



APPLICATION FOR INITIAL APPROVAL OF A TRAINING ORGANISATION AND CHANGES TO COURSE APPROVALS (AEROPLANES AND HELICOPTERS)

Please complete in BLOCK CAPITALS using black or dark blue ink

1. TRAINING ORGANISATION PARTICULARS	
Name:	Address:
Telephone Number:	
Fax Number:	
E-mail address	Post/Zip Code:
Internet website:	Country:
ATO status (e.g. Private or Limited Company or Private Concern):	
Details of Tenure of premises:	

2a. TRAINING COURSES REQUESTED (tick as required, enter maximum student numbers and A or H)							
Course Name	Tick if Req.	Max No.	A/H	Course Name	Tick if Req.	Max No.	A/H
MPL	<input type="checkbox"/>		A	Flight Instructor	<input type="checkbox"/>		
ATP Integrated	<input type="checkbox"/>			Class Rating Instructor (SE)	<input type="checkbox"/>		A
ATP Modular Theoretical Knowledge	<input type="checkbox"/>			Class Rating Instructor (ME)	<input type="checkbox"/>		A
CPL/IR Integrated	<input type="checkbox"/>			Instrument Rating Instructor	<input type="checkbox"/>		
CPL Integrated	<input type="checkbox"/>			MCC Instructor	<input type="checkbox"/>		
CPL Modular Theoretical Knowledge	<input type="checkbox"/>			Class/Type Rating Instructor (Sea)	<input type="checkbox"/>		A
CPL Modular Flight Instruction	<input type="checkbox"/>			Type Rating Instructor (SP)	<input type="checkbox"/>		
PPL	<input type="checkbox"/>			Type Rating Instructor (MP)	<input type="checkbox"/>		
LAPL to PPL upgrade	<input type="checkbox"/>			Synthetic Flight Instructor	<input type="checkbox"/>		
LAPL inc. TMG to PPL upgrade	<input type="checkbox"/>		A	Type Rating Examiner (SP)	<input type="checkbox"/>		
LAPL	<input type="checkbox"/>			Type Rating Examiner (MP)	<input type="checkbox"/>		
LAPL extension course	<input type="checkbox"/>			Type Rating Examiner (SP to ME)	<input type="checkbox"/>		H
IR Modular	<input type="checkbox"/>			Aerobatic Rating	<input type="checkbox"/>		A
IR Modular Theoretical Knowledge	<input type="checkbox"/>			Sailplane Towing Rating	<input type="checkbox"/>		A
MEP Class Rating	<input type="checkbox"/>		A	Banner Towing Rating	<input type="checkbox"/>		A
Type Rating (see Section 2b.)	<input type="checkbox"/>			Night Rating	<input type="checkbox"/>		
Multi Crew Co-operation Modular	<input type="checkbox"/>			Other (please specify)	<input type="checkbox"/>		
Flight Test Rating	<input type="checkbox"/>				<input type="checkbox"/>		
Flight Test Rating extension	<input type="checkbox"/>				<input type="checkbox"/>		

2b. TYPE RATING COURSES REQUESTED (tick where relevant)					
Aircraft Type	Variant(s)	Single Pilot	Multi Pilot	With MCC	With ZFTT

3. MANAGEMENT PERSONNEL (as appropriate to the course(s) offered)		
Post	Name	Licence(s) held
Accountable Manager		
Head of Training		
Chief Flying Instructor		
Chief Ground Instructor		
Chief Synthetic Flight Instructor		
Compliance Monitoring Manager		
Safety Manager		

4. INSTRUCTING STAFF (as appropriate to the course(s) offered)
(please continue on a separate sheet if required)

(a) FLIGHT INSTRUCTORS

Name	Full/Part Time	Name	Full/Part Time

(b) THEORETICAL KNOWLEDGE INSTRUCTORS

Name	Full/Part Time	Name	Full/Part Time

(c) SYNTHETIC FLIGHT INSTRUCTORS			
Name	Full/Part Time	Name	Full/Part Time

6. AERODROME PARTICULARS	
Type of Licence	
Hours of Operation	
Night Flying Permitted	YES/NO
Air Traffic Service(s) Provided	
Navigation Aids	
Availability and Scope of Meteorology Information (Regulations and Display)	
Facilities ~ Available for Filing Flight Plans and Passing Clearances	
Airways entry point	

7. ACCOMMODATION (dimensioned and annotated architects/builders plans may be submitted in lieu of the descriptions required below)	
Type	Location, Size, Number of Rooms
Lecture Rooms	
Briefing Cubicles	
Head of Training's Office	
Chief Flying Instructor's Office	
Chief Ground Instructor's Office	
Chief Synthetic Flight Instructor's Office	
Staff Room(s)	
Operation Room(s)	
Flight Planning Room(s)	
Student Rest Room(s)	
Lavatories/Wash Room(s)	
Rooms(s) for Administrative Staff	
Residential Accommodation	
Other Amenities	

8. TRAINING AIRCRAFT (Please annotate with* those to be used for spinning exercises) (please continue on a separate sheet if required) AI = Attitude Indicator TC = Turn Co-ordinator						
Type	Registration	Owner	C of A Category	ADF/ VOR	AI	TC

9. SYNTHETIC TRAINING DEVICES	
Manufacturer, Type, Serial Number	(FNPT1, FNPT2 , BITD or Simulator ABCD)

10. GROUND INSTRUCTION EQUIPMENT	
Types of training equipment. e.g. model aircraft, overhead projector, sectioned instruments, taped patten of air exercises.	
Reference publications – are all recommended publications available?	YES/NO

11. DECLARATION	
I certify that all the above named persons are in compliance with Part-ORA and that all the above information given is complete and correct.	
Signature:.....	Date:.....
Name (Block Capitals):.....	Position:.....
For:.....(name of ATO)	

12. SUBMISSION INSTRUCTIONS

Applications should be submitted together with the relevant fee and documents to:

Head of Flight Crew Licensing
Ministry of Communications & Works
Department of Civil Aviation
Safety Regulation Unit
Nicosia
Cyprus

Checklist for submission: Please tick those items being enclosed.

Applicable charge/fee	<input type="checkbox"/>
Key post holder nominations (LIC-084)	<input type="checkbox"/>
Floor plans and photographs	<input type="checkbox"/>
Instructor/subject coverage list (Theoretical knowledge courses)	<input type="checkbox"/>
Theoretical knowledge examinations (class/type rating courses)	<input type="checkbox"/>
Operations Manual	<input type="checkbox"/>
Training Manual(s)	<input type="checkbox"/>
Organisation Management Manual	<input type="checkbox"/>
Details of Safety Management Procedures	<input type="checkbox"/>
Details of Compliance Monitoring Function	<input type="checkbox"/>
Sample Training Records	<input type="checkbox"/>
Course Completion Certificate	<input type="checkbox"/>
Evidence of Sufficient Funding	<input type="checkbox"/>
Compliance cross-reference table	<input type="checkbox"/>

13. GUIDANCE NOTES

1. Where an ATO intends using an alternative aerodrome or intends entering into arrangements with other organisations, details of said aerodromes or organisations shall be provided (as applicable) on additional applications forms.

FOR OFFICIAL USE ONLY

Date:

Receipt Number:

Amount: €

Enclosures: