



Section
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Personnel Licencing
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011-545-1350

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CABIN CREW INSTRUCTOR (CCI) - QUARTERLY TRAINING REPORT

NAME & SURNAME		LICENSE NO				
ATO NAME		ATO APPROVAL NUMBER				
COMPONENT TRAINED LEGEND	AG – Aviation General, RES – Responsibilities, SP – Safety Procedures, EP – Emergency Procedures, EE – Emergency Equipment, FDP – Flight Duty, AC – Aircraft Specifics (specify a/c type), RCT – Recurrent Training Cabin Crew, REF – Refresher Training Cabin Crew, FDT – Flight Deck Crew Training, IND – Induction Training,					
DATE OF TRAINING	COMPONENT TRAINED		VENUE	A/C Type (if applicable)	HOURS TRAINED	NUMBER OF LEARNERS
	INITIAL	RECURRENT				

DATE OF TRAINING	COMPONENT TRAINED		VENUE	A/C Type (if applicable)	HOURS TRAINED	NUMBER OF LEARNERS
	INITIAL	RECURRENT				

THE ABOVE REPORT IS THE FOR PERIOD:	JANUARY- MARCH		APRIL - JUNE	
	JULY - SEPTEMBER		OCTOBER - DECEMBER	
TOTAL NUMBER OF HOURS TRAINED FOR THIS QUARTER				

SIGNATURE OF INSTRUCTOR	NAME IN BLOCK LETTERS	DATE
Quarterly reports shall be kept as per SACAA CATS 64.01.10 and the relevant CCI TGM.		