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| 1. APPLICANT’S REFERENCE | | |
| 1.1 Your Reference |  | |
| 2. APPLICANT ADDRESS AND CONTACT DATA | | |
| 2.1 Applicant Data | | |
| 2.1.1 Name and Address  (Registered (business) name and address/legal seat of the company). | Account Number | 3XXXXX |
| (Company) Name |  |
| Street / No. |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.1.2 Contact Person  (Responsible for this application). | Title | Mr.  Ms. |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |
| 2.2 Principal Location (may be left blank, if same as 2.1 Applicant Data). | | |
| 2.2.1 Name and Location Address. | (Company) Name |  |
| Street / No. |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.3 Additional Locations. | | Yes  No |
| 2.3.1 Location Address. | Name |  |
| Street / No. |  |
| Post Code |  |
| City |  |
| Country |  |

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| 3. IDENTIFICATION OF ACTIVITY | | |
| 3.1 Activity. | 3.1.1  Application for initial ATCO Training Organization Certificate.  3.1.2  Application for change to ATCO Training Organization Certificate.  3.1.3  Application for acceptance of ATCO Training Organization. | |
| 3.2 Original Approval Ref.  Please complete in case of 3.1.2 or 3.1.3. |  | |
| 3.3 Issued by  Please complete in case of 3.1.2 or 3.1.3. |  | |
| 4.TYPE(S) OF TRAINING  for which Certification is requested in accordance with the provision of Regulation (EU) 2015/340 transposed by Minister Order No. 91 date 21.02.2019. | | |
| 4.1  ATCO Initial Training | | |
| Course | Ratings | Rating endorsements |
| Basic Training | N/A | N/A |
| Rating Training | Aerodrome Control Visual (ADV) | N/A |
| Aerodrome Control Instrument (ADI) | Tower Control (TWR) |
| Ground Movement Control (GMC) |
| Ground Movement Surveillance (GMS) |
| Air Control (AIR) |
| Aerodrome Radar Control (RAD) |
| Aerodrome Control Procedural (APP) | N/A |
| Approach Control Surveillance (APS) | Precision Approach Radar (PAR) |
| Surveillance Radar Approach (SRA) |
| Terminal Control (TCL) |
| Area Control Procedural (ACP) | Oceanic Control (OCN) |
| Area Control Surveillance (ACS) | Terminal Control (TCL) |
| Oceanic Control (OCN) |
| 4.1.1 Remarks |  | |
| 4.2  ATCO Unit Training | | |
| 4.2.1 Remarks |  | |

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| 4.3  ATCO Continuation Training | | | | |
| Course | | ATCO Refresher Training  ATCO Conversion Training | | |
| 4.3.1 Remarks | |  | | |
| 4.4  ATCO Practical Instructor Training | | | | |
| 4.4.1 Remarks | |  | | |
| 4.5  ATCO Assessor Training | | | | |
| 4.5.1 Remarks | |  | | |
| 5. DESCRIPTION OF CHANGES APPLIED FOR UNDER EXISTING APPROVAL CERTIFICATE | | | | |
| 5.1  Changes to the Organization | | [description] | | |
| 5.2  Changes to the scope/privileges | | [description] | | |
| 6. OTHER | | | | |
| 6.1 Number of staff involved in the activities under the Type of Training. | |  | | |
| 6.2 List of documentation to be provided with the application:   1. Organization Exposition including company flow-charts and, as relevant, description and information on ATCO TO activities and organization of partners or sub-contractors; 2. Initial Training Plan / Unit Training Plan / Unit Competence Scheme, as applicable; 3. A copy of the national Companies register / Certificate of Incorporation. | | | | |
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| Date/Location | Name of Accountable Manager | | Signature |