:.....**



# **NIGERIAN CIVIL AVIATION AUTHORITY**

## **CHECK LIST FOR TRACON VISIT**

### **PART ONE**

**1.0 BIODATA OF MEDICAL ASSESSOR OR  
AUTHORISED AVIATION MEDICAL EXAMINER (AAME)**

**1.1 NAME OF MEDICAL ASSESSOR OR AAME:**.....  
.....

**1.2 AAME NO.:**.....

**1.3 CLASS OF AAME:**.....

**1.4 DATE OF AAME DESIGNATION:**.....

**1.5 ADDRESS OF MEDICAL ASSESSOR OR AAME:**.....  
.....  
.....

**1.6 DATE OF FAMILARIZATION VISIT:**.....

**1.7 TIME OF VISIT:**.....

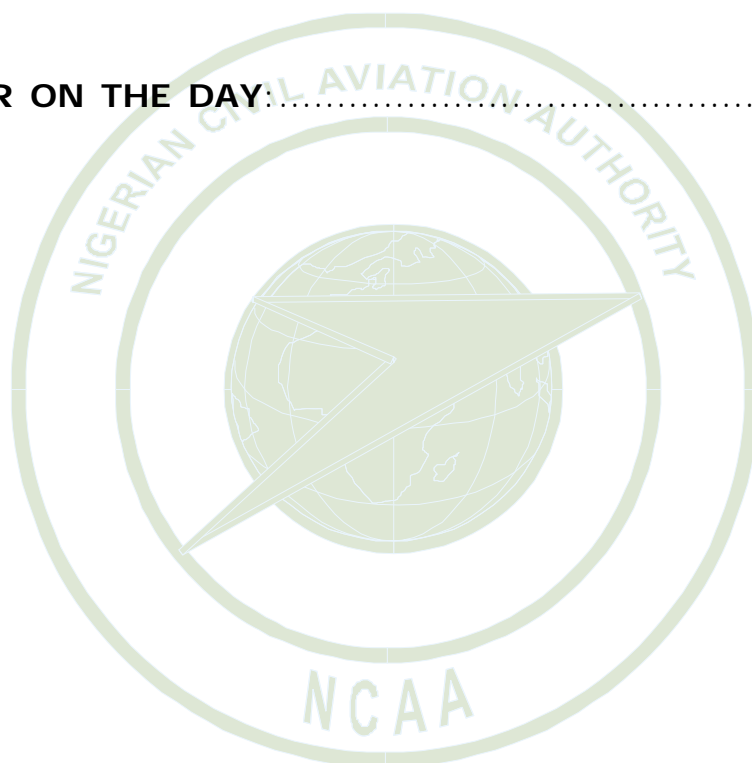
**1.8 DURATION OF VISIT:**.....

**PART TWO**

2.0 **LOCATION OF TRACON:**.....

2.1 **NAME OF NAMA OFFICIAL CONDUCTING THE FAMILIARIZATION VISIT:**.....

2.2 **WEATHER ON THE DAY:**.....



## **PART THREE**

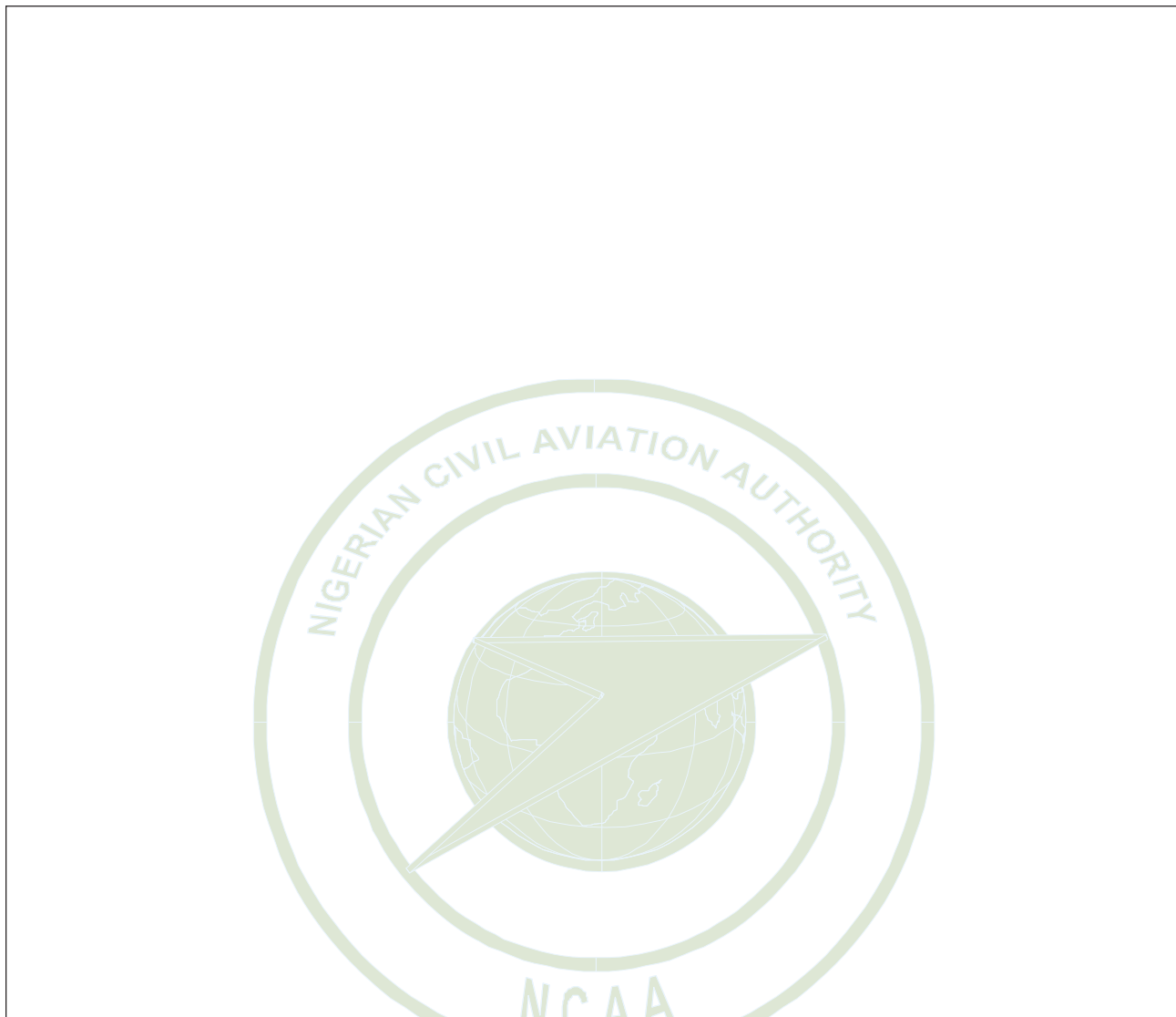
### **3.0 COMMUNICATIONS BETWEEN THE AIRCRAFT AND TRACON AIRTRAFFIC CONTROLLER**



### **3.1 COMMUNICATION BETWEEN THE AIR TRAFFIC CONTROLLERS IN TOWER AND TRACON**



**3.2 GENERAL OBSERVATIONS AND COMMENTS**



**3.3. SIGNATURE OF MEDICAL ASSESSOR OR AAME:.....**

**3.4 DATE:.....**



# **NIGERIAN CIVIL AVIATION AUTHORITY**

## **CHECK LIST FOR COCKPIT FAMILIARIZATION FLIGHT**

### **PART ONE**

**1.0 BIODATA OF MEDICAL ASSESSOR OR  
AUTHORISED AVIATION MEDICAL EXAMINER (AAME)**

**1.1 NAME OF MEDICAL ASSESSOR OR AAME:**.....

.....

**1.2 AAME NO.:**.....

**1.3 CLASS OF AAME:**.....

**1.4 DATE OF AAME DESIGNATION:**.....

**1.5 ADDRESS OF MEDICAL ASSESSOR OR AAME:**.....

.....

.....

**1.6 DATE OF FAMILIARIZATION FLIGHT:**.....

**PART TWO**

**2.0 DETAILS OF OPERATOR**

**2.1 NAME OF AIRLINE:**.....

**2.2 AIRCRAFT TYPE:**.....

**2.3 AIRCRAFT REGISTRATION NO:**.....

**2.4 NAME OF PILOT IN-COMMAND:**.....

**2.5 ROUTE:**

**2.5.1 OUT BOUND:**.....

**2.5.2 IN BOUND:**.....

**2.6 DATE OF FLIGHT:**.....

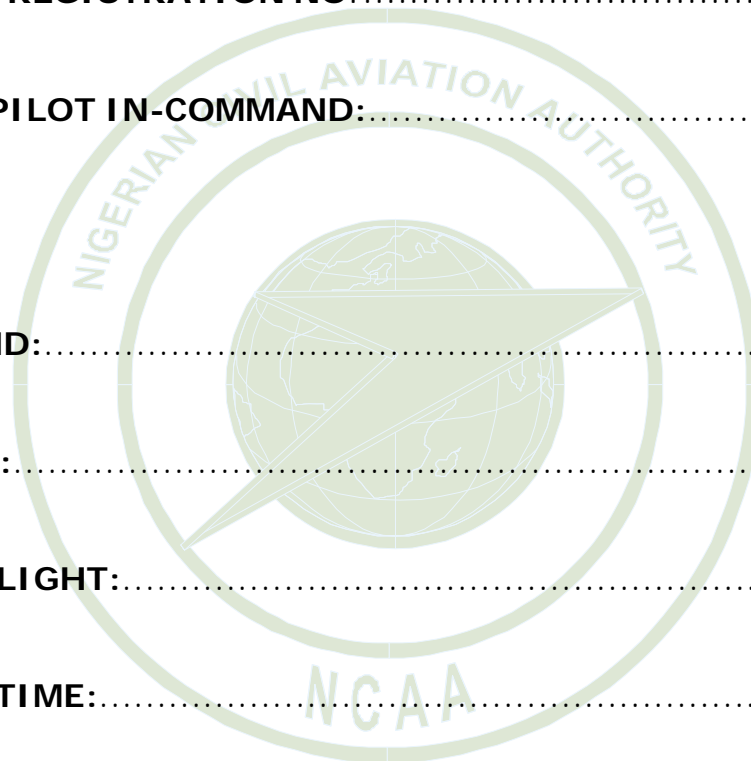
**2.7 TAKE OFF TIME:**.....

**2.7.1 OUT BOUND:**.....

**2.7.2 IN BOUND:**.....

**2.8 FLIGHT DURATION:**

**2.8.1 OUTBOUND:**.....





2.8.2 **INBOUND:**.....

2.9 **FLIGHT CRUISING ALTITUDE:**.....

2.10 **NUMBER OF PASSENGERS ON BOARD:**

2.10.1 **OUTBOUND:**.....

2.10.2 **INBOUND:**.....

2.11 **NUMBER OF CREW MEMBERS:**

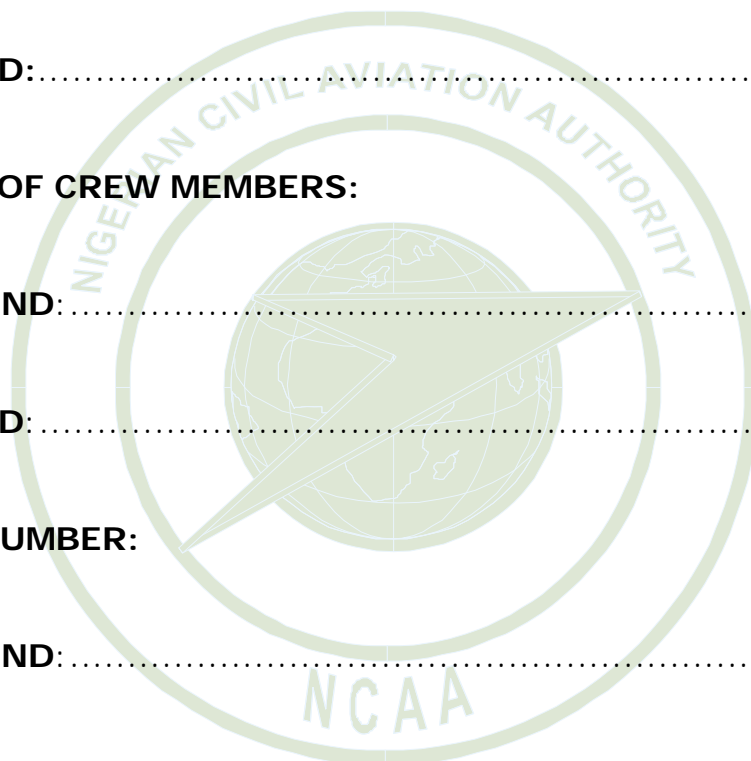
2.11.1 **OUTBOUND:**.....

2.11.2 **INBOUND:**.....

