

Date: \_\_\_\_\_

Ind.No.: \_\_\_\_\_

Ref: \_\_\_\_\_

<b>1.</b>	<b>Applicant Data</b>	
	Name of training organisation under which the activity is to take place	
	Address (registered business address)	
	Post Code	City
	Phone	E-mail
	Fax	URL
	Business ID	
	Other information	
<b>1.1</b>	<b>Contact Person (responsible for this application)</b>	
	First name	
	Last name	
	Title	Phone
	E-mail	Fax
<b>1.2</b>	<b>Training Sites</b> Please use <b>Annex I</b> to list all sites where training is to be provided	
<b>1.3</b>	<b>Intended commencement of activity on (dd/mm/yyyy)</b>	
<b>2.</b>	<b>Training course(s) offered:</b> Please use <b>Annex II</b> to list all courses offered (theory and/or flight training)	

3.	<b>Accountable Manager (AM)</b>	
	First name	
	Last name	
	Type and number of licence	Phone
	E-mail	
	Type of Employment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	<input type="checkbox"/> Curriculum Vitae attached	
4.	<b>Safety Manager</b>	
	First name	
	Last name	
	Type and number of licence	Phone
	E-mail	
	Type of Employment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	<input type="checkbox"/> Curriculum Vitae attached	
5.	<b>Compliance Monitoring Manager</b>	
	First name	
	Last name	
	Type and number of licence	Phone
	E-mail	
	Type of Employment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	<input type="checkbox"/> Curriculum Vitae attached	
6.	<b>Head of Training (HT)</b>	
	First name	
	Last name	
	Type and number of licence	Phone
	E-mail	
	Type of Employment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	<input type="checkbox"/> Curriculum Vitae attached	

7.	<b>Chief Flight Instructor (CFI)</b>	
	First name	
	Last name	
	Type and number of licence	Phone
	E-mail	
	Type of Employment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> Curriculum Vitae attached		
8.	<b>Chief Theoretical Knowledge Instructor (CTKI)</b>	
	First name	
	Last name	
	Type and number of licence	Phone
	E-mail	
	Type of Employment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> Curriculum Vitae attached		
9.	<b>Name of Flight Instructor(s)</b> Please use <b>Annex III</b> to list all flight instructors employed to provide the training courses offered.	
9.1	<b>Total number of ground and flight instructors:</b>	
10.	<b>Aerodrome(s) and/or operating site(s) to be used</b> Please use <b>Annex IV</b> to list all aerodromes/operating sites used to provide training courses.	
11.	<b>Flight Operations Accommodation</b> Please use <b>Annex V</b> to list all rooms used as flight operations accommodation.	
12.	<b>Theoretical Instruction Facilities</b> Please use <b>Annex VI</b> to list and describe all rooms used as theoretical instruction facilities.	
13.	<b>Description of Training Devices</b> Please use <b>Annex VII</b> to list and describe all training devices used to provide the training courses.	
14.	<b>Description of Aircraft</b> Please use <b>Annex VIII</b> to list and describe all aircraft used for training.	
15.	<b>Proposed administration and manuals (submit with application if required)</b>	
	<input type="checkbox"/> Operations Manual	
	<input type="checkbox"/> Training Manual(s)	
	<input type="checkbox"/> Course Programmes	
	<input type="checkbox"/> Safety Management Manual (SMM)	
	<input type="checkbox"/> Compliance Monitoring	

Note: If answers to any of the above questions are incomplete, the applicant should provide full details of alternative arrangements separately.

I, (name) \_\_\_\_\_,

on behalf of (name of training organisation) \_\_\_\_\_

certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.

Date

Signature

\_\_\_\_\_

Annex I	<b>Training Sites</b> (ref. 1.2) <b>List of sites where the training courses will be provided</b> Please enter the full address details for each training site.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Insert additional lines if necessary

Annex II	Training Course(s) (ref. 2.) List of training courses to be provided Please enter the course name/identification/ course FCL type and select the type(s) of training.		
	Course Name	Course FCL Type	Type of Training
1.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
2.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
3.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
4.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
5.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
6.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
7.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
8.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
9.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
10.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
11.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
12.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
13.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
14.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
15.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
16.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
17.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
18.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
19.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
20.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation

Insert additional lines if necessary

Annex III	Flight Instructors (ref. 9.) List of flight instructors employed to provide the training courses offered Please enter the name of the instructor, the type of licence, the licence number and employment type.			
	Instructor Name	Type of Licence	Licence Number	Employment
1.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
2.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
3.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
4.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
6.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
7.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
8.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
9.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
10.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
11.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
12.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
13.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
14.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
15.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
16.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
17.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
18.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
19.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
20.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Insert additional lines if necessary

Annex IV	<b>Aerodrome(s) and/or operating site(s) to be used</b> (ref. 10.) <b>List of aerodromes used to provide training courses</b> Please enter the full name and address of all aerodromes where training is taking place.	
	Aerodrome	
1.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
2.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
3.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
4.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
5.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
6.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
7.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
8.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities
9.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facilities <input type="checkbox"/> data reply facilities

Insert additional lines if necessary

Annex V	<b>Flight Operations Accommodation</b> (ref. 11.) <b>List of all rooms used as flight operations accommodation</b> Please enter the location, number of rooms and size.		
	<b>Location</b>	<b>Number</b>	<b>Size (Length x Width)</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Insert additional lines if necessary



Annex VI	<b>Theoretical Instruction Facilities</b> (ref. 12.) <b>List of all rooms used as theoretical instruction facilities</b> Please enter the location, number of rooms and size.		
	<b>Location</b>	<b>Number</b>	<b>Size (Length x Width)</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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19.			
20.			

Insert additional lines if necessary

Annex VII	<b>Training Devices</b> (ref. 13.) <b>List of all training devices used to provide training courses</b> Please identify the device, the aircraft type and type of device.		
	Identification (if applicable)	Type of Aircraft (if applicable)	Type of Device
1.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
2.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
3.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
4.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
5.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
6.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
7.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
8.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
9.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
10.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD

Insert additional lines if necessary

Annex VIII	<b>Aircraft</b> (ref. 14.) <b>List of all aircraft used to provide training courses</b> Please identify the aircraft registration, type designation and IFR.		
	Registration	Class/Type of Aircraft	Equipped
1.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
2.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
3.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
4.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
5.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
6.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
7.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
8.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
9.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
10.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
11.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
12.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
13.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
14.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
15.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
16.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
17.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
18.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
19.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
20.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation

Insert additional lines if necessary