



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

منظمة الطيران
المدني الدولي

国际民用
航空组织

Ref.: NT-N1-15.4, NT-NS2-35 — **EMX0274**

7 April 2014

To: States, Territories and International Organizations

Subject: **Invitation – Aerodrome Inspectors Workshop - GREPECAS Project F1 CAR Activity (Port-of-Spain, Trinidad and Tobago, 9 to 13 June 2014)**

Action

- Required:
- 1) Register participation by **20 May 2014**
 - 2) Return Fellowship Nomination Form by **19 May 2014**

Sir/Madam:

I have the honor to invite your Administration/Organization to participate in the Aerodrome Inspectors Workshop - GREPECAS Project F1 CAR Activity to be held in Port-of-Spain, Trinidad and Tobago, from 9 to 13 June 2014. This event has been planned as part of the CAR Region GREPECAS Aerodromes Programme to address aerodrome certification process-related activities.

The main objectives of the workshop are to provide participants with aerodrome certification procedures, State's best practices and guidelines on how to conduct:

- Airport inspection
- Preparation for the inspection
- Phases of the inspection
- Particulars of aerodrome operational procedures and safety measures
- Aerodrome movement area inspection
- Obstacle control
- Post-inspection de-briefing
- Post-inspection data entries and communication with the airport

Aerodrome inspectors from civil aviation authorities, aerodrome operators from NAM/CAR States and Territories, and representatives and members of invited international organizations are expected to attend. The workshop is an excellent event for those States/Territories that are in the process of certifying their aerodromes and have implemented surveillance programmes. The working language of the workshop will be English.

The Provisional Programme of the event is in **Attachment A**.

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You are kindly requested to complete and return the Registration Form by e-mail at **Attachment B** for each participant by **20 May 2014**.

The General information for the event is at **Attachment C**. If you need local assistance please contact the event coordinator from the Civil Aviation Authority of Trinidad and Tobago, Ms. Hema Dass, Manager Administration (hdass@caa.gov.tt); and/or Mr. Kingsley Herreira, Manager Licensing Standards (kherreira@caa.gov.tt).

All event presentations will be placed in the Meetings Section of the following web page: <http://www.icao.int/NACC/Pages/meetings-by-year.aspx?year=2014> at the end of each working day. Taking into consideration the availability of presentations in electronic format, no hard copies will be distributed during the event.

Furthermore, in accordance with the Regional Technical Cooperation Project for the Caribbean Region – *Implementation of Performance-Based Air Navigation Systems for the CAR Region (RLA/09/801)* 2013-2016 Activities Plan, I am pleased to inform you that this event is offering one fellowship to each Project Member¹.

The fellowship includes daily subsistence allowance (DSA) to cover lodging and expenses; your Administration shall provide the candidate with the air ticket to/from Trinidad and Tobago, and ensure that the candidate has the necessary travel documents, vaccinations, and visa prior to departure.

Regarding fellowships offered to the Eastern Caribbean States through ECCAA, please note that the candidate appointment decision should be made between your Administration and ECCAA. Once coordination has been completed, the nomination form of the candidate representing the Eastern Caribbean States **should be sent to this Regional Office by ECCAA**.

A Fellowship Nomination Form (**Attachment D**) must be completed for each nominee. All pages must be completed, including your Administration's signature and seal (page 2), as well as the doctor's signature who performs the medical examination on the medical portion of the form (page 6). Submit the Fellowship Nomination Form to the e-mail addresses provided below:

ICAO NACC Regional Office

Mr. Julio Garriga

Regional Officer, Technical Cooperation

Ms. Claudia López

Technical Cooperation Associate

icaonacc@icao.int; jgarriga@icao.int; clopez@icao.int;

Please provide confirmation as to whether your Administration is interested in proposing a fellowship candidate to attend the Aerodrome Inspectors Workshop *as soon as possible*. The duly completed Fellowship Nomination Form must be received in this Regional Office no later than **19 May 2014**.

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¹ *RLA/09/801 Project Member States are: Bahamas, Barbados, Cuba, Curaçao, Dominican Republic, Haiti, Jamaica, Mexico, OECS States through ECCAA (Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), Trinidad and Tobago and Central American States through COCESNA (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua).*

If you require any further information regarding event, please contact Mr. Jaime Calderon, Aerodrome and Ground Aids Regional Officer (jcalderon@icao.int); or Ms. Ana Valencia, Assistant, (avalencia@icao.int).