2.12 **FLIGHT NUMBER:**

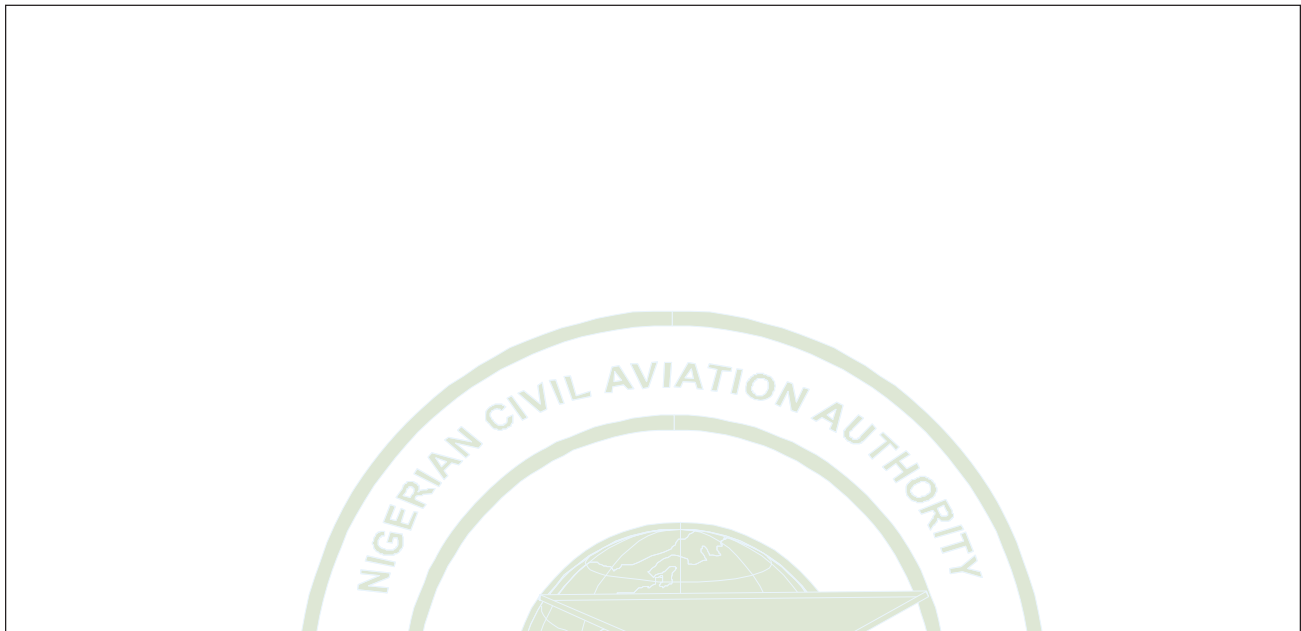
2.12.1 **OUTBOUND:**.....

2.12.2 **INBOUND:**.....



## **PART THREE**

### **3.1 COMMUNICATION BETWEEN THE PIC AND FIRST OFFICER**



### **3.1.2 COMMUNICATION BETWEEN THE COCKPIT AND CONTROL TOWER**



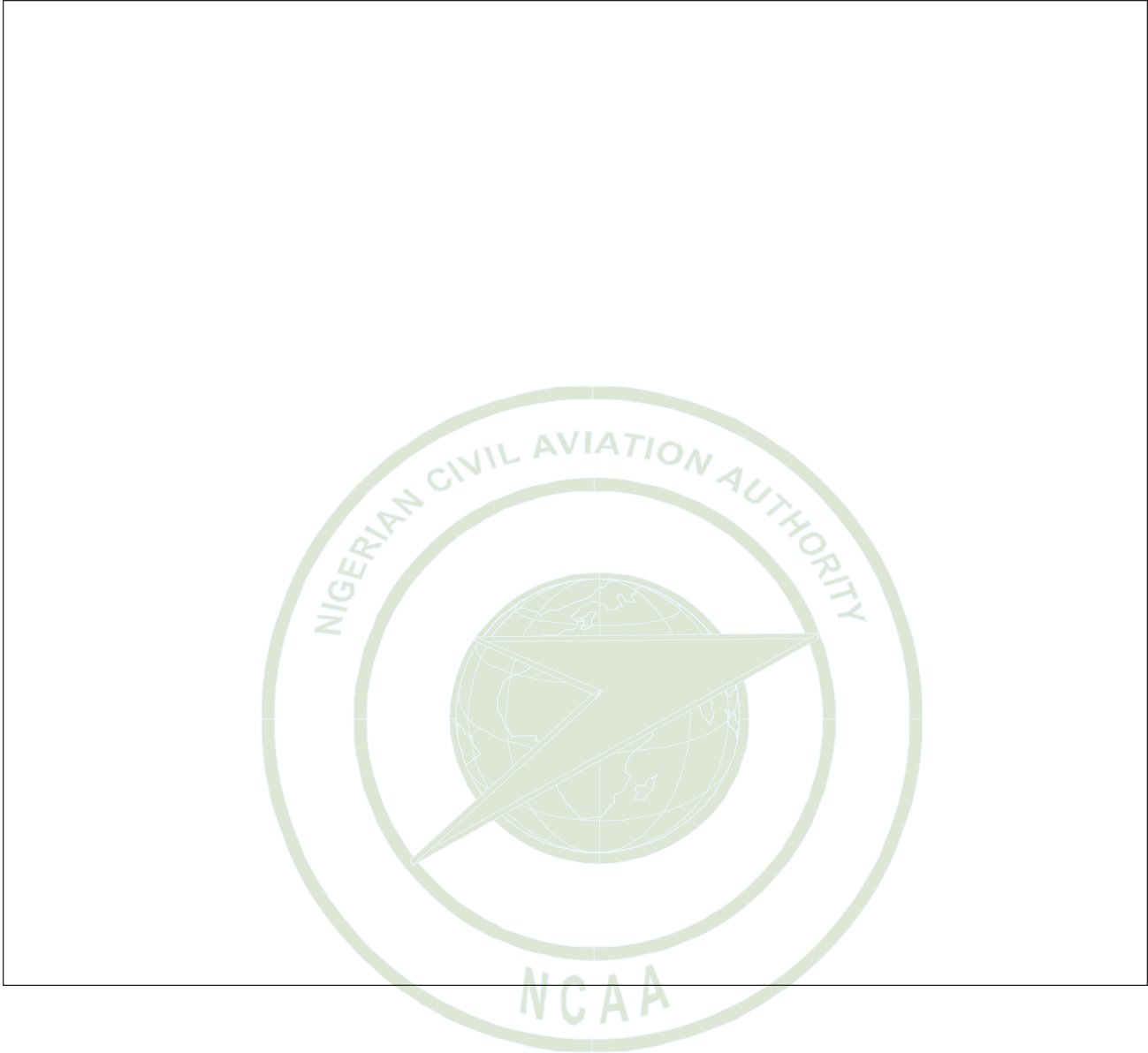
### 3.1.3 COMMUNICATION BETWEEN THE COCKPIT AND THE CABIN



### 3.1.4 USE OF FLIGHT DECK CHECKLIST BY THE FLIGHT CREW



**3.2 GENERAL OBSERVATIONS /SUMMARY**



**3.3 SIGNATURE OF MEDICAL ASSESSOR OR AAME:.....**

**3.4 DATE:.....**



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

**CHECKLIST FOR THE INSPECTION OF COMPANIES OFFERING**  
**CATERING SERVICES TO HAJJ OPERATORS IN NIGERIA**

**1.0 PART I**

1. **Date of Inspection:**.....

2. **Name and Address of Company:**.....

.....  
.....  
.....

3. **Name of Managing Director of Company:**.....

.....

4. **Name and Signature of Company Representative:**.....

.....

**Date:**.....

**PART II (A) SECTION ONE**

**REGISTRATION AND DOCUMENTATION**

1. **Corporate Affairs Commission (CAC) Registration Number:**

.....

1.1 **Date of Registration with CAC:**.....

2. **NAFDAC Registration Number:**.....

2.1 **Date of Registration with NAFDAC:**.....

3. **Approved Security Program by NCAA:**

Available

Not Available

4. **Port Health Certification:**

Available  Not Available

4.1 **Date of Certification:**.....

4.2 **Expiration of Certification:**.....

5. **Quality Management Systems Documentation:**

Available  Not Available

**Date of last Review:**.....

6. **Pest Management Program and Documentation (see Section Eight)**

Available  Not Available

**Date of last Review:**.....

7. **Garbage Disposal Procedure Documentation:**

Available  Not Available

**Date of last Review:**.....

8. **Food Tracking and Recall System:**

8.1 **Caterer's Audit Programme for Food Sourcing**

Available  Not Available

8.2 **Audit Report on Food Suppliers:**

Available  Not Available

9. **Food processing Documentation:**

Available  Not Available

**Date of last Review:**.....

10. **Food Contact Surface Cleaning:**

Satisfactory  Not Satisfactory

**PART II SECTION TWO**

**PHYSICAL ENVIRONMENT OF CATERING FACILITY**

2.0 **General Surrounding**

2.1.1 **Floor Type and Inclination:**

Satisfactory  Not Satisfactory

2.1.2 **Walls and Ceilings:**

Satisfactory  Not Satisfactory

2.1.3 **Drainages (Within and outside the facility):**

Satisfactory  Not Satisfactory

2.2 **Illumination:**

Satisfactory  Not Satisfactory

2.3 **Vegetation Control (Outside the facility):**

Satisfactory  Not Satisfactory

2.4 **Hand Wash Facilities (Hot water, filled soap dispensers & single - use towels:**

Satisfactory  Not Satisfactory

**2.5 Proofing of Building (To prevent access of flying and crawling insects):**

Satisfactory  Not Satisfactory

**2.6 Ventilation:**

Satisfactory  Not Satisfactory

**2.7 State of Food Preparation Equipment and Food Contact Surfaces:**

Satisfactory  Not Satisfactory

**2.8 General Appearance of Staff:**

Satisfactory  Not Satisfactory

**2.9 Fire Extinguishers:**

2.9.1 **Type:**.....

2.9.2 **Number:**.....

2.9.3 **Valid/Expiry Dates:**.....

2.9.4 **Date of last Fire drill:**.....

**2.10 Fire Escape Doors and Adequate and Visible Signages:**

Satisfactory  Not Satisfactory

**2.11 First Aid Box:**

**2.11.1 Content:**

Satisfactory  Not Satisfactory

2.11.2 **Expiry Date:**.....

**2.12 General State of Kitchen:**

Satisfactory  Not Satisfactory



**2.13 Water Source (Potable and Free Flowing Water)**

Satisfactory  Not Satisfactory

**2.14 Electricity Supply:**

**2.14.1 Levels of Supply**

- PHCN
- Generator  No's.....
- Others.....

**PART TWO SECTION THREE**

**WASTE DISPOSAL PROCEDURE**

**3.1 Type and State of Waste Bins:.....**

Satisfactory  Not Satisfactory

**3.2 Waste Collection Station:**

Available  Not Available

**3.3 Garbage Disposal Procedure (for all areas)**

Satisfactory  Not Satisfactory

**PART TWO SECTION FOUR**

**STORAGE OF FOOD**

**4.1. STORE**

**4.1.1 Type of Stores being Operated:**

Dry  Wet

**4.1.2 General Condition of Store(s):**

**(Very tidy, free of pests and rodents, well ventilated and damp free)**

Satisfactory

Not Satisfactory

**4.2 Control System (Food consumed within its Shelf - life):**

Satisfactory

Not Satisfactory

**4.3 Food Temperature Control System (5°C/41°F)**

Satisfactory

Not Satisfactory

**4.4 Food Tracking and Recall System (for issuance of food items):**

Satisfactory

Not Satisfactory

**PART II SECTION FIVE**

**FOOD PACKAGING**

**5.1. Food Packaging Process**

**(To prevent Growth of Pathogens and Cross Contamination):**

Satisfactory

Not Satisfactory

**PART II SECTION SIX**

**DISPATCH TRANSPORT AND LOADING OF FOOD**

**6.1 Atmosphere of Food Dispatching:**

Satisfactory

Not Satisfactory

6.2 **Appropriate Vehicles used to transport Food to Aircraft:**

Satisfactory  Not Satisfactory

6.3 **Security Arrangement (accompanying Security Official) for food in transit:**

Satisfactory  Not Satisfactory

6.4 **Documentation System of Batches of Food Transported to Aircraft**

Available  Not Available

**PART II SECTION SEVEN**

**SECURITY SYSTEM**

7.1 **Documentation of background security checks carried out on all Personnel**

Available  Not Available

7.2 **General and Effective Security of the Facility**

Satisfactory  Not Satisfactory

7.3 **Safety and Security of Stored (raw and cooked) Food**

Satisfactory  Not Satisfactory

7.4 **Security of Packaged Food as well as Food in Transit**

Satisfactory  Not Satisfactory

7.5 **Inclusion of all Security Processes and procedures in the Security program Documentation**

Satisfactory  Not Satisfactory

**PART II SECTION EIGHT**

**PROCEDURES FOR DISTRIBUTION, DERATIFICATION AND DISINSECTION**

8.1 **Periodicity and procedure for Pest Control:**.....

Satisfactory  Not Satisfactory

8.2 **Lists of Chemical/Physical Agents used for Pest Control:**

Satisfactory  Not Satisfactory

8.3 **Documentation to show that Chemicals used are not hazardous to health (or poisonous):**

Satisfactory  Not Satisfactory

**PART II SECTION NINE**

**QUALITY MANAGEMENT SYSTEM**

9.1 **Periodic microbial and Chemical Analysis of water and Food:**

Satisfactory  Not Satisfactory

9.2 **Adequate Documentation of Periodic Microbial and Chemical Analysis of Water and Food:**

Satisfactory  Not Satisfactory

9.3 **Date of Last Microbial/Chemical Analysis:**.....

9.4 **Periodic Medical Examination of Kitchen Staff including Stool Test:**

Satisfactory  Not Satisfactory

9.5 **Adequate Documentation of Periodic Medical Examination of Kitchen Staff:**

Satisfactory  Not Satisfactory

9.6 **Date of Last Medical Examination on Kitchen Staff:** .....

9.7 **All Food packages are date-marked:**

Satisfactory  Not Satisfactory

## **PART TWO SECTION TEN**

### **FOOD CONTACT SURFACES**

10.1 **Procedures for cleaning of Food Contact Surfaces:**

Satisfactory  Not Satisfactory

10.2 **Compliance with Procedures for Cleaning of Food Contact Surfaces:**

Satisfactory  Not Satisfactory

10.3 **List of agents used for cleaning Food Contact Surfaces which must not be hazardous to health:**

Satisfactory  Not Satisfactory

10.4 **Proper Maintenance of Toilets and Changing Rooms:**

Satisfactory  Not Satisfactory

10.5 **Use of protective and hygienic clothing e.g Disposable Gloves, Headgear, Footwear & Apron:**

Satisfactory  Not Satisfactory

**PART TWO SECTION ELEVEN**

**INFECTON CONTROL**

11.1 **Monitoring Procedure to prevent Food Contamination through contact with infected Employees and Visitors:**

Satisfactory  Not Satisfactory

11.2 **Procedure in place for Handling Open Wounds on Employees:**

Satisfactory  Not Satisfactory

**PART II SECTION TWELVE**

**STAFF/STAFF TRAINING**

12.1 **Total Number of Kitchen staff:**

Male

Female

**Total =**

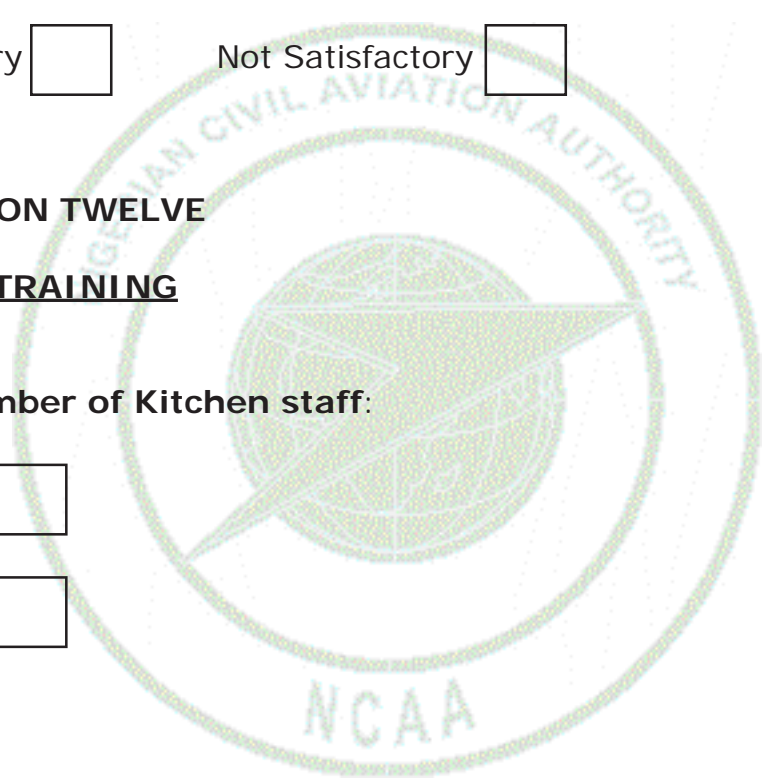
12.2 **Induction and Refresher Training carried out:**

Satisfactory  Not Satisfactory

12.3 **Date of last training conducted:**.....

12.4 **Training Records kept for each member of Staff:**

Satisfactory  Not Satisfactory



**PART II SECTION THIEETEEN**

**INSTRUMENT CALIBRATION**

13.1 **Calibration of all measuring equipment every twelve (12) Calender Months or according to Manufacturer's Specifications:**

Satisfactory  Not Satisfactory

13.2 **Records of Calibration kept:**

Satisfactory  Not Satisfactory

13.3 **Date of last Calibration done:**.....  
.....

**PART II SECTION FOURTEEN**

**FOOD SAFETY COMPLAINT PROCEDURE (FEEDBACK)**

14.1 **Procedure for Effective Receipt, Recording and Management of Food Safety related Compliants clearly documented:**

Satisfactory  Not Satisfactory

14.2 **Date when last Complaint was received:**.....

14.3 **Investigations crried out and Recorded:**

Satisfactory  Not Satisfactory

14.4 **Appropriate action taken to prevent Re-ocurrence (Documentation of action):**

Satisfactory  Not Satisfactory









**MEDICAL IN CONFIDENCE**



**FUNCTIONAL HEARING ASSESSMENT**

Please complete in black ink and forward to the address given below.  
To be completed by Training Captain.

**1. PERSONAL DETAILS**

Name:..... Pilot Licence Number.....  
Place of test:..... Aircraft/Simulator.....

**2. DETAILS OF TEST**

Can the subject hear adequately in the Aircraft/Simulator/Others  
..... (please state) during all phases of flight? YES  NO  N/A

Does his/her hearing loss interfere with the ability to communicate  
with Air Traffic Control and/or other flight crew members during  
all phases of flight? YES  NO  N/A

Can he/she accurately identify non-routine R/T  
phraseology ? YES  No  N/A

Can he/she identify accurately the identification signals of  
Navigation Beacons? YES  No  N/A

In your opinion, does his/her hearing loss interfere with flight safety? YES  NO  N/A

Have you any other observations or comments?

[Empty box for observations or comments]

**3. DETAILS OF TRAINING CAPTAIN**

Pilot Name:..... Pilot Licence No:.....  
Position:..... Signature/Date:.....

**4. SUBMISSION INSTRUCTIONS**

Please return the completed form to: **HEAD, AEROMEDICAL STANDARDS  
NIGERIAN CIVIL AVIATION AUTHORITY  
AVIATION HOUSE  
P.M.B. 21029,21038  
IKEJA, LAGOS.**

**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AIRTRAFFIC CONTROLLER'S**  
**OPERATIONAL SPEECH DISCRIMINATION TEST**

CL O-MED 014



Director of Operations  
 Nigeria Airspace Management Agency (NAMA)

The medical certificate holder named below has recently had an audiogram that requires an operational speech discrimination test under the Nigeria Civil Aviation Regulations (Nig. CARs) Part 2 Section 11.2.8 (d) (4). Please complete the following assessment and forward it to the NCAA Aeromedical Standards department at the address at the foot of the page.

This test should be undertaken in a noise field corresponding to normal working conditions. The test can be undertaken over several days to assess each aspect of the working task.

**1. PERSONAL DETAILS**

Name of Certificate Holder:.....

ATCO Licence Number:.....

Place of Test:.....

Date(s) of Test(s):.....

**2. DETAILS OF TEST**

Can the subject hear RT communications satisfactorily?	Yes	No
Can the subject hear RT communications satisfactorily in the presence of background noise in his/her own working environment eg. equipment alarms, telephones etc?	Yes	No
Can the subject hear flight crew voice communication satisfactorily in the presence of background noise from the flight deck/cockpit?	Yes	No
Can the subject identify non-routine RT phraseology accurately?	Yes	No
Does the subject's hearing loss interfere with his/her ability to communicate effectively with flight crew members?	Yes	No
Does the subject's hearing loss interfere with his/her ability to communicate effectively with colleagues in his/her own working environment?	Yes	No
In your opinion, does the subject's hearing loss interfere with flight safety?	Yes	No

**3. DETAILS OF NAMA MANAGER**

Name of Manager ATS/SATCO:..... Licence No:.....

Position:..... Signature/Date:.....

**4. SUBMISSION INSTRUCTIONS**

Please return the completed form to:

**HEAD, AEROMEDICAL STANDARDS**  
**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AVIATION HOUSE**  
**P.M.B. 21029, 21038**  
**IKEJA, LAGOS.**



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

**MEDICAL (FUNCTIONALITY) FLIGHT CHECK (ORTHOPAEDIC)**

(1) **BIO-DATA AND MEDICAL HISTORY OF AIRCREW:**

1.1 **NAME OF AIRCREW:**.....

1.2 **LICENCE NUMBER:**.....

1.3 **AGE (AS OF LAST BIRTHDAY):**.....

1.4 **TOTAL FLIGHT HOURS:**.....

1.5 **FLIGHT HOURS ON AIRCRAFT TYPE:**.....

1.6 **NATURE OF INJURY/DISABILITY:**.....

.....  
.....

1.7 **DATE INJURY WAS SUSTAINED:**.....

1.8 **DATE CONFIRMED MEDICALLY FIT BY ORTHOPAEDIC SURGEON:**

.....

2.0 **FUNCTIONALITY CHECK:**

2.1 **AIRCRAFT TYPE BEING USED (COMPATIBLE WITH TYPERATING):**

.....

2.2 **NAME OF CHECK AIRMAN:**.....

2.3 **LICENCE NUMBER OF CHECK AIRMAN:**.....

2.4 **DESIGNATION OF CHECK AIRMAN:**.....

2.5 **TOTAL FLIGHT HOURS OF CHECK AIRMAN:**.....

2.6 **SWITCHYOLOGY:**.....

.....

.....  
2.7 **THROTTLE CONTROL:** .....

.....  
.....  
.....

2.8 **COLLECTIVE CONTROL:** .....

.....  
.....  
.....

2.9 **CONCLUSION:** .....

.....  
.....  
.....

3.0 **NAME OF CHECK AIRMAN:** .....

3.1 **SIGNATURE OF CHECK AIRMAN:** ..... **DATE:** .....

4.0 **FOR OFFICIAL (NCAA) USE:** .....

4.1 **COMMENTS OF AEROMEDICAL ASSESSOR:** .....

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4.2 **NAME OFR MEDICAL ASSESSOR:**.....

4.3 **SIGNATURE/DATE:**.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CLO - MED 016

**CHECKLIST FOR SUPPLIERS OF POTABLE WATER TO AIRLINES**  
**OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL**

**OBJECTIVE**

Ensuring that ultimately the water supplied to the aircraft meets the high standards of hygiene and sanitation, to protect travellers and crews engaged in air transport.

**1.0 COMPANY REGISTRATION:-**

1.1 **Date of Inspection:**.....

1.2 **Name and Address of Company:**.....  
.....  
.....  
.....

1.3 **Company Registration Number (Corporate Affairs Commission):**  
.....

**Date of Registration:**.....

1.4 **NAFDAC Registration No:**.....

**Date of Registration:**.....

1.5 **Port Health Number (if applicable):**.....

1.6 **Name of Chief Executive Officer of Company:**.....  
.....

1.7 **Name of Company Representative:**.....  
.....

1.8 **Designation of Company Representative:**.....

1.9 **Signature of Company's Representative:**.....

2.0 **Location of Inspection:**.....

**3.0 AREAS INSPECTED:**

	(Yes)	(No)
3.1 Water source (treatment plant)	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Water conveyance vehicle	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Transfer point (Water haulers)	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Aircraft water system	<input type="checkbox"/>	<input type="checkbox"/>

**4.0 Water Safety Plan (WSP) Evidence:**

4.1 Water source (treatment plant)	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Water conveyance vehicle	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Transfer point (Water haulers)	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Aircraft water system	<input type="checkbox"/>	<input type="checkbox"/>

**5.0 Water Safety Plan (WSP) Components:**

showing inclusion of the three key components for each inspection area.

**5.1 System assessment:**

Yes	NO	Satisfactory	Not Satisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.2 Operational monitoring:**

Yes	NO	Satisfactory	Not Satisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CLO –MED 017

**CHECKLIST FOR SUPPLIERS OF POTABLE WATER TO AIRLINES**  
**OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL**

**WATER SOURCE (TREATMENT PLANT)**

**OBJECTIVE**

Ensuring that ultimately the water supplied to the aircraft meets the high standards of hygiene and sanitation, to protect travellers and crews engaged in air transport.

**1.0 COMPANY REGISTRATION:-**

1.1 **Date of Inspection:**.....

1.2 **Name and Address of Company:**.....  
 .....  
 .....  
 .....

1.3 **Company Registration Number (Corporate Affairs Commission):**  
 .....  
**Date of Registration:**.....

1.4 **NAFDAC Registration No:**.....  
**Date of Registration:**.....

1.5 **Port Health Number (if applicable):**.....

1.6 **Name of Chief Executive Officer of Company:**.....  
 .....

1.7 **Name of Company Representative:**.....  
 .....

1.8 **Designation of Company Representative:**.....

1.9 **Signature of Company's Representative:**.....

2.0 **Location of Inspection:**.....

**3.0 AREAS INSPECTED:**

3.1 Water source (treatment plant)

4.0 **Water Safety Plan (WSP) Evidence:**      **Available**      **Not Available**

4.1 Water source (treatment plant)           

**5.0 Water Safety Plan (WSP) Components:**

showing inclusion of the three key components for each inspection area.

5.1 **System assessment:**

5.1.1 Flow chart of water supply chain up to point of consumption

<b>Yes</b>	<b>NO</b>	<b>Satisfactory</b>	<b>Not Satisfactory</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.1.2 Drinking water standards

supporting programmes (including upgrade and improvement) (e.g training, hygienic practices, standard operating procedures, research and development, etc).

**5.1.2 Drinking - Water Quality Standards**

	<b><u>Satisfactory</u></b>	<b><u>No Satisfactory</u></b>
5.1.2.1 E. coli or thermotolerant (faecal) coliforms should not detectable in any 100- ml sample.	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.2 The disinfectant residual for chlorine should be no less than 0.2mg/l and no more than 5mg/l	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.3 Chemicals and or heavy metals guideline values copper maximum allowable is 2mg/l;	<input type="checkbox"/>	<input type="checkbox"/>

**Satisfactory**      **No Satisfactory**

iron less than 0.3mg/l  
 lead undetectable or less than  
 0.01mg/l

5.1.2.4 Temperature	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.5 ph	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.6 ionic composition	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.7 alkalinity appropriate ranges for the particular water type	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.8 turbidity 0.1 nephelometric turbidity unit (NTU)	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.9 Aesthetic parameters (odour/ colour/taste)	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2.10 corrosion control programme to minimize corrosivity and potential leaching of metals, such as copper, lead and iron.	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3 Monitoring Frequency	<input type="checkbox"/>	<input type="checkbox"/>
5.1.4 Verified analytical laboratory to ensure meeting of water quality standards in line with relevant national, regional and local water quality standards.	<input type="checkbox"/>	<input type="checkbox"/>

**5.2 Operational monitoring:**

5.2.1 Documentation with validation of control measures employed to maintain water quality.	<input type="checkbox"/>	<input type="checkbox"/>
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**7.0 COMMENTS:**

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8.0 Approved

Not Approved

<b>Signature/Date</b>
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**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....



**NIGERIAN CIVIL AVIATION AUTHORITY** CLO – MED 018  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

**CHECKLIST FOR SUPPLIERS OF POTABLE WATER TO AIRLINES**  
**OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL**

**WATER CONVEYANCE VEHICLE AND TRANSFER POINT**

**OBJECTIVE**

Ensuring that ultimately the water supplied to the aircraft meets the high standards of hygiene and sanitation, to protect travellers and crews engaged in air transport.

**1.0 COMPANY REGISTRATION:-**

1.1 **Date of Inspection:**.....

1.2 **Name and Address of Company:**.....  
 .....  
 .....  
 .....

1.3 **Company Registration Number (Corporate Affairs Commission):**  
 .....  
**Date of Registration:**.....

