**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 Certificate  3.1.2  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 |