



APPLICATION FOR APPROVED TRAINING ORGANIZATION CERTIFICATE

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for CAAP use only. Submit original only to the CAAP Flight Standards & Inspectorate Service or a CAAP Authorized Person.

A. ATO INFORMATION:

1. NAME OF ATO APPLICANT OR HOLDER	2. PERMANENT ADDRESS (<i>Street or PO Box Number</i>)
3. TELEPHONE AND FAX	4. CITY STATE/PROVINCE MAIL CODE COUNTRY
5. LOCATION OF MAIN OPERATIONS BASE	6. LOCATION OF SATELLITE BASE(S)

B. APPLICATION IS HEREBY MADE FOR: Level 1 Level 2 Level 3

<input type="checkbox"/> 1. Issuance of a 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).	ATO Certificate #:	Expiration Date:
<input type="checkbox"/> 2. Renewal of existing ATO Certificate and associated ratings. (a) <input type="checkbox"/> Without changes to the currently approved course outline. (b) <input type="checkbox"/> With addition of course(s) identified below for which is requested (three copies of each course curriculums are attached). (c) <input type="checkbox"/> With deletion of course(s) identified below form the curriculum.	ATO Certificate #:	Expiration Date:
<input type="checkbox"/> 3. Amending the current ATO Certificate/Training Specifications and associated ratings. (a) <input type="checkbox"/> By adding the course(s) identified below for which approval is requested (three copies of each course curriculums are attached). (b) <input type="checkbox"/> By deleting the course(s) identified below from the curriculum.	ATO Certificate #:	Expiration Date:
<input type="checkbox"/> 4. Amending the current ATO Certificate/Training Specifications name and/or address/ base of operations. (a) <input type="checkbox"/> Changes in the ATO Certificate name. Previous Data: Propose Data:	ATO Certificate #:	Expiration Date:

C. IDENTIFICATION OF TRAINING COURSES:

ADD	+DLE	DELETE	COURSE TITLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.

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

D. EQUIPMENT REQUIRING SPECIAL APPROVAL:

FSTD LEVEL	LOCATION	EQUIPMENT DESCRIPTION
		1.
		2.
		3.
		4.
		5.
		6.
		7.

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



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E. IDENTIFICATION OF TRAINING AIRCRAFT/S:

ADD	+DLE	DELETE	AIRCRAFT REGISTRATION	M/M/S	ADD	+DLE	DELETE	AIRCRAFT REGISTRATION	M/M/S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	

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

F. MANAGEMENT PERSONNEL AND INSTRUCTORS:

ADD	+DLE	DELETE	NAME	POSITION	PEL NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.		

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

G. ADDITIONAL APPLICATION ATTACHMENTS:

<input type="checkbox"/> 1. ATO Training & Procedures Manual	<input type="checkbox"/> 5. Proposed Graduation Certificate	<input type="checkbox"/> 7. Quality Assurance System
<input type="checkbox"/> 2. Part 3 Conformance Checklist	<input type="checkbox"/> 6. Proposed Transcript Record	<input type="checkbox"/> 8. Instructor Resumes and their courses
<input type="checkbox"/> 3. Facility Description & Layout	<input type="checkbox"/> 7. Management Resumes	<input type="checkbox"/> 9. Safety Management System
<input type="checkbox"/> 4. Proposed Student & Staff Records	<input type="checkbox"/> 8. Instructor Resumes and their courses	<input type="checkbox"/> 10. Others:

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

H. APPLICANT'S CERTIFICATION – I 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 to be considered as part of the basis for issuance of any CAAP certificate to me.

<p style="font-size: small;">A person shall not with intent to deceive or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or violation of any such license...</p>	1. DATE	2. APPLICANT SIGNATURE:
	3. PRINTED NAME AND TITLE OF APPLICANT:	

I. CAAP CERTIFICATION:

1. <input type="checkbox"/> APPROVED with associated ratings bearing the number shown above. Effective Date: _____ Expires On: _____		2. <input type="checkbox"/> DISAPPROVED
Renewal without Amendments with Amendments Amendment		
3. Signature of Approving Official	4. Title	5. Date