1.4 **NAFDAC Registration No:**.....  
**Date of Registration:**.....

1.5 **Port Health Number (if applicable):**.....

1.6 **Name of Chief Executive Officer of Company:**.....  
 .....

1.7 **Name of Company Representative:**.....  
 .....





**Satisfactory**

**Not Satisfactory**

5.2.1.4 Evidence of operational state and serviceability of tankers	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.5 Maintenance records of equipment	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.6 Acceptable methodology for sampling of water in truck	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.7 Level of disinfectant residual in the truck before despatch	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.8 Recordkeeping evidence	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.9 Documentation on water tanker components	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.10 Vents, if provided, properly protected	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.11 Complete drainage possible	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.12 Inlet and outlet directed downward	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.13 Inlet and outlet provided with caps or closures with keeper chains	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.14 Water tanks labelled	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.15 Quick-type couplings, where required	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.16 If hose transported on cart, proper storage facilities provided	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.17 Procedure for Proper transferral of water to aircraft	<input type="checkbox"/>	<input type="checkbox"/>



**7.0 COMMENTS:**

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**8.0 Approved**

**Not Approved**

<b>Signature/Date</b>
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**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CL:O-MED - 019

**CHECKLIST FOR THE INSPECTION OF COMPANIES OFFERING**  
**IN-FLIGHT CATERING SERVICES IN NIGERIA**

**1.0 PART I**

1. **Date of Inspection:**.....

2. **Name and Address of Company:**.....

.....  
.....  
.....

3. **Name of Managing Director of Company:**.....

.....

4. **Name and Signature of Company Representative:**.....

.....

**Date:**.....

**PART II (A) SECTION ONE**

**REGISTRATION AND DOCUMENTATION**

1. **Corporate Affairs Commission (CAC) Registration Number:**

.....

1.1 **Date of Registration with CAC:**.....

2. **NAFDAC Registration Number:**.....

2.1 **Date of Registration with NAFDAC:**.....

3. **Approved Security Program by NCAA:**

Available  Not Available

4. **Port Health Certification:**

Available  Not Available

4.1 **Date of Certification:**.....

4.2 **Expiration of Certification:**.....

5. **Quality Management Systems Documentation:**

Available  Not Available

**Date of last Review:**.....

6. **Pest Management Program and Documentation (see Section Eight)**

Available  Not Available

**Date of last Review:**.....

7. **Garbage Disposal Procedure Documentation:**

Available  Not Available

**Date of last Review:**.....

8. **Food Tracking and Recall System:**

8.1 **Caterer's Audit Programme for Food Sourcing**

Available  Not Available

8.2 **Audit Report on Food Suppliers:**

Available  Not Available

**Date of last Review:**.....

9. **Food processing Documentation:**

Available  Not Available

**Date of last Review:**.....

10. **Food Contact Surface Cleaning:**

Satisfactory  Not Satisfactory

**PART II SECTION TWO**

**PHYSICAL ENVIRONMENT OF CATERING FACILITY**

2.0 **General Surrounding**

2.1.1 **Floor Type and Inclination:**

Satisfactory  Not Satisfactory

2.1.2 **Walls and Ceilings:**

Satisfactory  Not Satisfactory

2.1.3 **Drainages (Within and outside the facility):**

Satisfactory  Not Satisfactory

2.2 **Illumination:**

Satisfactory  Not Satisfactory

2.3 **Vegetation Control (Outside the facility):**

Satisfactory  Not Satisfactory

2.4 **Hand Wash Facilities (Hot water, filled soap dispensers & single - use towels:**

Satisfactory  Not Satisfactory



**2.5 Proofing of Building (To prevent access of flying and crawling insects):**

Satisfactory  Not Satisfactory

**2.6 Ventilation:**

Satisfactory  Not Satisfactory

**2.7 State of Food Preparation Equipment and Food Contact Surfaces:**

Satisfactory  Not Satisfactory

**2.8 General Appearance of Staff:**

Satisfactory  Not Satisfactory

**2.9 Fire Extinguishers:**

2.9.1 **Type:**.....

2.9.2 **Number:**.....

2.9.3 **Valid/Expiry Dates:**.....

2.9.4 **Date of last Fire drill:**.....

**2.10 Fire Escape Doors and Adequate and Visible Signages:**

Satisfactory  Not Satisfactory

**2.11 First Aid Box:**

**2.11.1 Content:**

Satisfactory  Not Satisfactory

2.11.2 **Expiry Date:**.....

**2.12 General State of Kitchen:**

Satisfactory  Not Satisfactory



**2.13 Water Source (Potable and Free Flowing Water)**

Satisfactory  Not Satisfactory

**2.14 Electricity Supply:**

**2.14.1 Levels of Supply**

- PHCN
- Generator  No's.....
- Others.....

**PART TWO SECTION THREE**

**WASTE DISPOSAL PROCEDURE**

**3.1 Type and State of Waste Bins:.....**

Satisfactory  Not Satisfactory

**3.2 Waste Collection Station:**

Available  Not Available

**3.3 Garbage Disposal Procedure (for all areas)**

Satisfactory  Not Satisfactory

**PART TWO SECTION FOUR**

**STORAGE OF FOOD**

**4.1. STORE**

**4.1.1 Type of Stores being Operated:**

Dry  Wet

**4.1.2 General Condition of Store(s):**

**(Very tidy, free of pests and rodents, well ventilated and damp free)**

Satisfactory  Not Satisfactory

**4.2 Control System (Food consumed within its Shelf - life):**

Satisfactory  Not Satisfactory

**4.3 Food Temperature Control System (5°C/41°F)**

Satisfactory  Not Satisfactory

**4.4 Food Tracking and Recall System (for issuance of food items):**

Satisfactory  Not Satisfactory

**4.5 Thawing procedure**

Satisfactory  Not Satisfactory

**4.6 Procedure for washing Raw fruits and Vegetables**

Satisfactory  Not Satisfactory

**PART II SECTION FIVE**

**FOOD PACKAGING**

**5.1. Food Packaging Process**

**(To prevent Growth of Pathogens and Cross Contamination):**

Satisfactory  Not Satisfactory

**PART II SECTION SIX**

**DISPATCH TRANSPORT AND LOADING OF FOOD**

**6.1 Atmosphere of Food Dispatching:**

Satisfactory  Not Satisfactory

6.2 **Appropriate Vehicles used to transport Food to Aircraft:**

Satisfactory  Not Satisfactory

6.3 **Security Arrangement (accompanying Security Official) for food in transit:**

Satisfactory  Not Satisfactory

6.4 **Documentation System of Batches of Food Transported to Aircraft**

Available  Not Available

6.5 **Delay Handling Procedures**

Available  Not Available

**PART II SECTION SEVEN**

**SECURITY SYSTEM**

7.1 **Documentation of background security checks carried out on all Personnel**

Available  Not Available

7.2 **General and Effective Security of the Facility**

Satisfactory  Not Satisfactory

7.3 **Safety and Security of Stored (raw and cooked) Food**

Satisfactory  Not Satisfactory

7.4 **Security of Packaged Food as well as Food in Transit**

Satisfactory  Not Satisfactory

7.5 **Inclusion of all Security Processes and procedures in the Security program Documentation**

Satisfactory  Not Satisfactory

7.6 **Visitors Screening Procedure**

Satisfactory  Not Satisfactory

**PART II SECTION EIGHT**

**PROCEDURES FOR DISTRIBUTION, DERATIFICATION AND DISINSECTION**

8.1 **Periodicity and procedure for Pest Control:**.....

Satisfactory  Not Satisfactory

8.2 **Lists of Chemical/Physical Agents used for Pest Control:**

.....  
.....  
.....

Satisfactory  Not Satisfactory

8.3 **Documentation to show that Chemicals used are not hazardous to health (or poisonous):**

Satisfactory  Not Satisfactory

**PART II SECTION NINE**

**QUALITY MANAGEMENT SYSTEM**

9.1 **Periodic microbial and Chemical Analysis of water and Food:**

Satisfactory  Not Satisfactory

9.2 **Adequate Documentation of Periodic Microbial and Chemical Analysis of Water and Food:**

Satisfactory  Not Satisfactory

9.3 **Date of Last Microbial/Chemical Analysis:**.....

9.4 **Periodic Medical Examination of Kitchen Staff including Stool Test:**

Satisfactory  Not Satisfactory

9.5 **Adequate Documentation of Periodic Medical Examination of Kitchen Staff:**

Satisfactory  Not Satisfactory

9.6 **Date of Last Medical Examination on Kitchen Staff:** .....

9.7 **All Food packages are date-marked:**

Yes  NO

**PART TWO SECTION TEN**

**FOOD CONTACT SURFACES**

10.1 **Procedures for cleaning of Food Contact Surfaces:**

Satisfactory  Not Satisfactory

10.2 **Compliance with Procedures for Cleaning of Food Contact Surfaces:**

Satisfactory  Not Satisfactory

10.3 **List of agents used for cleaning Food Contact Surfaces which must not be hazardous to health:**

Satisfactory  Not Satisfactory

10.4 **Proper Maintenance of Toilets and Changing Rooms:**

Satisfactory  Not Satisfactory

10.5 **Use of protective and hygienic clothing e.g Disposable Gloves, Headgear, Footwear & Apron:**

Satisfactory  Not Satisfactory

**PART TWO SECTION ELEVEN**

**INFECTON CONTROL**

11.1 **Monitoring Procedure to prevent Food Contamination through contact with infected Employees and Visitors:**

Satisfactory  Not Satisfactory

11.2 **Procedure in place for Handling Open Wounds on Employees:**

Satisfactory  Not Satisfactory

11.3 **Procedure for handling sick employees**

Satisfactory  Not Satisfactory

**PART II SECTION TWELVE**

**STAFF/STAFF TRAINING**

12.1 **Total Number of Kitchen staff:**

Male

Female

**Total =**

12.2 **Induction and Refresher Training carried out:**

Satisfactory  Not Satisfactory

12.3 **Date of last training conducted:**.....

12.4 **Training Records kept for each member of Staff:**

Satisfactory  Not Satisfactory

**PART II SECTION THIRTEEN**

**INSTRUMENT CALIBRATION**

13.1 **Calibration of all measuring equipment every twelve (12) Calender Months or according to Manufacturer's Specifications:**

Satisfactory  Not Satisfactory

13.2 **Records of Calibration kept:**

Satisfactory  Not Satisfactory

13.3 **Date of last Calibration done:**.....  
.....

**PART II SECTION FOURTEEN**

**FOOD SAFETY COMPLAINT PROCEDURE (FEEDBACK)**

14.1 **Procedure for Effective Receipt, Recording and Management of Food Safety related Compliants clearly documented:**

Satisfactory  Not Satisfactory

14.2 **Date when last Complaint was received:**.....

14.3 **Investigations carried out and Recorded:**

Satisfactory  Not Satisfactory

14.4 **Appropriate action taken to prevent Re-ocurrence (Documentation of action):**

Satisfactory  Not Satisfactory



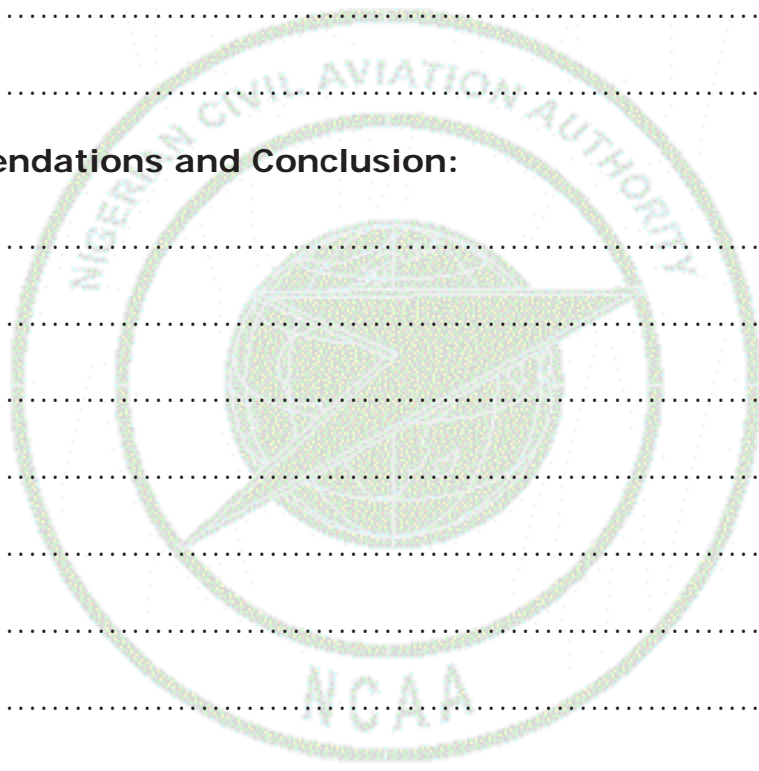
**PART THREE SECTION ONE**

**1.1 Comments of Medical Inspector:**

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**1.2 Recommendations and Conclusion:**

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**1.3 Name of Medical Inspector(s):**

.....  
.....

**1.4 Signature/date:.....**





**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

**CHECKLIST FOR SUPPLIERS OF POTABLE WATER TO AIRLINES OPERATING**  
**DOMESTIC AND INTERNATIONAL AIR TRAVEL**

CLO- MED 020

**AIRCRAFT WATER SYSTEM**

**OBJECTIVE**

Ensuring that ultimately the water supplied to the aircraft meets the high standards of hygiene and sanitation, to protect travellers and crews engaged in air transport.

**1.0 COMPANY REGISTRATION:-**

1.1 **Date of Inspection:**.....

1.2 **Name and Address of Company:**.....  
.....  
.....  
.....

1.3 **Company Registration Number (Corporate Affairs Commission):**  
.....

**Date of Registration:**.....

1.4 **NAFDAC Registration No:**.....

**Date of Registration:**.....

1.5 **Port Health Number (if applicable):**.....

1.6 **Name of Chief Executive Officer of Company:**.....  
.....

1.7 **Name of Company Representative:**.....  
.....

1.8 **Designation of Company Representative:**.....



