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| Applicant | | | |
| **Data protection:** Personal data included in the application related to the “Application for a Part – ORA ATO Approval” is processed by EASA pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. It will be processed solely for the purposes of the performance, management and follow‑up of the Application by the Agency, without prejudice to possible transmission to internal audit services, to the Court of Auditors, to the European Anti-Fraud Office (OLAF) for the purposes of safeguarding the financial interests of the European Union. The Applicant shall have the right of access to his personal data and the right to rectify any such data that is inaccurate or incomplete. Should the Applicant have any queries concerning the processing of his personal data, he shall address them to the Agency at the following address: [dpo@easa.europa.eu](mailto:dpo@easa.europa.eu). The Applicant shall have right of recourse at any time to the European Data Protection Supervisor. | | | |
| **1.1 Applicant Data** | | | |
| 1.1.1 Customer Number |  | | |
| 1.1.2 Applicant Name |  | | |
| 1.1.3 Address (registered business address) | Street / Nr |  | |
| Post Code |  | |
| City |  | |
| Country |  | |
| 1.1.4 Contact Person (responsible for this application) | Title | Mr.  Ms. | |
| Name |  | |
| First name |  | |
| Job title |  | |
| Phone/Fax |  | |
| Email |  | |
| **1.2 Certificate Address**  (To be printed onto the approval/certificate) | | Same as Applicant Data in section 1.1 (**→**continue with section 1.3) | |
| 1.2.1 Applicant Name | Same as in section 1.1.2 Applicant Name | | Other (please specify below) |
| Name |  | |
| 1.2.2 Certificate Address  (registered business address) | Same as in section 1.1.3 Address | | Other (please specify below) |
| Street / Nr |  | |
| Post Code |  | |
| City |  | |
| Country |  | |
| 1.3 Training Sites | Please use **Annex I** to list all sites where training is to be provided. | | |

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| **1.4 Billing Data** | | | Same as Applicant Data in section 1.1 (**→**continue with section 1.4.4) | |
| 1.4.1 Applicant Name | Same as in section 1.1.2 Applicant Name (other name only in exceptional cases) | | | |
| 1.4.2 Billing Address | Same as in section 1.1.3 Address | | | Other (please specify below) |
| Street / Nr | |  | |
| PO Box | |  | |
| Post Code | |  | |
| City | |  | |
| Country | |  | |
| 1.4.3 Contact Person (Financial) | Same as in section 1.1.4 Contact Person | | | Other (please specify below) |
| Title | | Mr.  Ms. | |
| Name | |  | |
| First name | |  | |
| Job title | |  | |
| Phone /Fax | |  | |
| **1.4.4 Financial Contact Email**  Invoice PDF copy will be issued to this address | | |  | |
| **1.5 Certificate Delivery Data** | | | Same as Applicant Data in section 1.1 | |
| 1.5.1 Applicant Name | | Same as in section 1.1.2 Applicant Name | | Other (please specify below) |
| Name |  | |
| 1.5.2 Delivery Address | | Same as in section 1.1.3 Address | | Other (please specify below) |
| Street / Nr |  | |
| PO Box |  | |
| Post Code |  | |
| City |  | |
| Country |  | |
| 1.5.3 Contact Person (Certificate Delivery) | | Same as in section 1.1.4 Contact Person | | Other (please specify below) |
| Title | Mr.  Ms. | |
| Name |  | |
| First name |  | |
| Job title |  | |
| Phone/Fax |  | |
| Email |  | |

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| [Applicant’s Reference](file:///S:\II_A\3_DEPT_MGMT\7_APPLIC_PROCMT_SERV\E6\F.1.6_BPS\NEW_REMITS_IMPROVE\DOA\Update%20Nov2011\FO.DOA.00080-001.docx#field1_1)Please provide an individual reference to this application |  | |
| Identification of Activity | | |
| Initial Approval | | |
| Change Approval | EASA Approval N°: |  |
| Grandfathering Request[[1]](#footnote-1) please provide a copy of the certificate | NAA Approval N°: |  |
| Intended commencement of activity on | (dd Month yyyy) | |
| 2. Training course(s) offeredPlease use Annex II to list all courses offered (theory and/or flight training) | | |
| 3. Head of Training (HT) | | |
| 3.1 Name |  | |
| 3.2 Licence Type |  | |
| 3.3 Licence Number |  | |
| 3.4 Type of Employment | Full Time | Part Time |
| 4. Chief Flight Instructor (CFI) | | |
| 4.1 Name |  | |
| 4.2 Licence Type |  | |
| 4.3 Licence Number |  | |
| 4.4 Type of Employment | Full Time | Part Time |
| 5. Chief Theoretical Knowledge Instructor (CTKI) | | |
| 5.1 Name |  | |
| 5.2 Licence Type |  | |
| 5.3 Licence Number |  | |
| 5.4 Type of Employment | Full Time | Part Time |

