

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision: 0 Form
Document No: TCAA-FRM- ATO-PEL03	Title: Application for Renewal of Foreign Approved Training Organization (ATO) Certificate	Page 1 of 3

APPLICATION FOR RENEWAL OF FOREIGN APPROVED TRAINING ORGANIZATION (ATO) CERTIFICATE

SECTION 1: APPLICANT INFORMATION

1. NAME AND ADDRESS OF ATO

(a) Name and mailing address of company (include business name if different from company name).	(b). Address of the principal (main) base where operations will be conducted.
(c) Name and address of Satellite (if any)	(d) Training specifications requested at each satellite location

2. MANAGEMENT AND KEY PERSONNEL

Name	Management Position

3. TYPES OF TRAINING COURSES AND LOCATION

Specific Training Course(s)	Training Location (Main Base or Satellite by Name)

5. Section 1B: Proposed Courses of Instruction

Applicant intends to conduct: (Tick as required)

<input type="checkbox"/> Initial Type Rating Training	
<input type="checkbox"/> Simulator Training (FSTD)	
<input type="checkbox"/> Recurrent / Refresher Training	

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6. ATTACHMENTS AND ADDITIONAL INFORMATION
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Accompanying Attachments	Attachment
<input type="checkbox"/> Biodata of Management Personnel	
<input type="checkbox"/> Instructors / Examiners Certificates	
<input type="checkbox"/> Copies of Approved Training Manuals (including approval pages from Baseline CAA)	
<input type="checkbox"/> Copy of Approval Pages of Training Programme from Baseline CAA	
<input type="checkbox"/> Copies of Simulator Approval from Baseline CAA	
<input type="checkbox"/> Copy of Training Specifications / Operations Specifications (Ops Spec)	

Additional Information:

7. STATEMENT BY ACCOUNTABLE / QUALITY MANAGER
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We hereby confirm that the information submitted is true and accurate. We acknowledge TCAA’s authority to conduct oversight for the purpose of renewal, and commit to provide access to training records and facilities upon request, and We also undertake to notify the Authority within 30 days of any changes in management assignments, key personnel, or quality management responsibilities affecting the ATO.

Name	Position	Signature	Date
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SECTION 2 - To be completed by TCAA.

Acceptance or Denial

Application Accepted

Note: Acceptance of this application does not constitute approval or acceptance of individual Appendices or Attachments which will be evaluated during the audit.

Application Denied - Reasons for Denial:

RECOMMENDATIONS

INSPECTOR(S):		
NAMES	SIGNATURE	DATE

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