**Satisfactory**

**Not Satisfactory**

**5.3 Management and Communication:**

5.3.1 Communication plan to contact identified stakeholders with e-mail addresses, telephone numbers of stakeholders

5.3.2 Appropriate Training of employees on procedures  
*(water supplier and airline)*

5.3.3 Documentation of Corrective action plan and the identification of root causes  
*(water supplier and airline)*

5.3.4 Evidence of **annual** review of SOP's to ensure inclusion of amendments  
*(water supplier and airline)*

**6.0 SUPPORTING DOCUMENTATION OF WSP:**

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**7.0 COMMENTS:**

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**8.0 Approved**  **Not Approved**

**Signature/Date**



**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CL O-MED 021

**Guidance Notes**

**(Aeromedical)**

**Water Safety Plan (WSP)**

■ **system Assessment**

- √ description of the water supply system in order to determine whether the drinking- water supply chain (up to the point of consumption) as a whole can deliver water of a quality that meets health-based targets;
- √ identification of hazards and evaluation of risks;
- √ determination of control measures, reassessment and prioritization of risks;
- √ development, implementation and maintenance of an improvement plan;

■ **Operational Monitoring,**

- √ identification of control measures that will control:
- √ hazards
- √ risks
- √ verification (to determine whether the system meets health- based targets)

■ **Management and Communication,**

- √ management procedures(SOP) to manage people and processes(including corrective actions) for normal and incident conditions.
- √ supporting programmes (including upgrade and improvement)(e.g. training, hygienic practices, standard operating procedures, research and development, etc.).



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CLO – MED 022

**CHECKLIST FOR SUPPLIERS OF WATER FOR TOILETS IN AIRCRAFTS**  
**OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL**

**WATER CONVEYANCE VEHICLE AND TRANSFER POINT**

**OBJECTIVE**

Ensuring that ultimately the water supplied to the aircraft meets the required standards for provision of water for toilet use.

**1.0 COMPANY REGISTRATION:-**

1.1 **Date of Inspection:**.....

1.2 **Name and Address of Company:**.....  
.....  
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.....

1.3 **Company Registration Number (Corporate Affairs Commission):**  
.....

**Date of Registration:**.....

1.4 **NAFDAC Registration No:**.....

**Date of Registration:**.....

1.5 **Port Health Number (if applicable):**.....

1.6 **Name of Chief Executive Officer of Company:**.....  
.....

1.7 **Name of Company Representative:**.....  
.....





	<b><u>Satisfactory</u></b>	<b><u>Not Satisfactory</u></b>
5.2.1.4 Evidence of operational state and serviceability of tankers	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.5 Maintenance records of equipment	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.6 Acceptable methodology for sampling of water in truck	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.7 Recordkeeping evidence	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.8 Documentation on water tanker components	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.9 Vents, if provided, properly protected	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.10 Complete drainage possible	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.11 Inlet and outlet directed downward	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.12 Inlet and outlet provided with caps or closures with keeper chains	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.13 Water tanks labelled	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.14 Quick-type couplings, where required	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.15 If hose transported on cart, proper storage facilities provided	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1.16 Procedure for Proper transferral of water to aircraft	<input type="checkbox"/>	<input type="checkbox"/>

**Satisfactory**    **Not Satisfactory**

**5.3 Management and Communication:**

5.3.1 Communication plan to contact identified stakeholders with e-mail addresses, telephone numbers of stakeholders	<input type="checkbox"/>	<input type="checkbox"/>
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**7.0 COMMENTS:**

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**8.0 Approved**

**Not Approved**

<b>Signature &amp; Stamp</b>
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**Name of NCAA Inspector:**.....

**Designation:**.....

**Signature:**.....

**Date:**.....

**Name of NCAA Inspector:**.....

**Designation:**.....

**Signature:**.....

**Date:**.....



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CLO – MED 023

**CHECKLIST FOR SUPPLIERS OF WATER FOR TOILETS IN AIRCRAFTS**  
**OPERATING DOMESTIC AND INTERNATIONAL AIR TRAVEL**

**OBJECTIVE**

Ensuring that ultimately the water supplied to the aircraft meets the required standards for provision of water for toilet use.

**1.0 COMPANY REGISTRATION:-**

1.1 **Date of Inspection:**.....

1.2 **Name and Address of Company:**.....

.....  
 .....  
 .....

1.3 **Company Registration Number (Corporate Affairs Commission):**

.....  
**Date of Registration:**.....

1.4 **NAFDAC Registration No:**.....

**Date of Registration:**.....

1.5 **Port Health Number (if applicable):**.....

1.6 **Name of Chief Executive Officer of Company:**.....

.....

1.7 **Name of Company Representative:**.....

.....

1.8 Designation of Company Representative:.....

1.9 Signature of Company Representative:.....

2.0 Location of Inspection:.....

**3.0 AREAS INSPECTED:**

	<b>(Yes)</b>	<b>(No)</b>
3.1 Water source (treatment plant)	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Water conveyance vehicle	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Transfer point (Water haulers)	<input type="checkbox"/>	<input type="checkbox"/>

**4.0 Water Safety Plan (WSP) Evidence:**

4.1 Water source (treatment plant)	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Water conveyance vehicle	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Transfer point (Water haulers)	<input type="checkbox"/>	<input type="checkbox"/>

**5.0 Water Safety Plan (WSP) Components:**

showing inclusion of the three key components for each inspection area.

**5.1 System assessment:**

<b>Yes</b>	<b>NO</b>	<b>Satisfactory</b>	<b>Not Satisfactory</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.2 Operational monitoring:**

<b>Yes</b>	<b>NO</b>	<b>Satisfactory</b>	<b>Not Satisfactory</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**7.0 COMMENTS:**

.....

.....

.....

.....

.....

**8.0 Approved**  **Not Approved**

**Signature & Stamp**

**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

**Name of NCAA Inspector:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

**Comment**

**Approved**  **Not Approved**

.....

.....

.....

.....

.....

**Name:**..... **Signature**

**Designation:**..... **Stamp**



# NIGERIAN CIVIL AVIATION AUTHORITY

CL: 0-MED 024

## MEDICAL FLIGHT TEST REPORT

*A copy of page 1 only will be sent to Personnel Licensing Department*

**(1) Candidate's Personal Particulars:**

**Name (in full):**.....

**License Type and No:**.....

**Date of Birth:**..... / ..... / .....

**Current Address:**.....

.....

.....

**Telephone Number:**

**Home:**.....

**Work:**.....

**Mobile:**.....

**(2) Purpose of Test:**

TO ASSESS SAFE HANDLING AND FITNESS TO OPERATE AIRCRAFT CONTROLS

- a) IN NORMAL FLIGHT CONDITIONS (pre-flight checks, preparation for flight, taxi, take off, landing, normal flight manouvers and operation of all switches, levers and other operational procedures in the cockpit)
- (b) IN THE EVENT OF AN EMERGENCY (e.g. engine failures, brake faults requiring full manual braking, rejected take off following engine failure)
- (c) IN DEMONSTRATING SAFE EVACUATION OF THE AIRCRAFT

(NOTE: SEPARATE REPORTS MAY BE REQUIRED FOR DIFFERENT CLASSES AND TYPES)

**(3) Declaration**

Declaration: I understand the purpose of the medical flight test (see Section 2)

Signature of candidate:..... Date...../...../.....

**(4) NCAA Medical Assessor's Assessment:**

ACCEPTABLE / UNACCEPTABLE<sup>x</sup> Class 1<sup>x</sup>/2<sup>x</sup> OTHER<sup>x</sup>:.....  
<sup>x</sup>delete as appropriate

Limitations to be placed on licence:.....

Signed:.....

Date:...../...../.....

Licence No:.....

(5) **Candidate’s Medical Condition** (including articial aids):

HISTORY:

SYMPTOMS (if applicable):

(6) **Medical Flight Test Report** (To be completed by Nominated Examiner)

Please have particular regard to freedom of range of movement, strength, dexterity, and agility as required for ingress, egress and control inputs when completing the test.

Physical limitations or body mass should not interfere with the safe exercise of licence privileges.

Particular regard should be directed to the strength required for any hand/foot inputs to control pitch, roll and yaw in both emergency and routine operations when completing the test.

There should be no impediment of access to, and full and free movement of all aircraft controls, ancillary controls, switches or levers.

Aircraft Type & Registration:.....

Modifications (if any):.....

Artificial Aids Used By The Candidate (if any):.....

Date & Place Of Test...../...../.....

**Please comment on the candidate’s ability to compensate for his/her disability**

Examiner’s Name (please print):.....

Examiner’s NCAA Licence No:.....

Signed:..... Date:...../...../.....

(NB. If the medical flight test is combined with a general flying test, both forms should be completed)





# NIGERIAN CIVIL AVIATION AUTHORITY

## MEDICAL FLIGHT TEST REPORT

CL: 0-MED 025

### SUBSTANDARD VISION IN ONE EYE

SECTION 1 TO BE COMPLETED BY CANDIDATE

SECTION 3 TO BE COMPLETED BY EXAMINER (CHIEF FLYING INSTRUCTOR OR FLIGHT INSTRUCTOR EXAMINER)

#### 1. **CANDIDATE'S PERSONAL PARTICULARS**

Name (in full):

License Type and No:

Date of Birth:

Current Address:

Telephone Number: Home:

Work:  Mobile:

#### (2) **PURPOSE OF TEST: INFORMATION FOR EXAMINER**

Defective vision in one eye precludes stereoscopic vision which at distances up to about fifty metres, assists with the judgment of distance, (both vertical and horizontal), speed, drift and surface texture. However, there are many other visual cues such as the relative size of objects and speed across the visual field that enable a pilot to compensate, which they usually do very well.

The cause of substandard vision may either be due to loss of central (task-detail related) vision or peripheral visual (detection of objects outside of central vision). If there is a loss of outer peripheral visual field the candidate will need to overcome this by increased head movement (in a direction depending on which eye has the problem) in order to maintain an adequate lookout. Experience has shown that the main problems encountered by monocular pilots are speed judgment when taxiing, the assessment of wing tip and rotor blade clearances when manoeuvring in a confined space, and the approach and landing, especially in a cross wind.

The purpose of this medical flight test is to assess the candidate's ability to compensate for their reduced vision. It should normally be performed in conjunction with a licence skills/proficiency test where all aspects of the flying task are tested.

Once content that the candidate has demonstrated a satisfactory safe standard, the examiner should complete and sign this medical flight test report, to confirm that they consider the pilot/student has reached a satisfactory standard for safe/solo flying. Training/flight operations can then proceed as normal.

Please direct any queries to the NCAA Aeromedical Standards Department on 01-7610042, 01-7939920 or 080550393623.

(3) **MEDICAL FLIGHT TEST REPORT (TO BE COMPLETED BY EXAMINER)**

Aircraft Type:

Date of Test:  Place of Test:

Please comment on the candidate's ability to compensate for their reduced vision.

- 1) Completion of flight planning/paperwork, reading of weather reports, NOTAMs, maps etc.
- 2) Pre-flight checks and reading of cockpit instruments
- 3) Taxiing – speed, safe clearance from other aircraft/objects
- 4) Take off and climb – out – judgment of distances/height
- 5) Look-out- Appropriate visual scan and identification of other aircraft and ground features
- 6) In-flight reading of instruments, flight plans/logs and maps
- 7) Approach and landing – judgment of distances/height

Comments

Examiner's Name:  Licence Number:   
(Please print)

Position held:

Signed:  Date:

Please send completed form to:-  
**NCAA Aeromedical Standards Department**  
**Aviation House, P.M.B 21029, 21038**  
**Ikeja, Lagos State,**  
**Nigeria.**



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**AEROMEDICAL STANDARDS DEPARTMENT**  
**AVIATION HOUSE, LAGOS.**

CL:O-MED - 026

**AIRCREW MEDICAL FUNCTIONALITY CHECK FOR MORBID OBESITY**

(1) **BIO-DATA AND MEDICAL HISTORY OF AIRCREW:**

1.1 **Name of Aircrew:**.....

1.2 **Licence Number:**.....

1.3 **Date of Birth:**.....**Age:**.....**Sex:**.....

1.4 **Total Flight Hours:**.....

1.5 **Flight Hours on Aircraft Type:**.....

1.6 **Signature of Aircrew/Date:**.....

1.6 **Weight(kg) of Aircrew:**..... **Height(M)**..... **BMI**.....

1.7 **Degree of Obesity/Pathology:**.....

1.8 **Aircraft Type being Used (Compatible with type rating) for  
assessment:**.....

1.9 **Name of Check Airman/Fleet Captain/Chief Pilot:**.....  
.....

1.10 **Licence Number of Check Airman/Fleet Captain/Chief Pilot**.....  
.....

1.11 **Total Flight Hours of Check Airman/Fleet Captain/Chief Pilot:**.....  
.....

1.12 **Airline (Employers):**.....

1.13 **Signature of Check Airman/Fleet Captain/Chief Pilot:**  
..... **Date:**.....

2.0 **FUNCTIONALITY CHECK:**

2.1 **Date and time of assessment:**.....

	<b>Satisfactory</b>	<b>Not Satisfactory</b>
2.2 <b>Ingress and Egress of the Cockpit:</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 <b>Ease of use of Safety Restraints/ Harnesses</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 <b>Ability to reach Controls and Pedals without any difficulty</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 <b>Fitting into seat and ability to easily operate seat adjustments</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 <b>Oxygen Mask Fitting</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 <b>Life Jacket Fitting</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 <b>Others;</b>	<input type="checkbox"/>	<input type="checkbox"/>

3.0 **Comments and observations by Medical Assessor(s):**.....  
.....  
.....  
.....

4.0 **Aeromedical Disposition:**.....  
.....  
.....  
.....

5.0 **Name of Medical Assessor(s):**.....

