





Civil Aviation Security Training Institute/Center Approval Application

(☐ Initial Grant ☐ Renewal ☐ Change in Ownership ☐ Others)

No.						
1.	Name of the Applicant:					
2.	Nationality of the Applicant:					
3.	Name of company or corporation:					
4.	Trade Name:					
5.	Registration No. in the Ministry of Commerce and Industry:		Official Mailing Address:		Date of Registration:	
6.			Tel: Email:			
7.	Equity Capital:					
8.	Headquarters:					
9.	City:			Region:		
10.	No. of Working Trainers : Their		Qualifications: The state of th		neir Nationalities:	
11.	Other Branches Location:					
12.	Business of the Company Other Than Aviation Security Training:					
13.	Other Current Company Projects:					
14.	I hereby declare that I have completed all the Required Training and the information provided above is true.					
	Owner Signature:		Date:			
15.	For DGCA Use Only:					
	Name:	Si	gnature:		Date:	
16.	Approval of Section Head:		Approved \Box		Reject	
17.	Approval of the Director of Civil Av	viation	Approved		Reject □	