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| 6. Name of Flight InstructorsPlease use Annex III to list all flight instructors employed to provide the training courses offered. | | |
| 6.1 Total number of ground and flight instructors |  | |
| 7. Aerodrome(s) and/or operating site(s) to be usedPlease use Annex IV to list all aerodromes/operating sites used to provide training courses (as applicable). | | |
| 8. Flight Operations AccommodationPlease use Annex V to list all rooms used as flight operations accommodation. | | |
| 9. Theoretical Instruction FacilitiesPlease use Annex VI to list and describe all rooms used as theoretical instruction facilities. | | |
| 10. Description of Training DevicesPlease use Annex VII to list and describe all training devices used to provide the training courses. | | |
| 11. Description of AircraftPlease use Annex VIII to list and describe all aircraft used for training. | | |
| 12. Documents and manuals to be submitted with application (as applicable) | | |
| Management System Documentation  Training Manual  Head of Training CV Training Records | | Operational Manual  Training Programmes  Instructors CV |
| 13. Details of proposed compliance monitoring system | | |
| **13.1** Detailed description of the compliance monitoring function of the management system | | Please enter the reference in your organisation’s documentation |
| **13.2** List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organisation | | Please enter the reference in your organisation’s documentation |
| **13.3** Means and methods establishing the internal audit process | | Please enter the reference in your organisation’s documentation |
| **13.4** Means and methods establishing the feedback system of audit findings to the accountable manager | | Please enter the reference in your organisation’s documentation |
| **13.5** Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organisation remains in compliance with the applicable requirements | | Please enter the reference in your organisation’s documentation |

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| **13.6** Means and methods making personnel aware of their responsibilities | Please enter the reference in your organisation’s documentation |
| **13.7** Procedure for amending the documentation | Please enter the reference in your organisation’s documentation |
| **13.8** Means and methods to ensure initial and continued compliance of contracted activities | Please enter the reference in your organisation’s documentation |
| **13.9** Compliance with the requirement for the direct safety accountability of the accountable manager | Please enter the reference in your organisation’s documentation |
| **13.10** Compliance with the requirement for the organisation’s safety policy | Please enter the reference in your organisation’s documentation |
| **13.11** Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods) | Please enter the reference in your organisation’s documentation |
| **13.12** Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods) | Please enter the reference in your organisation’s documentation |
| **13.13** Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods) | Please enter the reference in your organisation’s documentation |
| **13.14** Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods) | Please enter the reference in your organisation’s documentation |

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| 14. Notes | | |
| If answers to any of the above questions are incomplete: Please provide full details of alternative arrangements separately.  Regulation (EC) No. No 216/2008 specifies that EASA shall issue and renew the certificates of pilot training organisations located outside the territory of the EU Member States. Therefore please enclose with this application a copy of your Certificate of Incorporation (for profit organisations) or the equivalent official document (for non-profit organisations) confirming the legal status of your organisation. | | |
| 15. Quote Request | | |
| **** I hereby request EASA to provide a quote for the estimated total charges related to this application.  EASA is to continue the processing of this application only after the quote has been accepted. I am aware that the provision of a quote will lead to a delayed project start. | | |
| 16. Applicant’s declaration and acceptance of the General Conditions and Terms of Payment | | |
| I declare that I have the legal capacity to submit this application to EASA and that all information provided in this application form is correct and complete.  I have understood that I am submitting an application for which fees or charges will be levied by EASA in accordance with the Commission Regulation (EC) No. 593/2007 of 31 May 2007 on the fees and charges levied by the European Aviation Safety Agency, as last amended, available from <http://easa.europa.eu/>> Legislation > Fees & Charges.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://easa.europa.eu/>> Legislation > Fees & Charges>General Conditions and Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.  I, the undersigned, on behalf of the applicant identified in 1.1.2 above certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct. | | |
|  |  |  |
| Date/Place | Name of Accountable Manager | Signature |
| This Application and the additional document as outlined in Chapter 6 should be sent by fax, e-mail or regular mail to:  European Aviation Safety Agency  Applications and Procurement Services Department Postfach 10 12 53 D-50452 Köln Germany  Fax: +49 – (0)221 - 89990 ext. ext. 4461  E-mail: [anp.organisation@easa.europa.eu](mailto:anp.organisation@easa.europa.eu) | | |