**Signature/Date:**.....

# **AEROMEDICAL FORMS**

**DEPARTMENT OF AEROMEDICAL STANDARDS**  
**FORMS INDEX**

<b>ITEMS</b>	<b>FORM NO.</b>	<b>SUBJECT</b>
1.	FORM O-MED 001	APPLICATION FORM FOR A MEDICAL CERTIFICATE
2.	FORM O-MED 002	MEDICAL CERTIFICATE
3.	FORM O-MED 003	OTORHINOLARYNGOLOGY REPORT
4.	FORM O-MED 004	MEDICAL EXAMINATION REPORT
5.	FORM O-MED 005	OPHTHAMOLOGY EXAMINATION REPORT
6.	FORM O-MED 006	PROTOCOL FOR ALCOHOL PSYCHOACTIVE SUBSTANCE ASSESSMENT
7.	FORM O-MED 007	ALCOHOL PSYCHOACTIVE SUBSTANCE ASSESSMENT PROCEDURE FORM
8.	FORM O-MED 008	ALCOHOL TESTING FORM
9.	FORM O-MED 009	APPLICATION FORM FOR APPOINTMENT AS AN AUTHORISED AVIATION MEDICAL EXAMINER (AAME)
10.	FORM O-MED 010	EMPLOYEE AUTHORIZATION FORM
11.	FORM O-MED 011	DRUGS & ALCOHOL DECLARATION FORM
12.	FORM O-MED 012	AAME ERROR GENERATION FORM
13.	FORM O-MED 013	MEDICAL ASSESSOR'S FORM
14.	FORM O-MED 014	DRUG TESTING CUSTODY AND CONTROL FORM
15.	FORM O-MED 015	NOTIFICATION OF DENIAL OF MEDICAL CERTIFICATE
16.	FORM O-MED 016	AUTHORIZED MEDICAL EXAMINERS LIST
17.	FORM O-MED 017	INFORMATION BY STAFF ON FOREIGN TRAVEL DATA OF NEXT - OF - KIN/ TREATING PHYSICIAN/HOSPITAL
17.	FORM O-MED 018	MEDICAL ASSESSOR OJT PROGRESS CHART

**NOTE: TO VIEW EACH FORM CLICK ATTACHMENT (FILLABLE AND NON-FILLABLE)**



# NIGERIAN CIVIL AVIATION AUTHORITY

## APPLICATION FORM FOR A MEDICAL CERTIFICATE

Complete this page fully using a black ball point and in block capitals - Refer to instructions pages for detail

MEDICAL IN CONFIDENCE

1. Surname:		2. Class of medical certificate applied for 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
3. Forename:		4. Previous surnames(s):		5. Application initial <input type="checkbox"/> Renewal/Revalidation <input type="checkbox"/>
6. Place and country of birth:		7. Date of birth/Age	8. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
		10. Nationality		9. Reference number:
12. Permanent address:		13. Postal address (if different)		11. Type of licence desired:
Country Telephone No.:		Country Telephone No.:		14. Occupation (principal)
				15. Employer
				16. Last medical application Date: Place:
17. Aviation licence held (type):		Licence number	Country of issue:	
				18. Any Conditions/Limitations/ Variations on the Licence/ Medical Certificate No <input type="checkbox"/> Yes <input type="checkbox"/> Details:
19. Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: <input type="checkbox"/> Country: <input type="checkbox"/> Details:		20. Total flight Time (hours)		21. Flight time (hours) Since last medical:
		22. Aircraft presently flown:		
23. Any aircraft accident/incident since last medical? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: <input type="checkbox"/> Place: <input type="checkbox"/> Details:		24. Type of flying intended:		25. Present flying activity Single pilot <input type="checkbox"/> Multi-pilot <input type="checkbox"/>
26. Do you smoke tobacco? Never <input type="checkbox"/> No <input type="checkbox"/> Date stopped: <input type="checkbox"/> Yes <input type="checkbox"/> state type and amount:		27. Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State drug, dose, date started and why		
28. Alcohol-state average weekly intake:				

29. General & Medical History: Do you have, or have ever had, any of the following? YES or No (or as indicated) must be ticked after each Question. Elaborate YES answers in the remarks section (30)

Yes		No		Yes		No		FAMILY HISTORY OF:		Yes		No	
1. Eye trouble/eye operation				12. Nose, throat or speech disorder				23. Malaria or other tropical diseases			33. Heart disease		
2. Spectacles &/or contact lenses ever worn				13. Head injury or concussion				24. A positive HIV test			34. High blood pressure		
3. Spectacles/contact lens prescription/change since last medical exam				14. Frequent or severe headaches				25. Sexually transmitted disease			35. High cholesterol level		
4. Hay fever, other allergy				15. Dizziness or fainting spells				26. Admission to hospital			36. Epilepsy		
5. Asthma, lung disease				16. Unconsciousness for any reason				27. Any other illness or injury			37. Mental illness		
6. Heart or vascular trouble				17. Neurological disorders, stroke, epilepsy, seizure, paralysis, etc.				28. Visit to medical practitioner since last medical examination			38. Diabetes		
7. High or low blood pressure				18. Psychological/psychiatric trouble of any sort				29. Refusal of life insurance			39. Tuberculosis		
8. Kidney stone or blood in urine				19. Alcohol/drug/substance abuse				30. Refusal of flying licence			40. Allergy/asthma/eczema		
9. Diabetes, hormone disorder				20. Attempted suicide				31. Deafness/ear disorder			41. Inherited disorders		
10. Stomach, liver or intestinal trouble				21. Motion sickness requiring medication				32. Medical rejection from or for military service			42. Glaucoma		
11. Anaemia/Sickle cell trait/other blood disorders				22. Award of Pension or compensation for injury or illness				<b>Females only</b> Gynaecological, mensural problems, Are you pregnant?			Last menstrual period		

30. Remarks: If previously reported and no change since, so state.

31. Declaration: I hereby declare that I have carefully considered the statement made above and to the best of my belief they are complete and correct and that I have not withheld relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application or fail to release the supporting medical information, the Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law. CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorize the release of all information contained in this and any or all attachments to the Aeromedical Section and where necessary the Aeromedical section of another State, recognizing that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date

Signature of Applicant

Signature of AAME (Witness)

Return all completed forms to the Head, Aeromedical Section NCAA, Aviation House P.M.B. 21029, 21038, Ikeja, Lagos.

FORM O- MED 001







# NIGERIAN CIVIL AVIATION AUTHORITY

## OTORHINOLARYNGOLOGY EXAMINATION REPORT

Complete this page fully using a black ball point pen and in block capitals.

Applicant's details

MEDICAL IN CONFIDENCE

1. Surname	(2) Class of medical certificate applied for	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>
3. Forenames	(4) Previous Surname(s):	(5) Application Initial <input type="checkbox"/> Renewal/Revalidation <input type="checkbox"/>		
	(6) Date of birth/Age	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(8) Reference number	

(401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of Nothoer State, recognizing that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national lasw. Medical Confidentiality will be respected at all times.

Date: \_\_\_\_\_ Signature of the applicant: \_\_\_\_\_ Signature of medical examiners (witness): \_\_\_\_\_

(402) Examination Category Initial <input type="checkbox"/> Extended <input type="checkbox"/> Renewal/Raval <input type="checkbox"/> Special referral <input type="checkbox"/>	(403) Otorhinolaryngology history
--	-----------------------------------

### Clinical Examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (inc. Anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext. acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including valsalva manoeuvre (initial only)		

Additional testing (if indicated)	Not Performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagmus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(421) Otorhinolaryngology remarks and recommendations

(422) Examiner's declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report na that this report with any attachment embodies my findings completely and correctly.

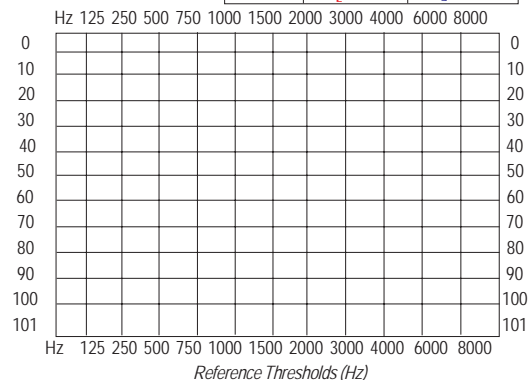
(423) Place and date:	ORL Examiner's Name and Address: (Block Capitals)	AME Stamp with No:
Authorised Medical Examiner's Signature	Telephone No: Telefax No:	

(419) Pure tone audiometry  
dB HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram

TEST	Right Ear (Red)	Left Ear (Blue)
AIR	∞	∞
BONE	∞	∞





# NIGERIAN CIVIL AVIATION AUTHORITY

## MEDICAL EXAMINATION REPORT

Examination	(2) Height	(3) Weight	(4) Eye Colour	(5) Hair Colour	(6) Blood Pressure - seated		(7) Pulse-resting	
Category								
Initial	<input type="checkbox"/>	cm	kg		Systolic	Diastolic	Rate	Rhythm
Renew/Reval	<input type="checkbox"/>	Body Mass Index (BMI) =						
Extended	<input type="checkbox"/>							

Clinical examination: Check each item		Normal	Abnormal	Normal	Abnormal
(8) Head, face, neck, scalp				(18) Abdomen, hernia, liver, spleen	
(9) Mouth, throat, teeth				(19) Anus, rectum	
(10) Nose, sinuses				(20) Genito-urinary system	
(11) Ears, drumw, eardrum motility				(21) Endocrine system	
(12) Eyes - orbit & adnexa: visual fields				(22) Upper & lower limbs, joints	
(13) Eyes - pupils and optic fundi				(23) Spine, other musculoskeletal	
(14) Eyes - ocular motility: nystagmus				(24) Neurologic - reflexes, etc	
(15) Lungs, chest, breasts				(25) psychiatric	
(16) Heart				(26) Skin, identifying marks and lymphatics	
(17) Vascular system				(27) General systemic	
(28) Notes: Describe every abntmal finding. Enter applicable item number before each comment. Use seperate sheet if space is inadequate.					

Psychometric tests Yes  No  Date

(29) Visual acuity Distant vision of 5m/6m Spectacles Contact lenses

Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

(35) Pulmonary function (36) Haemoglobin g/dl

Peak Expiratory Flow L/min			
Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>

(30) Intermediate vision N 14 at 100 cm Uncorrected Corrected

	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

Accompanying Reports	Not performed	Normal	Abnormal
(37) ECG			
(38) Audiogram			
(39) Ophthalmogy			
(40) ORL (ENT)			
(41) Chest X-ray			
(42) Blood lipids			
(43) Pulmonary function			
(43) EEG			
(45) Others (No )			

(31) Near vision N5 at 30 - 50cm Uncorrected Corrected

	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(32) Spectacles (44) Contact lenses

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type			

(46) Aviation medical examiner's recommendations:

Name of applicant: \_\_\_\_\_

Fit class \_\_\_\_\_

Medical certificate issued class \_\_\_\_\_

Unfit class \_\_\_\_\_

Deferred for further evaluation? if yes, why and to whom?

(33) Hearing Right ear Left ear

Conventional voice test at 2m back turned to examiner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forced at 6m whisper	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(34) Urinalysis Normal Abnormal

Glucose	Protein	Blood	Others
---------	---------	-------	--------

(47) Comments, restriction, limitations:

(48) Medical examiner's declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(49) Place and date: \_\_\_\_\_

Authorised Medical Examiner's Signature: \_\_\_\_\_

Examiner's Name and Address (Block Capitals) \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telefax No: \_\_\_\_\_

AME Stamp with AME NO: \_\_\_\_\_



# NIGERIAN CIVIL AVIATION AUTHORITY

## OPHTHALMOMOLOGY EXAMINATION REPORT

Complete this page fully using a black ball point pen and in block capitals

MEDICAL IN CONFIDENCE

### Applicant's details

(1) Surname:	(2) Class of medical certificate applied for 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
(3) Forenames	(4) Previous Surnames(s):	(8) Application Initial <input type="checkbox"/> Renewal/Revalidation <input type="checkbox"/>	
(5) Place and country of birth:	(6) Date of birth/Age:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(9) Reference number:
	(10) Nationality		(11) Type of licence desired:
(301) <b>Consent to release of medical information:</b> I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times:			
Date: _____ Signature of the applicant: _____ signature of medical examiner (withness) _____			

(302) Examination Category <input type="checkbox"/> Initial <input type="checkbox"/> Extended <input type="checkbox"/> Renewal/Reval <input type="checkbox"/> Special referral <input type="checkbox"/>	(303) Ophthalmological history
--	--------------------------------

Clinical Examination		Normal	Abnormal
Check each item			
(304) Eyes, External & Eyelids			
(305) Eyes Exterior (Slit lamp, oph.)			
(306) Eye position and movements			
(307) Visual fields (confrontation)			
(308) Pupillary reflexes			
(309) Fundi (Ophthalmoscopy)			
(310) Convergence	Cm		
(311) Accommodation	D		
(312) Ocular muscle balance (in prism dioptres)			
Distant at 5/6	Near at 30-50cm		
Ortho	Ortho		
Eso	Eso		
Hyper	Hyper		
Cyclo	Cyclo		
Tropia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Phoria	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fusional reserve testing	Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		
(313) Colour perception			
Pseudo-Ischromatic plates	Type:		
No of plates:	No of errors:		
Advanced colour perception testing indicated Yes <input type="checkbox"/> No <input type="checkbox"/>			
Method: Colour SAFE <input type="checkbox"/> Colour UNSAFE <input type="checkbox"/>			

Visual acuity				Spectacles	Contact lenses
(314) Distant vision at 5m/6m					
Right eye	Corrected to				
Left eye	Corrected to				
Both eyes	Corrected to				
(315) Intermediate vision at 1m					
Right eye	Corrected to				
Left eye	Corrected to				
Both eyes	Corrected to				
(316) Near vision at 30-50cm					
Right eye	Corrected to				
Left eye	Corrected to				
Both eyes	Corrected to				
(317) Refraction					
	Sph	Cylinder		Axis	
Right eye					
Left eye					
Actual refraction examined <input type="checkbox"/> Spectacles prescription based <input type="checkbox"/>					
(318) Spectacles (319) Contact lens					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Type:			Type:		
(320) Intra-ocular pressure					
Right (mmHg)			Left (mmHg)		
Method:			Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		

(321) Ophthalmological remarks and recommendation:

(322) Examiner's declaration:  
I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(323) Place and date:	Oph. Examiner's Name and Address: (Block Capitals)	AME Stamp with No:
Authorised Medical Examiner's Signature:	Telephone No: Telefax No:	



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**PROTOCOL FOR ALCOHOL/PSYCHOACTIVE**  
**SUBSTANCES ASSESSMENT**

1. Inform Captain/ATCO in-charge about impending procedure.
2. Show Captain/ATCO the relevant sections of the Nig.CARs 1.2.1.8 which is on a laminated separate sheet indicating the sanctions for refusal to test and positivity for alcohol and or psychoactive substances.
  - 2.1 Aircrew or ATCO selected for spot check
  - 2.2 Refusal of an aircrew or ATCO to be tested for alcohol or psychoactive substances carries an immediate penalty of one year suspension from aircrew or ATCO duties.
3. Commence spot check.
4. If test is **negative** aircrew/ATCO **is immediately allowed to continue** with his/her duties.
5. If found **positive** for alcohol or drugs the aircrew or ATCO will be **immediately taken off the flight or traffic control** for further administrative, disciplinary measures, and aeromedical disposition.
6. The positive test sample is sent to a reference laboratory for confirmatory testing.



