



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΗΡΕΣΙΑ ΠΟΛΙΤΙΚΗΣ ΑΕΡΟΠΟΡΙΑΣ
HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA



Υ.Π.Α

HCAA REFERENCE No.:

FSD REFERENCE No.:
(HCAA USE ONLY)

Application for Part-ORA Approved Training Organisation
(ATO Approval)

1 Applicant

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.

1.4 Billing Data		<input type="checkbox"/> Same as Applicant Data in section 1.1 (→continue with section 1.4.4)	
1.4.1 Applicant Name		<input checked="" type="checkbox"/> Same as in section 1.1.2 Applicant Name (other name only in exceptional cases)	
1.4.2 Billing Address		<input type="checkbox"/> Same as in section 1.1.3 Address	
		<input type="checkbox"/> Other (please specify below)	
		Street / Nr	
		PO Box	
		Post Code	
		City	
Country			
1.4.3 Contact Person (Financial)		<input type="checkbox"/> Same as in section 1.1.4 Contact Person	
		<input type="checkbox"/> Other (please specify below)	
		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> 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		<input type="checkbox"/> Same as Applicant Data in section 1.1	
1.5.1 Applicant Name		<input type="checkbox"/> Same as in section 1.1.2 Applicant Name	
		<input type="checkbox"/> Other (please specify below)	
Name			
1.5.2 Delivery Address		<input type="checkbox"/> Same as in section 1.1.3 Address	
		<input type="checkbox"/> Other (please specify below)	
		Street / Nr	
		PO Box	
		Post Code	
		City	
Country			
1.5.3 Contact Person (Certificate Delivery)		<input type="checkbox"/> Same as in section 1.1.4 Contact Person	
		<input type="checkbox"/> Other (please specify below)	
		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
		Name	
		First name	
		Job title	
		Phone/Fax	
Email			

Applicant's Reference Please provide an individual reference to this application		
Identification of Activity		
<input type="checkbox"/> Initial Approval		
<input type="checkbox"/> Change Approval	HCAA Approval N°:	
<input type="checkbox"/> Grandfathering Request¹ please provide a copy of the certificate	HCAA Approval N°:	
Intended commencement of activity on: (dd Month yyyy)		
2. Training course(s) offered Please 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	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
4. Chief Flight Instructor (CFI)		
4.1 Name		
4.2 Licence Type		
4.3 Licence Number		
4.4 Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
5. Chief Theoretical Knowledge Instructor (CTKI)		
5.1 Name		
5.2 Licence Type		
5.3 Licence Number		
5.4 Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

¹ Under the provisions of Article 10a paragraph (2) of Aircrew Regulation (EU) No 1178/2011 as amended by Regulation (EU) No 290/2012

6. Name of Flight Instructors

Please 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 used

Please use **Annex IV** to list all aerodromes/operating sites used to provide training courses (as applicable).

8. Flight Operations Accommodation

Please use **Annex V** to list all rooms used as flight operations accommodation.

9. Theoretical Instruction Facilities

Please use **Annex VI** to list and describe all rooms used as theoretical instruction facilities.

10. Description of Training Devices

Please use **Annex VII** to list and describe all training devices used to provide the training courses.

11. Description of Aircraft

Please use **Annex VIII** to list and describe all aircraft used for training.

12. Documents and manuals to be submitted with application (as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Management System Documentation | <input type="checkbox"/> Operational Manual |
| <input type="checkbox"/> Training Manual | <input type="checkbox"/> Training Programmes |
| <input type="checkbox"/> Head of Training CV | <input type="checkbox"/> Instructors CV |
| <input type="checkbox"/> Training Records | |

13. Details of proposed compliance monitoring system

Please enter the reference in your organisation's documentation

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)

<p>13.6 Means and methods making personnel aware of their responsibilities</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>13.7 Procedure for amending the documentation</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>13.8 Means and methods to ensure initial and continued compliance of contracted activities</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>13.9 Compliance with the requirement for the direct safety accountability of the accountable manager</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>13.10 Compliance with the requirement for the organisation's safety policy</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>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)</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>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)</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>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)</p>	<p>(Please enter the reference in your organisation's documentation)</p>
<p>13.14 Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)</p>	<p>(Please enter the reference in your organisation's documentation)</p>

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 HCAA to provide a quote for the estimated total charges related to this application. HCAA 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 HCAA and that all information provided in this application form is correct and complete.

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

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.	
6.	
7.	
8.	
9.	
10.	

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.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
2.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
3.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
4.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
5.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
6.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
7.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
8.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
9.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
10.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
11.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
12.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
13.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
14.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
15.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
16.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
18.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
19.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
20.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation

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.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
2.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
3.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
4.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
6.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
7.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
8.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
9.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
10.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
11.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
12.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
13.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
14.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
15.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
16.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
18.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
19.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
20.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

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.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
2.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
3.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
4.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
5.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
6.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
7.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
8.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility

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	
9.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
10.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
11.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
12.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
13.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
14.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
15.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
16.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility

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.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

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.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

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.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
2.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
3.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
4.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
5.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
6.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
7.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
8.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
9.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
10.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD

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.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
2.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
3.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
4.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
5.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
6.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
7.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
8.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
9.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
10.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
11.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
12.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
13.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
14.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
15.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
16.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation

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 HCAA customer number. This number follows the pattern No./Date/Month/Year 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 HCAA will issue.
- 1.2.2 The address specified in this section, the registered business address, will be printed on the certificate HCAA 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 HCAA will issue.
- 1.4.2 The address specified in this section will be printed on the invoice/s HCAA 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 HCAA 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 HCAA invoice(s)
- 1.5.1 The (company) name specified in this section is where HCAA will send the original certificate/approval.
- 1.5.2 The address specified in this section is where HCAA 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 HCAA.

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.

Chapters 2 to 16

- 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 HCAA 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.

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