

Applicant's Information		
Name of Organisation: <a href="#">Click or tap here to enter text.</a>		
Address: <a href="#">Click or tap here to enter text.</a>		
Title of proposed Training Program: <a href="#">Course title issues XX revision XX</a>		
Accountable Manager Name/ E-mail: <a href="#">Click or tap here to enter text.</a>		
Coordinator Name/ E-mail: <a href="#">Click or tap here to enter text.</a>		
<b>Type of Submission</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Validation	<b>Type of Program</b> <input type="checkbox"/> Basic Training <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> Type Training <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> Other (specify) <a href="#">Click or tap here to enter text.</a>	<b>Intention Letter No.:</b> <a href="#">Click or tap here to enter text.</a> <b>Date:</b> <i>DD - MMM - YYYY</i>
		<b>EMPIC Request No.:</b> <a href="#">Click or tap here to enter text.</a> <b>Date:</b> <i>DD - MMM - YYYY</i>
		<b>Financial (If applicable)</b> <input type="checkbox"/> Invoice No. <a href="#">Click or tap here to enter text.</a> <b>Date:</b> <i>DD - MMM - YYYY</i> <input type="checkbox"/> Receipt No. <a href="#">Click or tap here to enter text.</a> <b>Date:</b> <i>DD - MMM - YYYY</i>
<b>Verification result: (Detailed as following table)</b> <input type="checkbox"/> Accept <b>Date:</b> <i>DD - MMM - YYYY</i> <input type="checkbox"/> Reject <b>Date:</b> <i>DD - MMM - YYYY</i>		<b>General Comments (If any)</b> <a href="#">Click or tap here to enter text.</a>

Competent Official Use Only			
No	Position	Name – Last Name	Signature
1	Head of TO	<a href="#">Click or tap here to enter text.</a>	
2	Principal Inspector (PI) or Project Manager (PM)	<a href="#">Click or tap here to enter text.</a>	

**Instructions**

1. **Satisfactory** level. It shall be given if the valid documents are provided.
2. **Unsatisfactory** level It shall be given if any valid documents are not provided, or any actions found not to follow CAAT rules and regulations, or not to be conformed to any MTO's documentations as well as any actions being done without evidence of records.
3. **N/A** shall be given to indicate when information in a certain table cell is not provided, either because it does not apply to a particular case or because the answer is not available.
4. **Remarks/Comments** column, inspection result information shall be recorded, both satisfactory and unsatisfactory, the information shall be detailed enough to support the inspection result.
5. All fields/items shall be completed. In fields/items for which there is no answer or is not used, mark a horizontal straight line or enter "N/A" or shaded with a reason.
6. Signature block: the following shall be filled.
  - a. Name & surname, in capital letters
  - b. Signature
  - c. Signed date in DD Month (like JAN) and Year (in C.E.)
7. All fields/items shall be completed. In fields/items for which there is no answer or is not used, mark a horizontal straight line or enter "N/A" or shaded with a reason.

No.	Check List Item	Regulatory Requirements	CAAT USE ONLY	
			Results	Remarks
1	Letter of intention or equivalent	Requirement of CAAT No.75 (TCAR PEL Part - 147) Chapter 1 Clause 7, Chapter 3 Clause 31	Choose an item.	
2	Minute of Meeting - Signed Meeting Attendance Record - Date of Meeting <i>DD - MMM - YYYY</i>	Requirement of CAAT No.75 (TCAR PEL Part - 147) Chapter 1 Clause 8	Choose an item.	
3	Official evidence to notify to proceed to the next phase/or confirmation email to proceed to the next phase	Requirement of CAAT No.75 (TCAR PEL Part - 147) Chapter 1 Clause 8	Choose an item.	
<b>General Comments:</b>				
CAAT Officials Check by;				
Note: .....				
Signature: ..... Name: <a href="#">Click or tap here to enter text.</a> Date: <i>DD - MMM - YYYY</i>				