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**ALCOHOL/PSYCHOACTIVE SUBSTANCE ASSESSMENT**  
**PROCEDURE FORM**

1. Name of Airline or Organization:.....  
.....

2.0 Name of most senior aircrew/ATCO on duty acknowledging procedure.

2.1 Full Name:                      Surname                      First                      Middle

2.2 Designation:.....

2.3 Signature/Date:.....

3.0 Location of spot check:.....

3.1 Date:.....

3.2 Time of spot check commencement:.....

4.0 Candidate selected for spot check:

4.1 Full Name:                      Surname                      First                      Middle

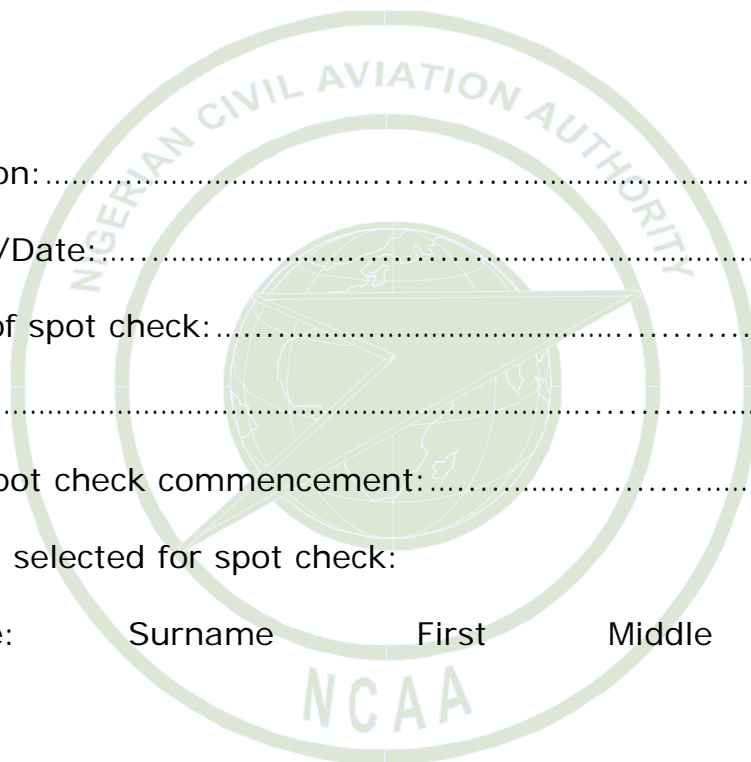
4.2 Designation:.....

4.3 Pre-Test Signature/Date:.....

4.4 Licence No:.....

4.5 Expiration Date:.....

5.0 Type of Drug Tested for:.....



- 5.1 Sample used:      AIR (BREATHE)                      BLOOD      URINE
- 5.2 Equipment used:.....
- 5.3 Test result:                      Positive                      Negative
- 5.4 Test value of alcohol or psychoactive substance:.....
- 5.5 Test of spot check conclusion:.....
- 5.6 Post Test Signature/Date:.....

6.0 **Positive Result:**

6.1 **Test repeated**

- 6.2 Second Test result:                      Positive                      Negative
- 6.3 Test value of alcohol or psychoactive substance:.....
- 6.4 Time of second test conclusion:.....
- 6.5 Second Test sample if blood or urine taken in a tamper proof container marked, sealed in the presence of the positive aircrew/ATCO.
- 6.6 Proceed if desired by the aircrew/ATCO to the confirmatory laboratory accompanied by the representative of the NCAA for confirmatory testing.

**AEROMEDICAL STANDARDS USE ONLY**

- 6.7 Comments/Recommendations/Aeromedical Disposition:.....  
.....  
.....

- 6.8 Final Decision:.....  
.....  
.....

- 6.9 Name(s) of Medical Assessor(s)/Inspector(s):.....
- 6.9.1 .....

6.9.2 .....

6.9.3 .....

6.10 Signature(s) of medical Assessor(s)/Inspector(s)

6.10.1 .....

6.10.2 .....

6.10.3 .....

6.11 Date:.....



**NIGERIAN CIVIL AVIATION AUTHORITY (NCAA)  
ALCOHOL TESTING FORM**

*(The instructions for completing this form are on the back of the form)*

**STEP 1: TO BE COMPLETED BY THE AEROMEDICAL ASSESSOR**

**A: Aircrew or ATCO Name**

(Print) (First, M.I., Last)

**B: Aircrew or ATCO Employee ID No.** \_\_\_\_\_

**C: Employer Name** \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_

Employer's Representative \_\_\_\_\_

Telephone No \_\_\_\_\_

Employer's Rep. Name (Phone Number)

**D: Reason for Test:**  Random  Post-Accident  Return to Duty  Follow up  Pre-employment  
 Reasonable suspicion/cause

**STEP 2: TO BE COMPLETED BY AIRCREW OR ATCO**

I certify that I am about to submit to alcohol testing required by Authority and the Nigeria Civil Aviation Regulations and that the identifying information provided on the form is true and correct.

\_\_\_\_\_  
Signature of Aircrew/ ATCO

\_\_\_\_\_  
Date Month / Day / Year

**STEP 3 TO BE COMPLETED BY THE AEROMEDICAL ASSESSOR**

I certify that I concluded alcohol testing on the above named individual in accordance with the procedure established in the Aeromedical Technical Guidance Material and the Nig.CARs, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

**AEROMEDICAL ASSESSOR:**  BAT  STT  DEVICE:  SALIVA  BREATHE 15-Minute Wait  Yes  No

**SCREENING TEST:** (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print)

**CONFIRMATION TEST:** Results MUST be affixed to each copy of this form or printed directly onto the form.

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nigerian Civil Aviation Authority



\_\_\_\_\_  
Aeromedical Assessor's Name (First, M.I., Last) City, State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Aeromedical Assessor

\_\_\_\_\_  
Date Month / Day / Year

**STEP 4: TO BE COMPLETED BY AIRCREW OR ATCO**

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

\_\_\_\_\_  
Signature of Aircrew/ ATCO

\_\_\_\_\_  
Date Month / Day / Year

Affix or Print Additional Test Results Here Affix With Tamper Evident Tape

Affix or Print Additional Test Results Here Affix With Tamper Evident Tape

Affix or Print Additional Test Results Here

Affix with Tamper Evident Tape



## **INSTRUCTIONS FOR COMPLETING THE NCAA ALCOHOL TESTING FORM**

**NOTE:** Use a ballpoint pen, press hard, and check all copies for legibility

**STEP 1:** The Aeromedical Assessor of the NCAA completes the information required in this step. Be sure to print the Aircrew or ATCO's name and check the box identifying the reason for the test.

**NOTE:** If the Aircrew or ATCO refuses to provide SSN or ID number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

**STEP 2:** Instruct the Aircrew or ATCO to read, sign and date the Aircrew or ATCO certification statement in STEP 2.

**NOTE:** If the Aircrew or ATCO refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

**STEP 3:** Aeromedical Assessor completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

**NOTE:** Be sure to enter the result of the test exactly as it is indicated on the breath testing device eg 0.00,0.02,0.02,etc.

Affix the printed information in the space provided, in a tamper-evident manner (eg tape), or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with Nig.CARs. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

After conduction the alcohol confirmation test, affix the printed information in the space provided, in a tamper-evident manner (eg tape), or the device may print the results directly on the ATF print, sign your name, and enter the date in the space provided. Go to STEP 4.

**STEP 4:** If the Aircrew or ATCO has a breath alcohol confirmation test result of 0.02 or higher, instruct the Aircrew or ATCO to read, sign and date the Aircrew or ATCO certification statement in STEP 4.

**NOTE:** If the Aircrew or ATCO refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the Aircrew or ATCO has a breath alcohol confirmation test result of 0.02 or higher.

Forward Copy 1 to the employer. Give Copy 2 to the Aircrew or ATCO. Retain Copy 3 for BAT/STT records.



**NIGERIAN CIVIL AVIATION AUTHORITY**  
**APPLICATION FORM FOR APPOINTMENT AS**  
**AN AUTHORISED AVIATION MEDICAL EXAMINER (AAME)**

Attach 2  
 Passport  
 Photographs  
 Here

**PLEASE COMPLETE IN BLOCK CAPITALS BY OWN HANDWRITING**

1. Surname: .....
2. Forenames: .....
3. Place & Date of Birth: .....
4. Medical Specialty: .....
5. Any Aviation Medicine Qualifications: .....
6. Address (where Aircrew Examinations will be performed): .....
- .....
- .....
- (Please indicate Street No. & P.O. Box/PMB No.)
7. Office Telephone/Fax No. and E-mail: .....
8. Home Address & Telephone No: .....
- .....
- .....
9. Nationality: .....
- .....
- .....
10. Date & Type of Registration with which Medical Council: .....
- .....
11. Any Designation as Civil Aviation Medical Examiner to other CAA's:  
 (If yes, please state and submit proof)
- .....
- .....
- .....
- .....
- .....

12. Professional Training (University; Year of Graduation & Degree Awarded):

.....  
.....

13. Appointments & Professional Duties (Dates & Addresses/Locations):

.....  
.....  
.....  
.....  
.....  
.....

14. Experience (Type of Practice, No. of years in practice & Address/Locations):

.....  
.....  
.....

15. Civil Aviation Experience:

Please provide details if any Flying Training

Type of Aviation Licence

Place of Issue

Type of Aircraft & Total Flying Hours

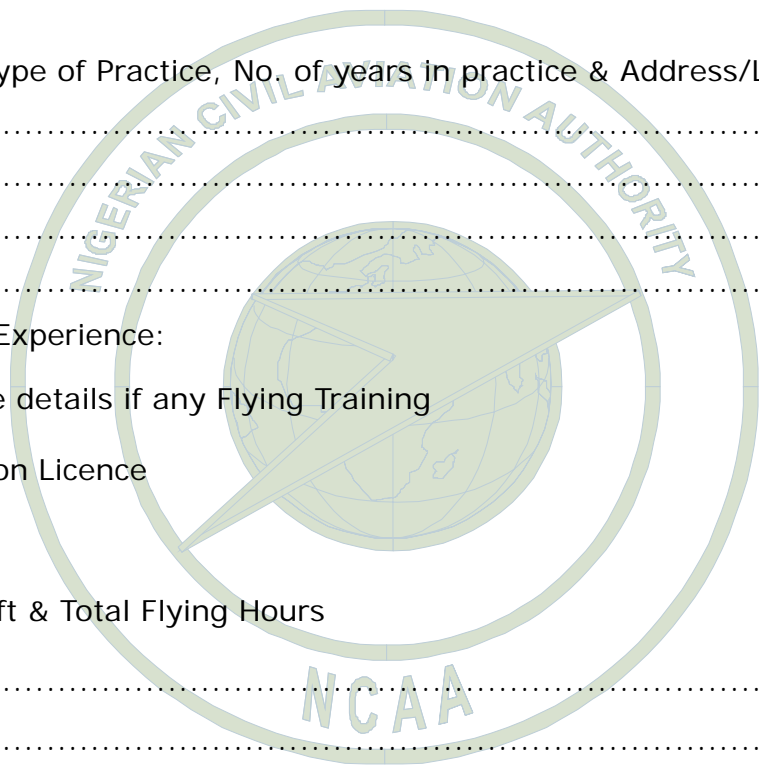
.....  
.....  
.....

16. Provide Records of NCAA AMEs Seminars Attended:

.....  
.....  
.....

17. Record of Military Aviation Medicine Qualifications & Experience:

---



18. Member of Medical/Aeromedical Associations or Societies:

.....  
.....  
.....

Attach photocopies of relevant documents/certificates.

**DECLARATION**

I hereby declare that the information provided on this application form and in the attachments/ documents forwarded by me is correct to the best of my knowledge and belief, and I agree to the conditions for acceptance as AME which accompanies this application. I further agree that all necessary equipment and materials will be acquired upon acceptance as AME and prior to any conduct of NCAA Medical Assessments by me.

19. Date: .....

20. Name & Signature: .....

Note: Please forward completed application form to the Head, Aeromedical Standards  
Nigerian Civil Aviation Authority,,  
Aviation House,  
P.M.B. 21029, 21038.Ikeja, Lagos.



Official Use Only:

AME Stamp (No Allocated & Date)

Decisions & Reasons

.....  
Signature of Aeromedical Assessor  
Date:



## NIGERIAN CIVIL AVIATION AUTHORITY

### Employee Authorization Form

Employee's Name	Employee Number:	Company/Location
Supervisor's Name	Supervisor's Phone No.	

Reason:     For Cause     Pre-employment     Random     Post-accident

#### **Employee's Consent to Physical Examination/Testing for Controlled Substances (Drugs) and/or Alcohol/Laboratory Investigations**

I hereby voluntarily consent to a physical examination and tests to be conducted by NCAA physicians. I specifically voluntarily consent to the taking of samples of my urine, breath and/or any other samples for testing to determine the presence of controlled substances (drugs) and /or alcohol and for laboratory investigations related to use of these substances in my system. I voluntarily authorize the release of medical information concerning the results of my physical examination and the tests to the NCAA who will use it to determine if I am in compliance with NCAA regulations and policies on controlled substances (drugs) and alcohol. I understand that I am entitled to a copy of this authorization.