# PLEASE DO NOT FORGET TO SIGN THE APPLICATION FORM

|  |  |
| --- | --- |
| **Annex I: Training Sites** (ref. 1.3)  **List of sites where the training courses will be provided**  Please enter the full address details for each training site. | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

*Insert additional lines if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| **Annex II: Training Courses** (ref. 2.)  **List of training courses to be provided**  Please enter the course name/identification/ course FCL type and select the type(s) of training. | | | |
|  | **Course Name** | **Course FCL Type** | **Type of Training** |
| 1. |  |  | Theory  Flight Training/Simulation |
| 2. |  |  | Theory  Flight Training/Simulation |
| 3. |  |  | Theory  Flight Training/Simulation |
| 4. |  |  | Theory  Flight Training/Simulation |
| 5. |  |  | Theory  Flight Training/Simulation |
| 6. |  |  | Theory  Flight Training/Simulation |
| 7. |  |  | Theory  Flight Training/Simulation |
| 8. |  |  | Theory  Flight Training/Simulation |
| 9. |  |  | Theory  Flight Training/Simulation |
| 10. |  |  | Theory  Flight Training/Simulation |
| 11. |  |  | Theory  Flight Training/Simulation |
| 12. |  |  | Theory  Flight Training/Simulation |
| 13. |  |  | Theory  Flight Training/Simulation |
| 14. |  |  | Theory  Flight Training/Simulation |
| 15. |  |  | Theory  Flight Training/Simulation |
| 16. |  |  | Theory  Flight Training/Simulation |
| 18. |  |  | Theory  Flight Training/Simulation |
| 19. |  |  | Theory  Flight Training/Simulation |

*Insert additional lines if necessary*

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| --- | --- | --- | --- | --- |
| **Annex III: Flight Instructors** (ref. 6.)  **List of flight instructors employed to provide the training courses offered**  Please enter the name of the instructor, the type of Licence, the Licence number and employment type. | | | | |
|  | **Instructor Name** | **Type of Licence** | **Licence Number** | **Employment** |
| 1. |  |  |  | Full Time  Part Time |
| 2. |  |  |  | Full Time  Part Time |
| 3. |  |  |  | Full Time  Part Time |
| 4. |  |  |  | Full Time  Part Time |
| 5. |  |  |  | Full Time  Part Time |
| 6. |  |  |  | Full Time  Part Time |
| 7. |  |  |  | Full Time  Part Time |
| 8. |  |  |  | Full Time  Part Time |
| 9. |  |  |  | Full Time  Part Time |
| 10. |  |  |  | Full Time  Part Time |
| 11. |  |  |  | Full Time  Part Time |
| 12. |  |  |  | Full Time  Part Time |
| 13. |  |  |  | Full Time  Part Time |
| 14. |  |  |  | Full Time  Part Time |
| 15. |  |  |  | Full Time  Part Time |
| 16. |  |  |  | Full Time  Part Time |
| 18. |  |  |  | Full Time  Part Time |
| 19. |  |  |  | Full Time  Part Time |

*Insert additional lines if necessary*

|  |  |  |
| --- | --- | --- |
| **Annex IV: Aerodrome(s) and/or operating site(s) to be used** (ref. 7.)  **List of aerodromes used to provide training courses**  Please enter the full name and address of all aerodromes where training is taking place. | | |
|  | **Aerodrome** |  |
| 1. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 2. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 3. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 4. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 5. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 6. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 7. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |
| 8. |  | IFR approaches  Night flying  Air traffic control  Flight testing facility  data reply facility |

