



## Application for Aviation Training Organization Certificate

<b>1. Name and Mailing Address of Company:</b>	<b>2. Address of Principal base where Training will be Conducted:</b>		
<b>3. Address of Satellite Location for the conduct of specific training:</b>	<b>4. Training Specifications requested at each satellite Location:</b>		
<b>5. Proposed Start – Up date:</b>			
<b>6. Requested Three - Letter Company Identifier in order of Preference:</b> 1. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 2. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 3. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
<b>7. Management Personnel:</b>			
<b>Name</b>	<b>Proposed Position</b>	<b>Telephone Number and E-mail</b>	
	Accountable Manager		
	Chief Instructor		
	Quality Manager		
<b>8. Proposed Courses of Instruction (tick as required):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pilot Training with Level 1 Flight Training Specifications.</li> <li><input type="checkbox"/> Pilot Training with Level 2 Flight Training Specifications</li> <li><input type="checkbox"/> Aircraft Maintenance Personnel Training</li> <li><input type="checkbox"/> Flight Operations Officer Training</li> <li><input type="checkbox"/> Air Traffic Services Training</li> <li><input type="checkbox"/> Cabin Crew Training</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul>			
<b>9. Aircraft data and Simulator Information</b> (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO, additional information must be provided in block 11).			
<b>Aircraft Data</b>		<b>Simulator Information</b>	
Aircraft Type (M/M/S)	Number of Aircraft Type	(M/M/S) of aircraft being simulated	Qualification Level Assigned



**10. Additional information that provides a better understanding of the proposed training or business (Attach additional sheets, if necessary)**

**11. Proposed Training ( Aircraft and / or Simulator ):**

**12. The statement and information contained on this form denotes an intention to apply for an ICAA Certificate for the operation of an ATO.**

**Signature:**

**Name and Title:**

**Date:** / / 20

**\* For official use (not to be filled by applicant)**

**Assigned Certification Number:**

**Date:** / / 20

**Remarks:**

**Director of Flight Safety Department**

**Signature and Stamp:**

**Date:** / / 20