I understand that refusal by me to sign this consent will be cause for disciplinary action, including withdrawal of Aircrew or ATCO medical certificate by the NCAA.

This authorization shall remain valid for a period of 30 days from the date below.

\_\_\_\_\_  
Employee's Name & Signature

\_\_\_\_\_  
Aeromedical Assessor's Name  
& Signature

\_\_\_\_\_  
Witness Name  
& Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

#### **Employee's Statement to decline to Examination and Testing**

I decline to authorize the NCAA to perform a physical examination and tests for controlled substances (drugs) and /or alcohol and to release the results to company management.

I also understand that refusal by me to sign this consent will be cause for disciplinary action, including withdrawal of Aircrew or ATCO medical certificate by the NCAA.

\_\_\_\_\_  
Employee's Name & Signature

\_\_\_\_\_  
Date



# NIGERIAN CIVIL AVIATION AUTHORITY

## DECLARATION

*Confidential (when completed)*

Name/Licence No:.....has been employed during the preceding three months as:

- 1. Pilot-in-command
- 2. Co-pilot
- 3. Flight engineer
- 4. Cabin crew

Have there been episodes during the last three months which can be related to drug/alcohol use

YES  NO

How many sick days has the person had during the last three months? ..... days

How many times has the person been absent because of sickness during the last three months?.....times

Has the person performed satisfactorily at Periodic Flight Training/Line Checks/revision courses, etc?

YES  NO

Comments, if any:

.....

.....

.....

.....

Name:.....

Licence No:.....

Signature:..... Date:.....

Airline/Company:.....



**NIGERIAN CIVIL AVIATION AUTHORITY  
DEPARTMENT OF AEROMEDICAL STANDARDS  
A.A.M.E ERROR GENERATION FORM**

FORM O-MED-012

Name of Aircrew:
Licence No:

<b>A.A.M.E Name &amp; Number</b>				<b>DATE OF MEDICAL:</b>	
<b>1) TYPES OF ERRORS</b>					
<b>(A)</b>	<b>FORM FILLING</b>	<b>TOTAL NO. OF FIELDS</b>	<b>NO. OF ERRORS</b>	<b>DETAIL(S) OF ERRORS</b>	
i)	<b>Application Form</b> e.g Licence Number omission	31			
ii)	<b>Medical Examination Report</b> e.g Peak Expiratory flow result omission	49			
iii)	<b>Otorhinolaryngology Report</b> e.g comments not given on Audiogram	31			
iv)	<b>Ophthalmology Report</b> e.g omission of value for intermediate vision	34			
v)	<b>Medical Certificate</b> e.g omission of date of last and next medical.	21			
vi)	Others				
<b>Total Number of Errors:</b>					
<b>(B)</b>	<b>Medical Examination Reporting</b>	<b>NO. OF ERRORS</b>	<b>DETAIL(S) OF ERROR(S)</b>		<b>ERROR RATING</b>
	e.g Lack of comments on aircrew/ATCO's with medical conditions				
<b>(C)</b>	<b>Submission of completed Aircrew medical report to the Authority by AME</b>	<b>5 Working days or less</b>	<b>More than 5 working days but less than 2 weeks</b>	<b>More than 2 weeks</b>	<b>Error Rating</b>
<b>2) OFFICIAL REMARKS:</b>					
<b>3) DATE &amp; SIGNATURE OF MEDICAL ASSESSOR:</b>					



**Nigerian Civil Aviation Authority**  
**Department of Aeromedical Standards**  
**Medical Assessor's Evaluation Form**

FORM O - MED 013

1.	Type of Medical Assessment	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal/Revalidation						
2.	License Type	<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	<input type="checkbox"/> SPA	<input type="checkbox"/> ATCO	<input type="checkbox"/> MPL	<input type="checkbox"/> PPL	<input type="checkbox"/> CABIN CREW	<input type="checkbox"/> FLIGHT ENGINEER
3.	Licence Number								
4.	Present Flying Activity	<input type="checkbox"/> Single Pilot	<input type="checkbox"/> Multi - Pilot						
5.	Date of Medical								
6.	Limitations(s)								
7.	Age								
8.	Medical Assessor's comments								





**Nigerian Civil Aviation Authority**  
**Department of Aeromedical Standards**  
**Medical Assessor's Evaluation Form**

FORM O - MED 013

1.	Type of Medical Assessment	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal/Revalidation						
2.	License Type	<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	<input type="checkbox"/> SPA	<input type="checkbox"/> ATCO	<input type="checkbox"/> MPL	<input type="checkbox"/> PPL	<input type="checkbox"/> CABIN CREW	<input type="checkbox"/> FLIGHT ENGINEER
3.	Licence Number								
4.	Present Flying Activity	<input type="checkbox"/> Single Pilot	<input type="checkbox"/> Multi - Pilot						
5.	Date of Medical								
6.	Limitations(s)								
7.	Age								
8.	Medical Assessor's comments								



**Nigerian Civil Aviation Authority  
Department of Aeromedical Standards  
CONTINUITY SHEET**

FORM O - MED 013

	Licence Number:	Date:
9.	Follow-up Plan	
10.	Aeromedical disposition	<input type="checkbox"/> Fit <input type="checkbox"/> Not Fit <input type="checkbox"/> Pending
11.	Medical Assessor's Signature/Date	



**Nigerian Civil Aviation Authority  
Department of Aeromedical Standards  
Medical Assessor's (Optometrist) Evaluation Form**

FORM O - MED 013

1.	Type of Medical Assessment	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal/Revalidation		
2.	License Type	<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	<input type="checkbox"/> SPA	<input type="checkbox"/> ATCO
		<input type="checkbox"/> MPL	<input type="checkbox"/> PPL	<input type="checkbox"/> CABIN CREW	<input type="checkbox"/> FLIGHT ENGINEER
3.	Licence Number				
4.	Present Flying Activity	<input type="checkbox"/> Single Pilot	<input type="checkbox"/> Multi - Pilot		
5.	Parameters	OD (RE)	OS(LE)	Comment	
	Distance V/A: - Entry - Corrected				
	Intermediate V/A - Entry - Corrected				
	Near V/A: - Entry - Corrected				
	IOP (mmHg)				
	Ocular Muscular Balance <b>Distance:</b>				
	Ocular Muscular Balance <b>Near:</b>				
	Colour Vision - Ishihara Plates/ Advanced Colour Testing				
6.	Ophthalmologist Report				
7.	Comment/ Recommendation				
8.	Medical Assessor:	Signature:	Date:		

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, ID No. \_\_\_\_\_

B. Aeromedical Assessor Name, Address, Phone and Fax No. \_\_\_\_\_

C. Employee I.D. No. \_\_\_\_\_

D. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post accident  
 Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

E. Drug test to be Performed:  THC,COC,PCP,OPI,AMP  THC & COC Only  Other (specify) \_\_\_\_\_

F. Collection Site Address: \_\_\_\_\_  
 Collector Phone No. \_\_\_\_\_  
 Collector Fax No. \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90 and 100 F?  <input type="checkbox"/> Yes <input type="checkbox"/> No, enter remark _____	Specimen Collection  <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (enter remark) _____	<input type="checkbox"/> Observed (enter remark) _____
--	---	--

REMARKS: \_\_\_\_\_

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seals(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

_____ Signature of Collector	Time of Collection <input type="text"/>	SPECIMEN BOTTLE(S) RELEASED TO: Name of courier service _____ Other _____
_____ (PRINT) Collector's name (First,MI,Last)	Date(Mo/Day/Yr) _____	

RECEIVED AT LAB  _____ Signature of Accessioner  _____ (PRINT) Accessioner's name (First,MI,Last)	Primary Specimen Bottle Seal Intact  _____ Date(Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO:  _____
---	---	--

**STEP 5: COMPLETED BY DONOR**  
 I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

\_\_\_\_\_  
Signature of Donor (PRINT) Donor's Name (First, M.I.,Last) Date (Mo./Day/Year)

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you chose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN**

In accordance with applicable NCAA requirements, my determination/verification is:

Negative  Positive  Test Cancelled  Refusal To Test because \_\_\_\_\_  
 Dilute  Adulterated  Substituted

REMARKS \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Year)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN**

In accordance with applicable NCAA requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Year)



# NIGERIAN CIVIL AVIATION AUTHORITY

## NOTIFICATION OF DENIAL OF MEDICAL CERTIFICATE

SURNAME:	DATE OF BIRTH:	NCAA REF:
FORENAME:		
ADDRESS:		
MEDICAL EXAMINATION DATE:		
CLASS OF MEDICAL CERTIFICATE DENIED:		
DISQUALIFYING CONDITIONS:		
<p>Assessment of your application form &amp; medical examination of above date reveals that you do not meet the NCAA requirements for a medical certificate, (class as above) is hereby denied.</p> <p>You may, if you wish apply to have this decision reviewed. You should apply in writing to the Aeromedical Standards (AMS), Nigeria Civil Aviation Authority, Aviation House, P.M.B. 21029, 21038, Ikeja, Lagos.</p> <p>Also, this assessment of being below the medical requirements for a medical certificate (class as above) precludes you from the privileges of your license or related ratings with immediate effect.</p>		

<b>AAME's USE ONLY</b> Neoplasm Orthopaedic Dematological Musculoskeletal/ Connective issue Hematology Hepatic Neurological Respiratory Ophthalmological Infectious/parasitic Cardiovascular Immunology	<b>AMS SIGNATURE:</b>	<b>AAME SIGNATURE:</b>
	<b>COMMENTS</b>	<b>DATE:</b>
		<b>AAME STAMP:</b>

Copy forwarded to NCAA, on \_\_\_\_\_ FORM O - MED 015

Technical Guidance Material Volume 2 Part II	REVISION 04
	Created on 06/07/09
	Amended on 01/11/2011



# NIGERIAN CIVIL AVIATION AUTHORITY

## NOTIFICATION OF DENIAL OF MEDICAL CERTIFICATE

SURNAME:	DATE OF BIRTH:	NCAA REF:
FORENAME:		
ADDRESS:		
MEDICAL EXAMINATION DATE:		
CLASS OF MEDICAL CERTIFICATE DENIED:		
DISQUALIFYING CONDITIONS:		
<p>Assessment of your application form &amp; medical examination of above date reveals that you do not meet the NCAA requirements for a medical certificate, (class as above) is hereby denied.</p> <p>You may, if you wish apply to have this decision reviewed. You should apply in writing to the Aeromedical Standards Department (AMS), Nigerian Civil Aviation Authority, Aviation House, P.M.B. 21029, 21038, Ikeja, Lagos.</p> <p>Also, this assessment of being below the medical requirements for a medical certificate (class as above) precludes you from the privileges of your license or related ratings with immediate effect.</p>		

<b>AAME's USE ONLY</b>	<b>AMS SIGNATURE:</b>	<b>AAME SIGNATURE:</b>
Neoplasm	<b>COMMENTS</b>	
Orthopaedic		
Dematological		
Musculoskeletal/ Connective Tissue		
Hematology		
Hepatic		
Neurological		
Respiratory		
Ophthalmological		
Infectious/parasitic		
Cardiovascular		
Immunology		

THE CURRENT LIST OF DESIGNATED AUTHORISED AVIATION MEDICAL EXAMINERS ( AAMEs ) OF THE AUTHORITY CAN BE OBTAINED FROM THE AEROMEDICAL STANDARDS DEPARTMENT, AND NCAA WEBSITE

**INFORMATION BY STAFF ON FOREIGN TRAVEL**

**DATA OF NEXT - OF - KIN/ TREATING PHYSICIAN/HOSPITAL**

A. Full Name of Next - of - Kin: .....

Current Address: .....

Current Phone Number (s): .....

Relationship to Staff: .....

Full Name of Next - of - Kin: .....

Current Address: .....

Current Phone Number (s): .....

Relationship to Staff: .....

B. Name of Health Insurance Organization (HMO): .....

.....

Policy Number: .....

Name of Attending Physician/Hospital: .....

.....

.....

Address of Attending Hospital: .....

.....

Current Telephone Number if known: .....





NIGERIAN CIVIL AVIATION AUTHORITY  
AVIATION HOUSE  
P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

FORM: O-MED 018

### MEDICAL ASSESSOR OJT PROGRESS CHART

1. Name of Trainee medical Assessor :	2. OJT Instructor:	3. Position description:
---------------------------------------	--------------------	--------------------------

4. OJT Task	5. Level 1 Discussion	6. Level 2 Observe/Assist	7. Level 3 Perform	8. Confirmed By: Sign & Date
1. Review of Medical Assessment/Medical reports submitted by AAME (Class 2&3)				
2. Review of Medical Assessment/Medical reports submitted by AAME (Class 1,2&3)				
3. Issuing of Medical Certificate to Aircrew and ATCOs (Class 2&3)				
4. Issuing of Medical Certificate to Aircrew and ATCOs (Class 1,2&3)				
5. Writing of Technical letters to AAMEs, Aircrew/ATCOs				
6. Inspection of AAME Medical Facility				
7. Cockpit Familiarization Flight				
8. Investigations/ Interviewing of Aircrew/ATCOs				
9. Surveillance of Aircrew/ATCOs for abuse of psychoactive substance				
10. Conduct of medical examination for Aircrew and ATCOs at age 60 and above				

11.	On-Board inspection of First Aid/Medical Kit				
12.	Participation in Airport Emergency Medical Preparedness/exercise				
13.	Participation in Aircraft accident investigations				
14.	Medical Examination of Aviation Safety Security Officers (AVSEC)				

**KEYS**

- : OJT JOB TASK: === Refers to specific job task (e.g inspection to be carried out)
- : LEVEL 1: ===== Discussion of job task and associated checklist
- : LEVEL 2: ===== Job task demonstration by OJT & Instructor
- : LEVEL 3: ===== Trainee to conduct job task (Inspection) under supervision of instructor
- : CONFIRMED: ===== Instructor's comment (satisfactory or unsatisfactory)