*Insert additional lines if necessary*

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| --- | --- | --- | --- |
| **Annex V: Flight Operations Accommodation** (ref. 8.)  **List of all rooms used as flight operations accommodation**  Please enter the location, number of rooms and size. | | | |
|  | **Location** | **Number** | **Size** (Length x Width) |
| 1. |  |  | 00,00 m x 00,00 m |
| 2. |  |  | 00,00 m x 00,00 m |
| 3. |  |  | 00,00 m x 00,00 m |
| 4. |  |  | 00,00 m x 00,00 m |
| 5. |  |  | 00,00 m x 00,00 m |
| 6. |  |  | 00,00 m x 00,00 m |
| 7. |  |  | 00,00 m x 00,00 m |
| 8. |  |  | 00,00 m x 00,00 m |
| 9. |  |  | 00,00 m x 00,00 m |
| 10. |  |  | 00,00 m x 00,00 m |
| 11. |  |  | 00,00 m x 00,00 m |
| 12. |  |  | 00,00 m x 00,00 m |
| 13. |  |  | 00,00 m x 00,00 m |
| 14. |  |  | 00,00 m x 00,00 m |
| 15. |  |  | 00,00 m x 00,00 m |
| 16. |  |  | 00,00 m x 00,00 m |
| 17. |  |  | 00,00 m x 00,00 m |
| 18. |  |  | 00,00 m x 00,00 m |
| 19. |  |  | 00,00 m x 00,00 m |
| 20. |  |  | 00,00 m x 00,00 m |

*Insert additional lines if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| **Annex VI: Theoretical Instruction Facilities** (ref. 9.)  **List of all rooms used as theoretical instruction facilities**  Please enter the location, number of rooms and size. | | | |
|  | **Location** | **Number** | **Size** (Length x Width) |
| 1. |  |  | 00,00 m x 00,00 m |
| 2. |  |  | 00,00 m x 00,00 m |
| 3. |  |  | 00,00 m x 00,00 m |
| 4. |  |  | 00,00 m x 00,00 m |
| 5. |  |  | 00,00 m x 00,00 m |
| 6. |  |  | 00,00 m x 00,00 m |
| 7. |  |  | 00,00 m x 00,00 m |
| 8. |  |  | 00,00 m x 00,00 m |
| 9. |  |  | 00,00 m x 00,00 m |
| 10. |  |  | 00,00 m x 00,00 m |
| 11. |  |  | 00,00 m x 00,00 m |
| 12. |  |  | 00,00 m x 00,00 m |
| 13. |  |  | 00,00 m x 00,00 m |
| 14. |  |  | 00,00 m x 00,00 m |
| 15. |  |  | 00,00 m x 00,00 m |
| 16. |  |  | 00,00 m x 00,00 m |
| 17. |  |  | 00,00 m x 00,00 m |
| 18. |  |  | 00,00 m x 00,00 m |
| 19. |  |  | 00,00 m x 00,00 m |
| 20. |  |  | 00,00 m x 00,00 m |

*Insert additional lines if necessary*

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| --- | --- | --- | --- | --- |
| **Annex VII: Training Devices** (ref. 10.)  **List of all training devices used to provide training courses**  Please identify the device, the aircraft type and type of device. | | | | |
|  | **Identification** (if applicable) | **Type of Aircraft** (if applicable) | **Type of Device** | |
| 1. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 2. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 3. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 4. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 5. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 6. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 7. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 8. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |
| 9. |  |  | FFS  FNPT I  FNPT II  FNPT III | FTD 1  FTD 2  FTD 3  BITD |

