

## APPLICATION FOR ORGANIZATION APPROVAL FOR ENGLISH LANGUAGE PROFICIENCY ASSESSMENT

**Notes:** Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

### 1. APPLYING FOR: (Tick the appropriate box)

<b>Type of Application:</b>	<input type="checkbox"/> Initial Certificate <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal			
<b>Scope of ELP Test:</b>	Populations:	<input type="checkbox"/> Pilot	Levels:	<input type="checkbox"/> ELP 4
		<input type="checkbox"/> Air Traffic Controller		<input type="checkbox"/> ELP 5
				<input type="checkbox"/> ELP 6

### 2. ORGANIZATION DETAILS (To be completed by the Organization Applicant)

Name of the Organization: .....

Trading Name: ..... Approval Reference (If any): .....

Date of Application: ..... Country of Organization: .....

Postal / Registered Business Address: .....

..... Country: ..... Postcode: .....

Email : .....

Telephone Numbers:    Mobile: .....

(incl. area code)      Office: .....

                                 Fax No.: .....

Sponsor Name & Details (If any): .....

..... Country: ..... Postcode: .....

Email : ..... Contact Tel. No.: .....

### 3. DOCUMENTS AND MANUALS TO BE SUBMITTED WITH THE APPLICATION

<input type="checkbox"/> Management System Documentation <input type="checkbox"/> Procedures & Quality Manuals (s) <input type="checkbox"/> Approvals held	<input type="checkbox"/> Assessors CV <input type="checkbox"/> Assessment & Training Programmes
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#### 4. APPLICANT'S STATEMENT OF COMPLIANCE & DECLARATION

- Statement of Compliance:** I confirm that the information in this application complies with the applicable regulations.
- Declaration Statement:** I hereby, declare that I as an Accountable Manager representing the above-mentioned organization, conform that the organization has NOT been suspended or revoked by any Aviation Authority.

Name, Stamp & Signature of Accountable Manager:

Date:

#### 4. DELIVERY & PAYMENT INSTRUCTIONS:

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:  
**Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.**  
 Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: [safety@dgca.gov.kw](mailto:safety@dgca.gov.kw)  
**Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees**

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
<i>Name of Bank</i>	CENTRAL BANK OF KUWAIT
<i>Branch</i>	KUWAIT
<i>Account Name</i>	DIRECTORATE GENERAL OF CIVIL AVIATION
<i>Account Number</i>	11023041
<i>IBAN Number</i>	KW 17 CB KU 0000000000000011023041
<i>Bank Code/ Sort Code/ Swift Code</i>	CBKUKWKW
<i>Currency of Payment</i>	KWD

#### DGCA USE ONLY

Remarks (If any):

The application is Accepted  Rejected

Authorized Stamp & Signature:

Date: