

Application for Initial/renewal Approval of Training Organisations and Change to Course Approvals for Aeroplanes, Helicopters and Seaplanes / renewal

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.

Please read attached Guidance Notes before completing the technical sections of this form.

False Statement

The making of false statement for the purpose of procuring the issue of a certificate of registration is an offence under the Act 60 of 1960. The Directorate General of Civil Aviation may, in any case in which they think it is desirable, require the applicant for a certificate of registration to furnish such evidence as they may desire and to make and subscribe a statutory declaration as to the truth of the facts set out in the application.

1. Applicant Type

Limited Liability Partnership	Limited Company
Individual (Sole Traders)	Charity
Partnership	Ministry of Defence
Private Club	Trust
Public Educational Establishment University/College	

2. Details of Applicant (In BLOCK CAPITALS)

Registered Name of Organisation Name (in full):

Trading as (if applicable):

Company Registration Number:

Country of Registration:

Address of Principal Place of Business (all correspondence will be sent to this address):

Post Code:

Website address (if applicable):

Telephone:

Fax:

E-mail:

Charity Number (if applicable):

ATO Approval Number:

Any other Kuwait DGCA Approvals held (quote approval no):

Please note: The Kuwait DGCA will publish the details of the ATO holder on its website this will include organisation name and, if applicable, trading name and website address. If you do not give a website address, please indicate whether you are happy for an e-mail address to be published instead:

I agree for the ATO details to be published:

I agree to the Kuwait DGCA publishing the e-mail address:

Please show contact as "Details withheld at the request of the ATO Holder":

3. Authorised Representative of Organisation

The operator must have nominated an Accountable Manager who has corporate authority for ensuring that all operations activities can be financed and carried out to an acceptable standard.

Title: Forename: Surname:

Position in Organisation:

Telephone no (business hours):

Telephone no (out of hours):

Email:

Mobile no:

4. Application

Type of Application Initial Approval: Change to Approval: renewal :

Proposed date training is to commence:

Total number of sites to be approved:

5. Submission of Operations and Training Manuals

State when the Operations and Training Manuals will be available for presentation to the Kuwait DGCA. The minimum period required for initial review of these documents is 90 days. If manuals require amendment following initial review, then further time may be required before the Kuwait DGCA final acceptance of the amended manual.

Availability of Manuals and Reference Publications Electronic: Hard copy:

Operations and Training Manuals will be submitted by:

6. Declaration and Signature of Authorised Representative (as declared in Part 3)

Data Protection: The information submitted will be stored on a database and is restricted to authorised persons. I apply for the grant of an Approved Training Organisation Certificate.

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature:

Date:

If you are operating from more than one site please complete information for each site. Please duplicate Part 7 for each site and indicate a site number for each entry.

7. Accommodation			
7a. Training Site			
Training Site No:	Main:	New/Additional:	Variation:
Site Manager/Contact Name in Full:			
Address:			
		Postcode:	Country:
Telephone No:		Mobile No:	
Email:			
7b. Facilities	Number of Rooms,	Maximum Capacity	Location on Site plan
Lecture rooms/CBT rooms			
Briefing cubicles			
Head of Training Office			
Chief Flight Instructor Office			
Chief Theoretical Knowledge Instructor Office			
Chief Synthetic Flight Instructor Office			
Staff Rooms(s)			
Operations Room			
Flight Planning Room(s)			
Student Rest Room(s)			
Lavatories Wash Room(s)			
Room(s) for administrative Staff			
Library			
Examination Room(s)			
Other amenities (i.e. syndicate rooms, laboratory, model aircraft, overhead projectors, sectioned instruments, audio/recording equipment etc...) Specify			

8. Aerodrome Particulars								
Name of Aerodrome and ICAO Designator								
Type of operating licence (licensed/unlicensed)								
Hours of operation (state limitations if applicable)								
Night flying permitted (state limitations if applicable)	Yes:	No:	Limitations:					
Air Traffic Services provided (specify type of services available)								
Navigation aids								
Availability and scope of Meteorological information (regulation and display)								
Airways entry point								
9. Training Courses Requested								
¹ Site No 1 will always be the Main/Primary Training Site. Additional sites should be identified as site no 2, 3, 4 etc.								
² N = New course for the site identified, V = Variation to a course for the site identified								
Licences and Other Rating Courses	Site No ¹	Yes N/V ²	No	(A)	(H)	Res	DL	Max no of students
9.1 Assessor of Language Proficiency in English								
9.2 LAPL								
9.3 LAPL extension course								
9.4 PPL								
9.5 LAPL to PPL upgrade								
9.6 LAPL inc. TMG to PPL upgrade								
9.7 CPL/IR Integrated								
9.8 CPL Integrated								
9.9 CPL Modular Flight Training								
9.10 CPL Modular Theoretical Knowledge								
9.11 MPL								
9.12 ATPL/IR Integrated								
9.13 ATPL VFR Integrated								

9. Training Courses Requested

¹ Site No 1 will always be the Main / Primary Training Site. Additional sites should be identified as site no 2, 3, 4 etc.

