

APPLICATION FORM

Approval of ATC Training Organisation

(Please tick ✓ as appropriate)

Initial Issue
 Renewal
 Extension
 Change of Particulars

This form will take about 5 mins if you have the required information

PARTICULARS OF ORGANISATION

Full Name of Organisation :	Certificate of Approval No: (for renewal only)
Address of Organisation :	Telephone: Facsimile: Email:

PARTICULARS OF KEY PERSONNEL

Name and Designation of Nominated Accountable Manager :	Telephone: Facsimile: Email:
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Name(s) and Designation of key personnel (if insufficient space, please attach a separate list)

1)

2)

3)

TRAINING APPROVAL SOUGHT (if insufficient space, please attach a separate list)

Particulars of training course leading to an ATC licence or rating :

DECLARATION

I hereby declare that the above particulars and all documents submitted in support of this application have met all the relevant requirements and are true in every aspect.

Name & Signature of Nominated Accountable Manager _____
Date