

NOM DE L'ATO/OFA :

4. CHIEF FLIGHT INSTRUCTOR

Name:

Type and number of licence(s):

Part-time: Full time: Rating(s):

Experience:

a. Total flight time: Licence expired:

b. Flight time as PIC:

c. Flight time as instructor for prof. licences: Date of expiry:

5. CHIEF GROUND INSTRUCTOR

Name:

Type and number of licence(s):

Part-time: Full time: Rating(s):

Experience:

a. Total flight time: Licence expired:

b. Flight time as PIC:

c. Flight time as instructor for prof. licences: Date of expiry:

d. Other experiences in aviation:

6. FLIGHT INSTRUCTOR(S) AND GROUND INSTRUCTOR(S), AS APPLICABLE

Name: Part-time: Full time: Type and number of valid licence(s) (if any):

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Nom de l'ATO/OFA :

6. FLIGHT INSTRUCTOR(S) AND GROUND INSTRUCTOR(S), AS APPLICABLE (FOLLOWING)

Name:	<input type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>	Type and number of valid licence(s) (if any): <input type="text"/>
Name:	<input type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>	Type and number of valid licence(s) (if any): <input type="text"/>
Name:	<input type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>	Type and number of valid licence(s) (if any): <input type="text"/>
Name:	<input type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>	Type and number of valid licence(s) (if any): <input type="text"/>
Name:	<input type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>	Type and number of valid licence(s) (if any): <input type="text"/>

7. MAIN AERODROMES

Base aerodrome:	<input type="text"/>	Aerodrome(s) for Training:	<input type="text"/>
Alternative base aerodrome:	<input type="text"/>	IFR approaches:	<input type="text"/>
Night flying:	<input type="text"/>	Air traffic control:	<input type="text"/>

8. FLIGHT OPERATIONS ACCOMMODATION

Location, number and size of rooms	<input type="text"/>
(Reference to description)	<input type="text"/>

9. THEORETICAL INSTRUCTION FACILITIES

Location, number and size of rooms	<input type="text"/>
(Reference to description)	<input type="text"/>

10. DESCRIPTION OF TRAINING DEVICES AS APPLICABLE

Flight simulators	Status of qualification
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
FNPT I/II	Status of qualification
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Flight training devices (FTD)	Status of qualification
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Nom de l'ATO/OFA :

10. DESCRIPTION OF TRAINING DEVICES AS APPLICABLE (FOLLOWING)

Others Status of qualification

11. DESCRIPTION OF TRAINING AIRCRAFT

Type	Registration	IFR	Approved
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. PROPOSED ADMINISTRATION AND MANUALS

Submit with application:

- Training Manual

- Operations Manual

- Evidence of sufficient funding

- Letter of employment for HT, CFI, CGI and full time instructors

- Description of training accommodation

13. QUALITY SYSTEM

Reference to description of quality system:

14. ALTERNATIVE ARRANGEMENTS

Details of co-operation with other training organization:

15. ADDITIONAL INFORMATION

I, on behalf of certify

that all the above named persons are in compliance with RAG 3 and that all the information given is complete and correct.

Date: Signature:

FOR OFFICIAL USE ONLY

Application received on (date): Inspection of organisation (date):

Authorisation number:

Letter of approval (date):

Name:

Signature: