

**RVSM TRAINING- INITIAL**

NAME..... CAPT. SALAHUDDIN.

RANK..... CAPT.; CONSULTANT @ F01 CAAB.

LICENCE NO:.....

I CERTIFY THAT THE ABOVE MENTIONED PILOT HAS UNDERGONE TRAINING IN THE PROCEDURES FOR OPERATION IN REDUCED VERTICAL SEPARATION MINIMA (RVSM) AIRSPACE ACCORDING TO THE REQUIREMENTS OF THE COMPANY OPERATIONS MANUAL, AND IS THEREFORE CONSIDERED COMPETENT TO OPERATE IN SUCH AIRSPACE.

SIGNED..... 

NAME..... P. THOMPSON

APPOINTMENT..... CONSULTANT

DATE..... 19.4.00

**NOTE:-** CONTINUATION TRAINING IN RVSM OPERATIONS WILL BE CONDUCTED AS AN INTEGRAL PART OF LINE CHECK FLYING.