Accept, Sir/Madam, the assurances of my highest consideration.

A digital signature in black ink, appearing as a stylized cursive script. The signature is overlaid on a circular blue stamp that contains the text "Firma Digital" on the left and "Digital Signature" on the right. The stamp also features a central emblem with the ICAO logo and the text "ICAO" and "NACACC".

Loretta Martin
Regional Director
North American, Central American and
Caribbean (NACC) Regional Office

Enclosure:

- A – Provisional Programme*
- B – Registration Form*
- C – General Information*
- D – Fellowship Nomination Form*

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ATTACHMENT A
AERODROME INSPECTORS WORKSHOP-GREPECAS PROJECT F1 CAR ACTIVITY
Provisional Programme

Schedule	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13
08:30 – 09:00	Registration	SESSION 4 Phase 2 - Movement Area Inspections (Cont.) <ul style="list-style-type: none"> • Perimeter and gates • Self- inspection 	SESSION 8 <ul style="list-style-type: none"> • Wildlife Hazard Management (Cont.) • Action to alleviate wildlife hazards • training of personnel 	Field Trip to the Airport/Simulated Inspection (best practices).	SESSION 13 <ul style="list-style-type: none"> • Post Inspection Administrative Procedures • Recording results of inspection • Debriefing management • Letters to airport: Letter of Correction (LOC)
09:00 – 09:15	Opening Ceremony and Group Photo				SESSION 13 <ul style="list-style-type: none"> • Post Inspection Administrative Procedures (Cont.) • Inspection closeout letter • Updating tracking system • Closeout of inspection with a LOC
09:15 – 10:30	SESSION 1 ICAO aerodrome certification procedures – aerodrome manual	SESSION 5 <ul style="list-style-type: none"> • Fueling Inspections • Aviation fuel safety standards • Fuel safety inspection items • Fueling vehicles • Fuel storage • Cabinets • Training of fuel handling personnel 	SESSION 9 Procedures for the Safe Operation of Vehicles and Personnel in Movement and Safety Areas		
10:30 – 11:00	<i>Coffee Break</i>				
11:00 – 13:00	FAA Part 139 – Airport Certification SESSION 2 Pre-inspection procedures SESSION 3 Phase 1 – Inspection Procedures <ul style="list-style-type: none"> • In- briefing • Inspection administrative portion • Airport personnel training records and proficiency 	SESSION 6 <ul style="list-style-type: none"> • Rescue and Fire Fighting (RFF) inspection • RFF equipment and agent Inspection • Response test • Procedures • Training personnel 	SESSION 10 <ul style="list-style-type: none"> • Procedures for Air Navigation Services – Aerodromes (PANS-AGA) • Aerodrome Safety Coordination 	Field trip to the Airport/Simulated Inspection (best practices).	CLOSING SESSION <ul style="list-style-type: none"> • Summary of Activities • Certificates Delivery • Host acknowledgements
13:00 – 14:00	<i>Lunch Break</i>				
14:00 – 15:30	SESSION 4 Phase 2 -Movement Area Inspections <ul style="list-style-type: none"> • Pavements • Marking • Signs • Lighting 	SESSION 7 <ul style="list-style-type: none"> • Obstructions and public protection • Obstruction criteria • Fencing • Blast protection 	SESSION 10 <ul style="list-style-type: none"> • Procedures for Air Navigation Services (Cont.) – aerodromes (PANS-AGA) • Safety assessments for aerodromes 	SESSION 12 <ul style="list-style-type: none"> • Conducting the Inspection Out-Briefing • Identify and define discrepancies • Establish compliance dates • Discuss observations 	
15:30 – 16:00	<i>Coffee Break</i>				
16:00 – 16:45	SESSION 4 Phase 2 – Movement Area Inspections (Cont.) <ul style="list-style-type: none"> • Safety areas • Construction areas • Traffic wind indicators 	SESSION 8 <ul style="list-style-type: none"> • Wildlife Hazard Management • Requirements for an assessment of existing hazards • Triggering events • Contents • Review • Determination of action 	SESSION 11 <ul style="list-style-type: none"> • Briefing for field trip to the airport • Distribution of checklists for airport inspection 		



ATTACHMENT C



GENERAL INFORMATION
INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO)
AERODROME INSPECTORS WORKSHOP - GREPECAS PROJECT F1 CAR ACTIVITY
(PORT-OF-SPAIN, TRINIDAD AND TOBAGO, 9 TO 13 JUNE 2014)

1. Event Venue and Dates

The ICAO Aerodrome Inspectors Workshop – GREPECAS Project F1 CAR Activity will be hosted by Trinidad and Tobago. This workshop will be held at the Trinidad and Tobago Civil Aviation Authority's Complex, Caroni North Bank Road, Piarco, Trinidad and Tobago, from June 9 - 13, 2014.

