

A. FOR ATO APPLICANT USE.

1. ATO Organization Details.

• Registered name	
• Registered office	
• Address	
• Phone	
• Email	
• URL	

• Principal place of business	
• Address	
• Phone	
• Email	
• URL	

2. Training Approval Details. Applicable training courses for:

<input type="checkbox"/> LAPL, PPL, SPL, BPL with the associated ratings and certificates				
<input type="checkbox"/> CPL, MPL, ATPL with the associated ratings and certificates				
• Date of intended commencement of activity				
• Aircraft Categories	<input type="checkbox"/> Airplane	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Power Lift	<input type="checkbox"/> Airship

Training Courses Details. List training courses and additional specific types of training if applicable:

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3. Management Details.

a. Head of Training (HT).

• Name	
• Email	
• License held	
• License number	
• Flight hrs.	
• A/C types	
• Ratings held	

b. *Chief Flight Instructor (CFI).

• Name	
• Email	
• License held	
• License number	
• Flight hrs.	
• A/C types	
• Ratings held	

*Applicable for ATO providing training for CPL, MPL, ATPL with the associated ratings and certificates

c. *Chief Theoretical Knowledge Instructor (CTKI).

• Name	
• Email	
• License held	
• License number	

*Applicable for ATO providing training for CPL, MPL, ATPL with the associated ratings and certificates

4. Instructors Details.

a. Flight Instructors.

Name	Qualification
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b. Flight Simulation Training Instructors.

Name	Qualification
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c. *Theoretical Knowledge Instructors.

Name	Qualification
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*Theoretical knowledge instructors should, before appointment, prove their competency by giving a test lecture based on material they have developed for the subjects they are to teach. This lecture and oral evaluation, should be submitted with the application form to the CAA.

5. ☐ **Aerodrome(s)/Operating Site(s) Details.** List aerodrome(s)/operating site(s) names, address, IFR approaches, if applicable night flying, if applicable air traffic control flight testing facilities, if applicable data reply facilities, if applicable

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6. **Facilities.** List location, number and size of rooms.

• Flight Operations Accommodation	
• Theoretical Instruction Facilities	

7. **Flight Synthetic Training Devices Details - Description.** List FSTD type, number, registration & IFR capabilities:

<input type="checkbox"/> FFS	
<input type="checkbox"/> FNPT I	
<input type="checkbox"/> FNPT II	
<input type="checkbox"/> FNPT III	
<input type="checkbox"/> FTD 1	
<input type="checkbox"/> FTD 2	
<input type="checkbox"/> FTD 3	
<input type="checkbox"/> BITD	

8. ☐ **Aircraft Details - Description** (If applicable). List aircraft group, class/type, number, registration, owners, IFR equipped, if applicable Flight test instrumentation, if applicable.

<input type="checkbox"/> Class	
<input type="checkbox"/> Type	

9. **Operations Manuals.**

• Organization management manual
• Operations manual
• Training manual
• Training program(s)
• Safety management system manual (SMS)
• Compliance monitoring manual (CMM)
• Airplane flight manual (AFM)
• Flight crew operating manual (FCOM)
• Flight crew quick reference hand book (QRH)
• Training record file for each proposed training program

10. **Compliance Monitoring System Details.**

• Manager name	
• Auditor(s) name(s)	

11. **ATO Applicant Declaration.**

• I hereby certify that; all the above are in compliance with the applicable CARs requirements		
Name	Signature	Date