

A. FOR APPLICANT USE.

1. ATO Details.

• Registered name		
• Address		
• Phone		
• Email		
• Aircraft category	<input type="checkbox"/> Airplane	<input type="checkbox"/> Helicopter
• Type of approval	<input type="checkbox"/> Initial approval	<input type="checkbox"/> Renewal approval

2. Approved Training Program Details. List the require training program(s) approval

Training Programs	Training Programs Details (Aircraft type(s) & instructor certificate type(s))
<input type="checkbox"/> Type rating(s)	
<input type="checkbox"/> Instructor rating(s)	
Attachments.	The applicable ATO approved training program(s).

3. Approved Foreign CAA Details.

• Approving CAA name	
• CAA Address	

4. Applicant Signature.

Name	Signature	Date

5. Alternative Approval Process Application Attachments.

• ATO approval certificate
• Operations manual
• Training manual
• Flight instructor list with the qualification supporting documents (Sample)
• FSTD(s) qualification certificate(s)

B. FOR CAA USE

6. Foreign State's capability in providing safety oversight review - PEL.

Review Area	EI %	
• The state effective implementation of the critical elements (CEs) of a safety oversight system.		
• The global average effective implementation of the critical elements (CEs) of a safety oversight system.		
Review results	YES	NO
• The state effective implementation of the critical elements (CEs) of a safety oversight system result is on aligned with global average effective implementation of the critical elements (CEs) of a safety oversight system.		

7. Foreign CAA FCL Regulation Review.

Review Area		
• FCL regulation details		
• Last FCL regulation amendment date		
Review results	YES	NO
• Foreign CAA FCL regulation aligned with CAR FCL (The applicable training programs requirements)		
• Foreign CAA FCL regulation showed continue compliance with Annex 1 amendment		
Remarks.		
Inspector Name	Signature	Date

8. Training Program(s) Review & Assessment. For initial approval only, for approval renewal as applicable if the training program(s) had been amended.

Training Program(s) Assessment result	YES	NO
<input type="checkbox"/> Type rating training program is aligned with CAR ORA & FCL		
<input type="checkbox"/> Instructor certificate training program is aligned with CAR ORA & FCL		
Remarks.		
Inspector Name	Signature	Date