*Insert additional lines if necessary*

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| --- | --- | --- | --- |
| **Annex VIII: Aircraft** (ref. 11.)  **List of all aircraft used to provide training courses**  Please identify the aircraft registration, type designation and IFR. | | | |
|  | **Registration** | **Class/Type of Aircraft** | **Equipped** |
| 1. |  |  | IFR  Flight test instrumentation |
| 2. |  |  | IFR  Flight test instrumentation |
| 3. |  |  | IFR  Flight test instrumentation |
| 4. |  |  | IFR  Flight test instrumentation |
| 5. |  |  | IFR  Flight test instrumentation |
| 6. |  |  | IFR  Flight test instrumentation |
| 7. |  |  | IFR  Flight test instrumentation |
| 8. |  |  | IFR  Flight test instrumentation |
| 9. |  |  | IFR  Flight test instrumentation |
| 10. |  |  | IFR  Flight test instrumentation |
| 11. |  |  | IFR  Flight test instrumentation |
| 12. |  |  | IFR  Flight test instrumentation |

*Insert additional lines if necessary*

**Completion Instructions for FO.FCTOA.00010:**

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for a Part – ORA ATO Approval. Please complete the form in a **clearly legible** way.

|  |  |
| --- | --- |
| **Chapter 1: Applicant** | |
| **1.1.1** | If known, please enter your EASA customer number. This number follows the pattern 3XXXXX and can be found on any application acceptance letter received for previous applications. | |
| **1.1.2** | Please enter the full **name of the company** as it appears on the Article/Certificate of incorporation of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. In case the applicant is not a company but a **natural person**, please enter the full name as it appears in your ID Card/Passport. | |
| **1.1.3** | Please enter the address of the registered office as it appears on the Article/Certificate of incorporation of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered. | |
| **1.1.4** | The name and contact details specified in this section are those of the person responsible for the application. | |
| **1.2.1** | The (company) name specified in this section will be printed on the certificate EASA will issue. | |
| **1.2.2** | The address specified in this section, the registered business address, will be printed on the certificate EASA will issue. | |
| **1.3** | Training sites: all sites where training submitted to approval is provided such as the main site where the major part of the training is conducted and any satellite site located in a different place where other facilities are available and used for training. Typically training sites located in different cities or countries are to be indicated separately. Sites not declared in the application form will not be inspected and will not be part of the terms of approval of the organisation. Once an approval has been issued, including sites not declared in the application form will require the organisation to apply for a change to the terms of the approval already issued. | |
| **1.4.1** | The (company) name specified in this section will be printed on the invoice/s EASA will issue. | |
| **1.4.2** | The address specified in this section will be printed on the invoice/s EASA will issue. | |
| **1.4.3** | The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the EASA invoices. (e.g. accounts payable clerk) | |
| **1.4.4** | The email specified will be used to provide you with an advance PDF copy of the EASA invoice(s) | |
| **1.5.1** | The (company) name specified in this section is where EASA will send the original certificate/approval. | |
| **1.5.2** | The address specified in this section is where EASA will send the original certificate/approval. | |
| **1.5.3** | The contact person of this section is the person the approval will be sent to. | |

**Applicant’s Reference:** IMPORTANT: Please provide an individual internal reference to this application which you would like to see on all communication with EASA.

