



NIGERIA CIVIL AVIATION AUTHORITY
 Corporate Headquarters
 Nnamdi Azikiwe Int'l Airport, Domestic Wing, Abuja, Nigeria

CL: O-GEN011A

Pre-Training Assessment Checklist

Title of Proposed Course (s): (List below or attach list)
Name of Foreign Training Organisation:
Physical Address (Location):
Postal Address:
Date of Assessment:
Training Organisation Representative:
Assessment Code: YES = Satisfactory NO = Not Satisfactory N/A = Not Applicable

Items	Assessment		
	YES	NO	N/A
1. Is the training centre identified under any of the following items (<i>Tick all that applies</i>)			
(a) Training Academy identified under the ICAO TRAINAIR PLUS Programme			
(b) Original Equipment Manufacturers (OEMs) Training Centre			
(c) Other Contracting State(s) CAA(s) Training Academy			
(d) Approved Training Organisations (ATOs) of other Contracting States			
(e) Training Centre established by a Contracting State Aviation/Transportation Agency not being a CAA			
(f) University with specialised Aviation / Transportation/ Management Faculty			
(g) Recognized Aviation Consultancy Firm approved by a Contracting State/CAA			
(i) Any other training centre not within the groups identified above			
2. Does the training centre have the capability to conduct the course(s) being proposed with the following available (<i>Please provide evidences</i>)			
(a) An adequately equipped, climate controlled and well-lit classroom			
(b) Certified and qualified instructors			
(c) Training and audiovisual aids			
3. Does the training centre curriculum meet the requirements of the NCAA ITS Course standards for the course being proposed (<i>Please provide evidences</i>)			

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Training Coordinator Remarks

Recommendations

The above-named foreign training centre having been assessed in accordance with the NCAA's Inspectors Training System (ITS) and the checklist above, I DO / NOT / RECOMMEND the use of the training centre.

Name of Training Coordinator..... Date.....

Director's Remarks and Recommendation

Remarks:

I hereby **Recommend / Do Not Recommend** for authorization the use of the above stated training centre

Name:..... Directorate:.....

Signature:..... Date:.....

Director General's Authorisation

The above-named Training Centre is: **AUTHORISED** **NOT AUTHORISED**

Name:.....

Signature:..... Date:.....