**ANNEX 1 – APPLICATION FORM FOR THE CERTIFICATION OF A TRAINING ORGANISATION**

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| **1. APPLICANT’S REFERENCE** |
| **1.1 Your Reference** |  |
| **2. APPLICANT ADDRESS AND CONTACT DATA** |
| **2.1 Applicant Data** |
| **2.1.1 Name and Address**(registered (business) name and address/legal seat of the company) | Account Number | 3XXXXX |
| (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.1.2 Contact Person**(responsible for this application) | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |
| **2.2 Principle Location** (may be left blank, if same as 2.1 Applicant Data) |
| **2.2.1 Name and Location Address** | (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.3 Additional Locations** | [ ]  Yes [ ]  No |
| **2.3.1 Location Address** | Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

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| **3. IDENTIFICATION OF ACTIVITY** |
| **3.1 Activity** | 3.1.1 [ ]  Application for initial ATCO Training Organisation Certificate3.1.2 [ ]  Application for change to ATCO Training Organisation Certificate |
| **3.2 Original Approval Ref.**Please complete in case of 3.1.2 |  |
| **3.3 Issued by**Please complete in case of 3.1.2 |  |
| **4. TYPE(S) OF TRAINING**for which Certification is requested in accordance with the provision of Regulation (EU) 2015/340 |
| **4.1 [ ]  ATCO Initial Training** |
| **Course** | **Ratings** | **Rating endorsements** |
| [ ]  Basic Training | N/A | N/A |
| [ ]  Rating Training | [ ]  Aerodrome Control Visual (ADV) | N/A |
| [ ]  Aerodrome Control Instrument (ADI) | [ ]  Tower Control (TWR) |
| [ ]  Ground Movement Control (GMC) |
| [ ]  Ground Movement Surveillance (GMS) |
| [ ]  Air Control (AIR) |
| [ ]  Aerodrome Radar Control (RAD) |
| [ ]  Aerodrome Control Procedural (APP) | N/A |
| [ ]  Approach Control Surveillance (APS) | [ ]  Precision Approach Radar (PAR) |
| [ ]  Surveillance Radar Approach (SRA) |
| [ ]  Terminal Control (TCL) |
| [ ]  Area Control Procedural (ACP) | [ ]  Oceanic Control (OCN) |
| [ ]  Area Control Surveillance (ACS) | [ ]  Terminal Control (TCL) |
| [ ]  Oceanic Control (OCN) |
| **4.1.1 Remarks** |  |
| **4.2 [ ]  ATCO Unit Training** |
| **4.2.1 Remarks** |  |

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| **4.3 [ ]  ATCO Continuation Training** |
| **Course** | [ ]  ATCO Refresher Training[ ]  ATCO Conversion Training |
| **4.3.1 Remarks** |  |
| **4.4 [ ]  ATCO Practical Instructor Training** |
| **4.4.1 Remarks** |  |
| **4.5 [ ]  ATCO Assessor Training** |
| **4.5.1 Remarks** |  |
| **5. DESCRIPTION OF CHANGES APPLIED FOR UNDER EXISTING APPROVAL CERTIFICATE** |
| **5.1****[ ]  Changes to the Organisation** | [description] |
| **5.2****[ ]  Changes to the scope/privileges** | [description] |
| **6. OTHER** |
| **6.1 Number of staff**involved in the activities under the Type of Training |  |
| **6.2 List of documentation to be provided with the application:**1. Organisation Exposition including company flow-charts and, as relevant, description and information on ATCO TO activities and organisation of partners or sub-contractors;
2. Initial Training Plan / Unit Training Plan / Unit Competence Scheme, as applicable;
3. A copy of the national Companies register / Certificate of Incorporation.
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| Date/Location | Name of Accountable Manager | Signature |