

_____ Training* as an ATO (*Specify training)

Section 1C: Aircraft and Simulator Information (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO).

| 9. Aircraft Data (| | Simulator Information | |
|------------------------|-------------------------|--|------------------------------|
| | | [Authority Assigned ID] : | |
| Aircraft Type (M/M/S). | Number of Aircraft Type | Make, model and series of aircraft being simulated | Qualification Level Assigned |
| | | | |
| | | | |
| | | | |

SECTION 1D. Additional Information

10. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

11. Proposed Training (Aircraft and/or Simulator).

12. The statement and information contained on this form denotes an intention to apply for a Authority Certificate for the operation of an ATO.

| | | |
|--------------------------------|-----------|------------------|
| Name and Title (Block Letters) | Signature | Date (dd/mm/yy). |
|--------------------------------|-----------|------------------|

SECTION 2: To Be Completed By Director Safety Regulation Office.

| | |
|--------------------------------|--------------------------|
| Received by (Name and Office): | Date received (dd/mm/yy) |
|--------------------------------|--------------------------|

Assigned Project Manager:

| | |
|---|---|
| Date forwarded to Manager Flight Operations (dd/mm/yy). | For: <input type="checkbox"/> Action <input type="checkbox"/> Information only. |
|---|---|

Remarks:

SECTION 3. To be completed by the Office of the Chief Flight Operations Inspector

| | |
|--------------|------------------|
| Received by: | Date (dd/mm/yy). |
|--------------|------------------|

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|-------------------------|--------------------------------|
| | |
| Pre-application Number: | Assigned Certification Number: |
| Assigned FOI: | Date: |
| Remarks: | |