



**SWAZILAND CIVIL AVIATION AUTHORITY**

**PROSPECTIVE ATO STATEMENT OF INTENT (PASI)**

| <b>Prospective ATO Statement of Intent (PASI)</b><br>(To be completed by an applicant for an ATO Certificate) |   |   |                              |  |
|---|---|---|------------------------------|--|
| <b>Section 1A: Name and Key Personnel</b>   |   |   |                              |  |
| <b>4</b>  | Name and mailing address of company (include business name if different from company name). |   | <b>4</b>                     | Address of the principal (main) base where operations will be conducted. |
| <b>4</b>  | Address of Satellite Location for the conduct of specific training.                         |   | <b>4</b>                     | Training Specifications requested at each Satellite Location:            |
| 5. Proposed Start-up Date:  |   | 6. Requested company identifier in order of preference. |                              |  |
|   |   | (1)   | (2)                          | (3)  |
| <b>7. Management and Key Personnel.</b>   |   |   |                              |  |
| Name (Surname/First/Middle Initial)   |   |   | Proposed position in the ATO | Telephone & address (if different from company include country code)     |
| Surname   | First Name  | MI  |                              |  |
|   |   |   | Accountable Manager          |  |
|   |   |   | Chief Instructor             |  |
|   |   |   | Quality Manager              |  |
|   |   |   |                              |  |
|   |   |   |                              |  |
|   |   |   |                              |  |
| <b>Section 1B: Proposed Courses of Instruction</b>  |   |   |                              |  |
| <b>8.</b>   | Applicant intends to conduct: (Tick as required)  |   |                              |  |
|   | <input type="checkbox"/> Pilot Training with Level 1 Flight Training Specifications         |   |                              |  |
|   | <input type="checkbox"/> Pilot Training with Level 2 Flight Training Specifications         |   |                              |  |
|   | <input type="checkbox"/> Aircraft Maintenance Personnel Training                            |   |                              |  |
|   | <input type="checkbox"/> Flight Operations Officer Training                                 |   |                              |  |
|   | <input type="checkbox"/> Air Traffic Services Training                                      |   |                              |  |
|   | <input type="checkbox"/> Cabin Crew Training  |   |                              |  |
|   | <input type="checkbox"/> Aviation Security Personnel Training                               |   |                              |  |
|   | <input type="checkbox"/> Ground Services Personnel Training                                 |   |                              |  |
|   | <input type="checkbox"/> Material Handler Training  |   |                              |  |

|   |                         |  |                              |
|---|-------------------------|--|------------------------------|
| <input type="checkbox"/> _____ Training* as an ATO (*Specify training)  |                         |  |                              |
| <b>Section 1C: Aircraft and Simulator Information</b> (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO). |                         |  |                              |
| 9. Aircraft Data (  |                         | Simulator Information                              |                              |
| [Authority Assigned ID] :   |                         |  |                              |
| Aircraft Type (M/M/S).  | Number of Aircraft Type | Make, model and series of aircraft being simulated | Qualification Level Assigned |
|   |                         |  |                              |
|   |                         |  |                              |
|   |                         |  |                              |

|  |           |   |
|--|-----------|---|
| <b>SECTION 1D. Additional Information</b>  |           |   |
| 10. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).  |           |   |
| 11. Proposed Training (Aircraft and/or Simulator).   |           |   |
| 12. The statement and information contained on this form denotes an intention to apply for an Authority Certificate for the operation of an ATO. |           |   |
| Name and Title (Block Letters)   | Signature | Date (dd/mm/yy).  |
|  |           |   |
| <b>SECTION 2: To Be Completed By Director Flight Safety Office.</b>  |           |   |
| Received by (Name and Office):   |           | Date received (dd/mm/yy)  |
| Assigned Project Manager:  |           |   |
| Date forwarded to Manager Flight Operations (dd/mm/yy).  |           | For: <input type="checkbox"/> Action <input type="checkbox"/> Information only. |
| Remarks:   |           |   |
|  |           |   |
| <b>SECTION 3. To be completed by the Office of the Manager Flight Safety Standards</b>   |           |   |
| Received by:   |           | Date (dd/mm/yy).  |
| Pre-application Number:  |           | Assigned Certification Number:  |
| Assigned FOI:  |           | Date:   |

Remarks: