

**GUYANA CIVIL AVIATION AUTHORITY****APPLICATION FORM FOR AVIATION SECURITY INSTRUCTOR CERTIFICATION****SECTION 1: APPLICANT INFORMATION**

- | | |
|--------------------------------------|-------------------|
| 1. Full Name: | 2. Date of Birth: |
| 3. Nationality: | 4. ID/Passport #: |
| 5. Address: | |
| 6. Phone #: | 7. Email: |
| 8. Application Type: Choose an item. | |

SECTION 2: EMPLOYMENT INFORMATION

9. Name of Organization/Employer:
10. Address of Organization/Employer:
11. Job Title/Position:
12. Type of Employment: Choose an item.
13. Duration of Contract (If Applicable):

SECTION 3: QUALIFICATIONS & TRAINING

14. Please attach copies of certificates for the following completed courses (If applicable):

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| ☐ General Courses | ☐ Instructing Methodologies |
| ☐ Aviation Courses | ☐ On the Job Training |

SECTION 4: EXPERIENCE

16. Years of Aviation Security Experience:
17. Please attach copies of the following documents:
- | | |
|---|---|
| ☐ Curriculum Vitae | ☐ Approval from other CAA Authorities If applicable) |
|---|---|

SECTION 5: SUPPORTING DOCUMENTS

18. Please attach copies of the following documents:
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|--|--|
| ☐ Letter of Request for Certification/Approval | ☐ Passport Sized Photograph |
| ☐ Signed Training Rosters (For Recertification) | |

SECTION 6: DECLARATION

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or revocation of certification.

Signature:

Date: Click or tap to enter a date.

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|--|--|
| Application Received On: Click or tap to enter a date. | Classroom Evaluation Date: Click or tap to enter a date. |
| Approval Status: Choose an item. | Remarks: |
| Validity Period: Click or tap to enter a date. | |
| Signature of GCAA Officer: | Date: Click or tap to enter a date. |