



APPLICATION FOR AN APPROVED TRAINING ORGANISATION CERTIFICATE

APPLICATION FOR ISSUE OR RENEWAL OF AN APPROVED TRAINING ORGANISATION CERTIFICATE

SECTION 1

1. Name and Address of ATO

(a) Name and mailing address of company (include business name if different from company name).

(b). Address of the principal (main) base where operations will be conducted.

(c) Name and address of Satellite 1

(d) Name and Address of Satellite 2

2. Management Personnel

Name

Management Position

Name	Management Position

3. Types of Training Courses and Location		
Specific Training Course(s)	Training Location (Main Base or Satellite by Name)	
4. Appendices		
Details of proposed training curricula, training equipment, training facilities, qualifications of training and testing personnel, evaluation plans, record keeping system and quality control system are described in the following Appendices to this application as shown by the ticked box:		
Subject	Tick	Appendix
Proposed Training Curricula/Syllabuses and Courseware	✓	A
Training Equipment/Device		B
Aircraft		C
Training Facilities		D
Qualifications of Instructors, Examiners and Quality Control Personnel		E
Evaluation Plans		F
Recordkeeping System		G
Quality Control System		H

APPENDIX E

5. Attachments and Additional Information		
Accompanying Attachments	Tick	Attachment
Training Procedures Manual	✓	1
List of Training functions		2
Schedule of Events		3
Statement of Compliance		4
Documents of Purchase, Leases, Contracts or Letters of Intent		5
Resumes of Management Personnel		6
Vital information Data Forms		7
6. Additional Information:		
7. Statement by Accountable Manager		
<p>The details in this form, its Appendices and accompanying documents are in support of my (our) application for an Approved Training Organisation Certificate. I (We) shall notify the Authority within 10 working days of any change made in the assignment of persons to the required management positions in the ATO.</p>		
<p>Name _____ Position _____ Signature _____ Date _____</p>		
<p>Name _____ Position _____ Signature _____ Date _____</p>		

SECTION 2 - To be completed by the Authority's office.

Acceptance or Denial	
<p>Application Accepted</p> <p><i>Note: Acceptance of this application does not constitute approval or acceptance of individual Appendices or Attachments which will be evaluated during the certification phases.</i></p>	Application Denied - Reasons for Denial:

Recommendations

Licensing Inspector _____ Signature _____ Date _____

Operations Inspector _____ Signature _____ Date _____

Airworthiness Inspector _____ Signature _____ Date _____

APPROVAL

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Title of Delegate	Name of Delegate	Signature	Date