| **Chapters 2 to 16** | | |
| --- | --- | --- |
| **2.** | Please list in Annex II all Part-FCL courses the pilot training organisation intends to provide under the scope of the EASA Part-ORA approval sought, so that:   * The course name or identifier is unique for each course but also unique for each different version of the same course (if any). Similar courses with different syllabuses or entry levels, different breakdown or sequencing of the theoretical/flight/simulator sessions, are to be considered different. * The course FCL type indicated refers to a Part-FCL course as identified by the relevant requirement in Aircrew regulation 1178/2011 as amended.   Examples: Course name/ref. PPL-08V001b; Course Type PPL(A) FCL.210.A(b) for a PPL (A) course for trainees holding a LAPL(A)  Course name/ref. PPL-09V002; Course Type PPL(A) FCL.210.A(c) for a PPL (A) course for trainees holding a LAPL(S) + TMG  Course name/ref. ATPL-A1/05; Course Type ATPL(A) Part-FCL Appendix I §3.1 for an ATPL theoretical bridge course from (H) to (A)  Course name/ref. ATPL-H2/01; Course Type ATPL (H) Part-FCL Appendix I §3.1 for an ATPL theoretical bridge course from (A) to (H)  ATOs under Grandfathering shall refer to Part-FCL requirements that best reflect the JAR FCL approved course to be grandfathered as indicated above as much as possible.  This list of courses must match the lists in the manuals of the organisation | |
| **3.** | | Please enter the name, license type, license number and type of employment of the Head of Training (HT). |
| **4.** | | Please enter the name, license type, license number and type of employment of the Chief Flight Instructor (CFI). |
| **5.** | | Please enter the name, license type, license number and type of employment of the Chief Theoretical Knowledge Instructor (CTKI). |
| **6.** | | Please list in Annex III all Flight Instructors involved in the delivery of courses listed in Annex II. Any instructor providing flight instruction in an aircraft to deliver the courses listed in Annex II shall be included in Annex III.  This list of Flight Instructors shall match the lists in the manuals of the organisation. |
| **6.1** | | Please provide the total number of ground and flight instructors. |
| **7.** | | Please list in Annex IV all aerodromes and /or the operating sites that the organisation intends to use to provide the courses listed in Annex II.  The word “aerodrome” is associated with airplanes while for helicopters and other categories of aircraft the concept of “operating site” is more appropriate (refer to ICAO Annex 6). Do not confuse “Operating Site” in Annex IV with “Flight Operations Accommodation” in Annex V of this application form.  This list of aerodromes and /or the operating sites shall match the lists in the manuals of the organisation. |
| **8.** | | Please list in Annex V all Flight Operations Accommodation that the organisation intends to use to provide the courses listed in Annex II.  This list of Flight Operations Accommodation shall match the lists in the manuals of the organisation. |
| **9.** | | Please list in Annex VI all Theoretical Instruction Facilities that the organisation intends to use to provide the courses listed in Annex II.  This list of Theoretical Instruction Facilities shall match the lists in the manuals of the organisation. |
| **10.** | | Please list in Annex VII all Training Devices that the organisation intends to use to provide the courses listed in Annex II.  Each device shall be qualified according to the requirements and specifications stipulated in Regulation (EC) No. 216/2008 as amended and its implementing rules and in particular Part ORA of Aircrew Regulation (EU) No1178/2011 as amended.  The organisation’s manuals shall clearly identify the use of each Training Devices for the delivery of each course provided as listed in Annex II of this form.  ATOs under Grandfathering shall provide, for each training device listed, a formal JAR FCL user approval demonstrating compliance with all JAR FCL requirements and particularly JAR–FCL 1.005 (a)(4).  This list of Training Devices shall match the lists in the manuals of the organisation. |
| **11.** | | Please list in Annex VIII all aircraft that the organisation intends to use to provide the courses listed in Annex II.  The organisation’s manuals shall provide the details required by ORA.ATO.105 (v) and particularly identify the owner of each aircraft listed.  This list of aircraft shall match the lists in the manuals of the organisation. |
| **12.** | | Tick each relevant box to indicate if the document is joined to the application form. |
| **13.** | | For each item listed (**13.1 to 13.14**), provide the reference of the documented evidence available in the organisation’s manuals or controlled documentation.  ATOs under Grandfathering shall enter the reference to their the relevant part of their implementing plan explaining how the organisation is going to adapt its management system, training programmes, procedures and manuals to be compliant with Part-ORA (Annex VII) by 8 April 2014 at the latest as required by Article 10a paragraph 2 of Aircrew Regulation (EU) 1178/2011 as amended by Regulation (EU) 290/2012. |
| **14** | | Do not forget to provide the copy of your Certificate of Incorporation or the equivalent official document confirming the legal status of your organisation |
| **15** | | Please indicate whether you require EASA to provide a quote prior to the project start by ticking the box. Please note that the provision of a quote will lead to delays in the start of the project. |
| **16** | | Please make sure that the accountable manager signs the application form. |

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| **Note 1:** If answers to any of the questions are incomplete, the applicant should provide full details of alternative arrangements separately. |
| **Note 2:** Abbreviations used  **IFR**: instrument flight rules, **FFS** : full flight simulator, **FNPT**: flight and navigation procedures trainer, **FTD**: flight training device, **BITD**: basic instrument training device |

1. Under the provisions of Article 10a paragraph (2) of Aircrew Regulation (EU) No 1178/2011 as amended by Regulation (EU) No 290/2012 [↑](#footnote-ref-1)