TRINIDAD AND TOBAGO
CIVIL AVIATION AUTHORITY

CABIN CREW RECORD VALIDATION FORM

General Information		Tracking No:
1. Company Name	2. Cabin Crew Name	3. Date

4. Aircraft Types on which trained				
5. Aircraft Types on which assigned				

Ground Training

6. Company Procedures Indoctrination			7. Dangerous Goods						8. Security					
			Initial			24 mth DG			Initial			Annual		

9. Initial EED						10. Annual EED						13. Pilot Incap		
B737			A340			B737			A340					

11. 3-Yearly EED						12. CRM						14. Other		
B737			A340			Initial			Annual					

Competency

13. Ground Training/Testing								14. Conversion/ Differences					
Initial				Annual									
Date			AC Type	Date			AC Type	B737			A340		

Aircraft Flight Training

17. Familiarization						18. Supervised Line Experience					
Date			A/C Type/ Regist'n	Sectors		Date			A/C Type/ Regist'n	Sectors	

Note: This form is designed for use with TAB-IO-006