



APPLICATION FOR AN APPROVED TRAINING ORGANIZATION (ATO)

Print or Type. Do not write in shaded area, these are for CAA-B use only. Submit original to the CAA-B or an authorized person. If additional space is required.

A. TRAINING ORGANIZATION (TO) INFORMATION

1. Name of Applicant/Holder:			2. Permanent Address (Street or PO Box Number):			
3. Telephone and Fax:	4. City:	5. Island/State/Province:	6. Postal/Mailing Code:	7. Country:		
8. Location of Main Operations Base:			9. Location of Satellite Base(s):			

B. APPLICATION IS HEREBY MADE FOR:

	Level 1	Level 2	Level 3
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	1. Issuance of an ATO Certificate and associated ratings to conduct the training courses identified below, and for the approval of these courses (three copies of each course curriculums are attached).		
	2. Renewal of existing ATO Certificate and associated ratings:	ATO Certificate #:	Expiration Date:
	a) Without changes to the currently approved course outline		
	b) With addition of course(s) identified below for which approval is requested (three copies of each course curriculum are attached).		
	c) With deletion of course(s) identified below from the curriculum.		
	3. Amending the current ATO Certificate and associated ratings:	ATO Certificate #:	Expiration Date:
	a) By adding the course(s) identified below for which approval is requested (three copies of each course curriculums are attached)		
	b) By deleting the course(s) identified below from the curriculum		

C. IDENTIFICATION OF TRAINING COURSES:

Add	Add-Delete	Delete	Course Title	Add	Add-Delete	Delete	Course Title
			1.				2.
			3.				4.
			5.				6.
			7.				8.
			9.				10.

If more space is required, please attach additional page(s).

D. EQUIPMENT REQUIRING SPECIAL APPROVAL:

FTSD Level	Location	Equipment Description	FTSD Level	Location	Equipment Description
		1.			2.
		3.			4.
		5.			6.
		7.			8.
		9.			10.

If more space is required, please attach additional page(s).



E. ADDITIONAL APPLICATION ATTACHMENTS:					
1. TO Training & Procedures Manual		4. Proposed Student & Staff Records		7. Management Resumes	10. Quality Assurance System
2. Conformance Report		5. Proposed Graduation Certificate		8. Instructor Resumes	11.
3. Facility Description & Layout		6. Proposed Transcript Records		9. Instructor Training Records	12.
<i>If more space is required, please attach additional page(s).</i>					
F. APPLICANT'S CERTIFICATION: – I hereby certify that all statements and answers provided by me on this application form, are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any CAA-B certificate to me.					
<small>Civil Aviation Act, 2021 ; Part VI-Section 50: <i>A person commits an offence if he, with intent to deceive, or commit knowingly without intent to deceive, makes any false representation for the purpose of procuring for himself or any other person, the grant, issue, renewal, or variation of any such certificate, licence, approval, permission or exemption, or other document, including a copy, or purported copy, or electronic copy, may be liable to fines up to five thousand dollars, or six month's imprisonment, or both.</i></small>		1. DATE:		PRINTED NAME & TITLE OF APPLICANT:	
		2. APPLICANT SIGNATURE:			
G. CAA-B CERTIFICATION:					
1. APPROVED - with the associated ratings bearing the number shown above.				2. DISAPPROVED	
Effective Date:		Expires On:			
Renewal	With Amendments	Without Amendments	Amendments		
3. Approving Official:		Signature of Approving Official:		Date:	
4. Signature-Director General:				Date:	