

9. Proposed courses to be conducted by ATO (Tick as applicable)

- Pilot Training
- Flight Operations Officer Training
- Air Traffic Services Training
- Cabin Crew Training
- Aviation Security Personnel Training
- Aircraft Maintenance Engineers Training
- Other Training (Specify type of training)

Section 1C. Training Aircraft and Simulator Information

10. Training Aircraft Data.		Simulator Information	
		[Authority Assigned ID] :	
Aircraft Type Make, Model and Series (M/M/S).	Number of Aircraft Type	Make, Model and Series (M/M/S) of Aircraft being Simulated	Qualification Level Assigned

Section 1D. Blocks 11 and 12 to be completed by Air Operator.

11. Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement).		12. Geographic areas of intended operations and proposed route structure.
Numbers and types of aircraft (By make, model, and series).	Number of passenger seats or cargo payload capacity.	

Section 1E Additional Information		
13. Any Special Authorizations Requested (RVSM, PBN, EDTO, CAT II/III, Dangerous Goods, Single Engine Turbine Powered Operations etc.)		
14. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).		
15. Proposed Training (Aircraft and/or Simulator).		
16. Air Service Licence expiry date accompanied with financial data (Provide copies of the ASL and latest audited financial statements or business plan)		
17. The statement and information contained on this form denotes an intention to apply for the Authority Certificate.		
Type of Organisation:		
Signature.	Date (day/month/year).	Name and Title (Block Letters).
Section 2. To be completed by the Authority.		
Received by (Name and Office):		Date received (day/month/year).
Assigned Certification Project Manager:		
Date forwarded to the Certification Project Manager (CPM) (day/month/year):	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only.	
Remarks:		
Section 3. To be completed by the Manager Flight Operations.		
Received by:		Date (day/month/year):
Pre-application Number:		Assigned Certification Number:
Assigned FOI:		Date:
Remarks:		