2. Coordinator:

Ms. Hema Dass
Manager Administration
E-mail: hdass@caa.gov.tt

Mr. Kingsley Herreira
Manager Licensing Standards
E-mail: kherreira@caa.gov.tt

Telephone: +1 868 669-2295 / 4302
Fax: +1 868 669-315
Address: Trinidad and Tobago Civil Aviation Authority
Caroni North Bank Road, Piarco
Trinidad and Tobago

3. Participants Registration and Opening Ceremony

9 June 2014

Delegate registration	08:30 - 09:00 hours
Opening ceremony	09:00 hours

4. Language

The workshop will be conducted in English.

5. General Information

a) Money Exchange

The Trinidad and Tobago Dollar is the national currency \$6.34TTD = \$1.00 USD. After your arrival you may exchange currency at local banks at the airport or in the city.

b) Credit Cards

The international credit cards usually accepted in shopping centres, hotels and restaurants are MasterCard and Visa.

c) Commercial Working Hours

Commercial working hours in the city are from 08:30 to 17:00 hours; approximately. Banks are open Monday to Thursday from 08:30 to 14:00 and from 08:30 to 16:00 hours on Friday. In malls/shopping centres hours are from 09:00 to 18:00 hours, approximately.

6. Temperature

During the month of June /July, the temperature in Trinidad and Tobago ranges from 25°C (76.8°F) to 30°C (87°F). The average humidity is 73.2%.

7. Lodging

Hotel	Rates
Regent Star 118-119 BWIA Boulevard, Piarco Tel: +1 868 669 7827 Mrs Nanan Email: regentstarmarketing@yahoo.com	USD\$150.50 per night taxes inclusive breakfast-complimentary internet- complimentary Free transportation from Regent Star to TTCAA Complex and return. Complimentary shuttle to/from Piarco Airport.
Holiday Inn Express Trincity, Trinidad Tel :+1 868 669-6209 Ms Jemma John http://hix-suites-trincity.h-rez.com/index.htm?check_in=20140410&check_out=20140411&room1=1&lbl1=hw&lbl2=ggl-en	USD\$176.00 tax inclusive single/double (rack rate) this price will increase close to the date GROUP RATE (minimum of 10 persons): \$193.60 tax inclusive • Breakfast- complimentary • Internet - complimentary • Shuttle service to Airport and Trincity Mall-complimentary
Palms Hotel 35 A Eastern Main Road Arouca Tel 692-4529 Camile Joseph	STD: USD\$79.00 Single Superior: USD\$99.00 Court Room : USD\$125.00 Inclusive of continental breakfast and taxes Internet – complimentary

8. Hotel reservations

You must present a valid credit card number with expiration date when booking your hotel.

9. Local Transportation

The recommended methods of transportation are taxis. You will find taxis at the hotels as well as on exiting the airport terminal.

10. Visa Requirements

To be verified at embassies and consulates in respective States.

11. Hospitals

Participants should have medical insurance or medical coverage from their respective governments to meet expenses, if any, towards sickness or a medical emergency during the above-named ICAO event.

If necessary, emergency services are available by calling the Eric Williams Medical Sciences Complex at Mount Hope - telephone: + 868 645 4673.

12. Electricity

120 and 220 volts are the hotel standard. If higher voltage is required, please request information at hotel registration.

13. Taxes and Gratuities

Tax charged on purchases is 15% and indicated as “inclusive” if already included in consumer prices. Gratuities at restaurants and related places are normally included in the bill. If not, then they are at your discretion; however, 10 - 15% is the norm.

The airport departure tax is approximately US\$20.00.

14. Other

For more information about Trinidad and Tobago, delegates can visit <http://www.gotrinidadandtobago.com/>



INTERNATIONAL CIVIL AVIATION ORGANIZATION
TECHNICAL COOPERATION BUREAU

GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

PART I – NOMINATION BY GOVERNMENT

Please note the following:

Paragraph 1 should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

Paragraph 2 should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

Paragraph 4. The objectives of the Fellowship should be stated concisely and accurately.

PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

NOTE: Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

PART I – NOMINATION BY GOVERNMENT

The Government of _____ hereby:

1. Nominates: Mr./Mrs./Ms.* _____
(family name) (first name) (middle name)

for an ICAO fellowship in the field of _____
(Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

2. Requests the following programmes of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	

Total duration

NOTE: The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

*Delete that which is not applicable.

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART I – cont'd

3. Requests that this fellowship be financed under the following technical co-operation programme:
(Check as appropriate and insert project number)

- | | | | | | |
|--------------------------|---------------------------------|--------------|-------|-----------|-------|
| <input type="checkbox"/> | UNDP Country Programme | Project No.: | _____ | Post No.: | _____ |
| <input type="checkbox"/> | UNDP Regional Programme | Project No.: | _____ | | |
| <input type="checkbox"/> | UNDP Interregional Programme | Project No.: | _____ | | |
| <input type="checkbox"/> | Trust Funds agreement with ICAO | Project No.: | _____ | | |

4. Declares that the objectives of this fellowship are:

5. With respect to the nominee's transportation to and from host country(ies), agrees that:

- Will assume costs
- Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of ____ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

Signature of Civil Aviation Authority

Date: _____

Name: _____
(type or print)

Title: _____
AFFIX OFFICIAL SEAL OR STAMP

OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: _____

Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:
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4. Private address (for mailing purposes):

Telephone _____ E-mail _____

5. Name and address of person to be notified in case of emergency (other than the government authorities):

Telephone _____ E-mail _____

6. Language ability:

a) Mother tongue _____

b) Language/s used in Primary and Secondary school _____

c) Other language/s of which nominee has a working knowledge _____

d) Language/s to be used in proposed fellowship programme _____

7. School education record:

Name, Town, Country of School/s	Period		Grade completed and certificate acquired
	from	to	

8. College/university education record:

(If you have graduated with a diploma or degree indicate under “subject/s studied” only the major subject/s studies. Otherwise indicate all the subjects studied)

Name of college/university	Subject/s studied	Period		Degree /Diploma acquired
		from	to	

9. Technical and/or specialized training record:

(Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)

Name and place of Training Institute	Subject/s studied	Period		Duration (weeks)	Diploma/Certificate acquired
		from	to		

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – cont'd

10. Employment record:
(Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

11. Nominee's statement:

- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
 - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
 - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
 - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
 - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
 - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: _____

Nominee's Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART III – LANGUAGE TEST

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: _____

Nominee's name: Mr./Mrs./Ms.*: _____

Language for which test was set: _____

RESULTS

(Check as appropriate)

1. Understanding:

- a) Understands without difficulty when addressed at normal speed.
- b) Understands nearly everything at normal speed although occasional repetition may be necessary.
- c) Understands almost everything if addressed slowly and carefully.
- d) Requires frequent repetition and/or translation of words and phrases.
- e) Does not understand even the simplest conversation.

2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible.
- b) Occasionally makes errors which do not, however, obscure meaning.
- c) Makes frequent errors which occasionally obscure meaning.
- d) Speaks with so much difficulty that comprehension is difficult.
- e) Errors in speech so severe as to make comprehension virtually impossible.

3. Reading:

- a) Reads fluently with full comprehension.
- b) Reads slowly but understands almost everything he/she reads.
- c) Reads with difficulty; often consults the dictionary.
- d) Cannot understand what he/she reads.

4. Writing:

- a) Writes with ease and accuracy.
- b) Writes with few mistakes; can be understood.
- c) Writes with difficulty and makes frequent mistakes.
- d) Cannot write.

CONCLUDING REMARKS

Would this person be able to follow a technical course in this language? Yes No

Date: _____

Signature of examiner

Name: _____
(type or print)

AFFIX OFFICIAL SEAL OR STAMP

*Delete that which is not applicable

Photograph of Nominee

(to be affixed
before examination)

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART IV - A – MEDICAL REPORT

Notes:

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. _____ having completed the medical examination of nominee Mr./Mrs./Ms.* _____ whose photograph appears above, certifies the following:

(Check as appropriate)

The Nominee:

1. Is physically able to travel abroad? _____
2. Is mentally and physically able to carry out intensive studies? _____
3. Is free from infectious diseases? _____
4. Has good hearing? _____
5. Has good eyesight? _____
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? _____

Yes	No

Additional comments by Medical Practitioner:

Date: _____

Signature of Medical Practitioner

AFFIX OFFICIAL SEAL OR STAMP
(to be affixed across photograph also)

*Delete that which is not applicable