² N = New course for the site identified, V = Variation to a course for the site identified

Licences and Other Rating Courses	Site No ¹	Yes N/V ²	No	(A)	(H)	Res	DL	Max no of students
9.14 ATPL Modular Flight Training								
9.15 ATPL Modular Theoretical Knowledge								
9.16 IR Modular Flight Training								
9.17 IR Modular Theoretical Knowledge								
9.18 Class Rating: SP MEP								
9.19 MCC (Modular)								
9.20 MCC combined with Type Rating(s)								
9.21 Class/Type Specific Courses								
9.22 Aerobatic Rating								
9.23 Sailplane Towing Rating								
9.24 Banner Towing Rating								
9.25 Night Rating								
9.26 Mountain Rating								
9.27 Flight Test Rating								
9.28 Flight Test Rating extension course Cat 2 to Cat 1								

10. Class/Type Ratings Courses

Class/Type/Variant (specify endorsement)	SP/MP	MCC	ZFTT	Differences Course to	CCQ/STAR to	Max no of Students
10.1						
10.2						
10.3						
10.4						

10. Class/Type Ratings Courses										
Class/Type/Variant (specify endorsement)	SP/MP	MCC	ZFTT	Differences Course to			CCQ/STAR to			Max no of Students
10.5										
10.6										
11. Instructors Courses				Yes	No	A	H	Res	DL	Max no of Students
11.1 Flight Test Instructor										
11.2 Flight Instructor										
11.3 Class Rating Instructor SE										
11.4 Class Rating Instructor ME										
11.5 Instrument Rating Instructor										
11.6 Multi Crew Co-operation Instructor										
11.7 Mountain Rating Instructor										
12. Type Rating Instructor Courses		Yes	No	Type Designator			FSTD	A/C	Max no of students	
12.1 Type Rating Instructor SPA										
12.2 Type Rating Instructor MPA										
12.3 Type Rating Instructor (H)										
12.4 Synthetic Flight Instructor										
13. Examiner Courses		Yes	No	Type Designator			FSTD	A/C	Max no of students	
13.1 Type Rating Examiner (A)										
13.2 Type Rating Examiner (H) SP ME										
13.3 Type Rating Examiner (H) MP ME										
13.4 Type Rating Examiner (H) SP to MP upgrade										
14. Aircraft Details										
Aircraft Manufacturer	Type/Mark			Registration			Date / Location available for inspection			
14.1										

14. Aircraft Details												
Aircraft Manufacturer	Type/Mark	Registration	Date / Location available for inspection									
14.2												
14.3												
14.4												
14.5												
14.6												
14.7												
15. FSTD Details												
Operator Name (if not the same as applicant)	Manufacturer / Type / Mark	FSTD Serial No / Approval No	FSTD Level	Date / Location available for inspection	Identify Courses FSTD to be used for							
15.1												
15.2												
15.3												
15.4												
15.5												
15.6												
16. Staffing and Instruction												
DGCA LIC From 4 should also be completed for all key post holders, indicated below (*)												
Post/Position	Last Name	First Name	Base/Site	Full/Part Time	Ground Instructor	LAPL/PPL Instructor	CPL Flight Instructor	Class/Type Rating Instructor	Night Rating	EIR/IR Flight Instructor	MPL/MCC Instructor	Other (please specify)
16.1 Accountable Manager *												
16.2 Head of Training *												
16.3 Deputy Head of Training *												
16.4 Chief Flight Instructor *												

16.5 Chief Theoretical Knowledge Instructor *																			
16.6 Quality Manager *																			
16.7 SMS Manager *																			
16.8 Chief/Principal Tutor *																			
16.9																			
16.10																			
16.11																			
16.12																			

Delivery 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

Note 1: The DGCA, ASD requires a minimum of 90 days to process a completed application.

Note 2: Refer to Kuwait Civil Aviation Safety Regulations 27 for charges and fees.

Payment Instructions

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

Name of Bank	CENTRAL BANK OF KUWAIT
Branch	KUWAIT
Account Name	DIRECTORATE GENERAL OF CIVIL AVIATION
Account No.	042 04170
IBAN Number	KW17CBKU000000000000000011023041
Bank Code / Sort Code	CBKUKWKW
Swift Code	CBKUKWKW
Currency of Payment	KWD

For official use only (DGCA/ASD)		
Date of Receipt:		
Enclosures Checked by	Name:	Office:
Application	Accepted: Pending:	Rejected: Approved:
Remarks:		
Name and signature of authorised staff member		Name:
Signature:		Date: