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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 byPlease 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 staffinvolved 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 |