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## SIERRA LEONE CIVIL AVIATION AUTHORITY

Reference FORM:AC -PEL026

Revision 01

Date 31<sup>ST</sup> AUGUST

	Prospective AT		AUGUST 2022					
	Prospecti	ive ATO P	re-Asse	ssment Statement (PATOPS)				
(To be completed by an applicant for an ATO Certificate)								
Section 1A. Name and Key Personnel								
	l mailing address of com			2. Address of the principal (				
`	ousiness name if differen	t from		Trainings will be conducted.				
Company name).								
3 Address of	Satellite Location for the	ne conduct	r of	4 Training Specification	ns requested at each			
Specific tr		ic conduct	t of 4 Training Specifications requested at each Satellite Location:					
1	Ü							
5. Proposed Star	t-up Date:	6. Reg	Requested company identifier in order of preference.		preference.			
		(1)		(2)	(3)			
	and Key Personnel.							
`	First/Middle Initial)		Proposed position in the ATO		Telephone & address (if			
Surname	First Name	MI			different from c			
		1	A = = ==	medala Managan	include country	code)		
			Accountable Manager					
		+	Chief Instructor Quality Manager					
		+	Quant	y Managei				
		+						
Section 1B. Pro	oposed Courses of Insti	ruction						
	intends to conduct: (Tic		red)					
Pilot Train	ning with Level 1 Flight	Training S	Specific	ations				
Pilot Training with Level 2 Flight Training Specifications								
Aircraft Maintenance Personnel Training								
Flight Dispatchers Training								
Air Traffic Services Training								
Cabin Crew Training								
Aviation Security Personnel Training								
Ground Services Personnel Training								
Material Handler Training								
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.	Number of Aircraft	Make, model and series of aircraft being simulated	Qualification level Assigned		
	Ameran	being simulated	rissigned		
SECTION 1D. Additional Info	rmation				
10. Additional information that p (Attached additional sheets,		erstanding of the proposed operation or b	ousiness		
11. Proposed Training (Aircraft	and / or Simulator)				
12. The statement and informat for the operation of an ATO.	ion contained on this	s form denotes an intention to apply for a	n Authority Certificate		
Name and Title (Block Letters)	Signature	Date (dd/mm/yy)	Date (dd/mm/yy)		
SECTION 2. To be completed	l By Director of Fli	ght Safety Standards Office.			
Received by (Name and Office):	,	Date received (dd/mm/yyyy)			
Assigned Project Manager:					
Date forwarded to the Personnel Inspectorate (dd/mm/yyyy)	Licensing Manager	For: Action.	Information only.		
Remarks:		•			
SECTION 3. To be completed	by the Personnel L	icensing Manager			
Received by:	-	Date (dd/mm/yy)	i		
Pre-application Number:	Assigned	1 Certification Number:	_		

Assigned PLI	Date:
Remarks:	