

**DGCA Form 12 (Application for Part 147 Approval)**

<b>1. Applicant Data</b>		
<b>1.1 Name and Address</b> (registered (business) name and legal seat of the company)	DGCA MTO Approval N°	
	Applicant N° <small>if available</small>	
	(Company) Name	
	Trading Name <small>if different</small>	
	Street / Nr	
	Post Code	
	City	
	Country	
<b>Important Note:</b> Regulation KCASR 1 Part 147 specifies that an approval may be granted to an organisation which may be a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation.		
<b>1.2 Date of Certificate of Incorporation</b>	dd/mm/yyyy	
<b>1.3 Contact Person</b> (responsible for this application)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	
<b>1.4 (Proposed*) Accountable Manager</b> (*The term "proposed" is applicable to applications for initial and change of accountable manager, and only remains applicable until the application has been approved.)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title/Position	
	Phone/Fax	
	Email	

<b>1.5.1 Billing Address</b>	(Company) Name	
	Street / Nr	
	PO Box	
	Post Code	
	City	
	Country	
<b>1.5.2 Contact Person</b> (Responsible for ensuring the DGCA terms of payment are honoured. An electronic invoice copy will be issued to the email address indicated here.)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	

<b>1.6 Address(es) requiring approval</b>			<i>Reserved for DGCA</i>
<b>1.6.1 Principle Location</b> (please leave blank if same as 1.1)	(Company) Name		
	Trading Name		
	Street / Nr		
	Post Code		
	City		
	Country		
	Activities of this facility		

<b>1.6.2 Additional Facility/Site 1</b>	Street / Nr		
	Post Code		
	City		
	Country		
	Activities of this facility		

<b>1.6.3 Additional Facility/Site 2</b>	Street / Nr		
	Post Code		
	City		
	Country		
	Activities of this facility		

1.6.4 Additional Facility/Site n	Street / Nr		
	Post Code		
	City		
	Country		
	Activities of this facility		

[duplicate table as applicable]

Total number of facilities under DGCA approval		
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<b>2. Application Details</b>		
2.1 Application Type	<input type="checkbox"/> Application for initial grant	
	<input type="checkbox"/> Application for Renewal	
2.1 Application Type	<input type="checkbox"/> Application for change	
	<input type="checkbox"/> Approval of additional course(s)	
	<input type="checkbox"/> Removal of course(s)	
	<input type="checkbox"/> Approval of additional facilities	
	<input type="checkbox"/> Removal of facilities	
	<input type="checkbox"/> Increase number of staff	
	<input type="checkbox"/> Decrease number of staff	
	<input type="checkbox"/> Change of Company name	
	<input type="checkbox"/> Change of address	
	<input type="checkbox"/> Change of Accountable Manager	
<input type="checkbox"/> Approval of MTOE <u>procedure</u> for off-site training course delivery		
<input type="checkbox"/> Approval of change (other than above): please describe		
2.2 Scope of Part-147 Approval relevant to <u>this</u> application		Reserved for DGCA

<b>2.3 Number of staff</b>		
Please count the number of staff employed by the organisation in order to comply with KCASR 1 Part-147 and the number of contracted staff associated with the proposed approval.		
	<b>Employees</b>	<b>Contractors</b>
Main Facility		
Additional Facility 1		
Additional Facility 2		
Additional Facility n		

[add rows as applicable]

2.4 Total number of staff		
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**2.5 Type Training Course(s) - List of training courses relevant to this application**

Course #	Course Description	Please enter: Airframe (engine) OR Airframe x (engine) vs. Airframe y (engine) OR engine type only, as applicable			
01					
Course Type	CAT	T/P	Action required	Reserved for DGCA	
<input type="checkbox"/> Type training course <input type="checkbox"/> Differences course <input type="checkbox"/> Avionics only <input type="checkbox"/> Engine only <input type="checkbox"/> Airframe only	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B1 + B2 <input type="checkbox"/> B3 <input type="checkbox"/> C	<input type="checkbox"/> Theoretical <input type="checkbox"/> Practical <input type="checkbox"/> Theoretical + Practical	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course		

Course #	Course Description	Please enter: Airframe (engine) OR Airframe x (engine) vs. Airframe y (engine) OR engine type only, as applicable			
02					
Course Type	CAT	T/P	Action required	Reserved for DGCA	
<input type="checkbox"/> Type training course <input type="checkbox"/> Differences course <input type="checkbox"/> Avionics only <input type="checkbox"/> Engine only <input type="checkbox"/> Airframe only	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B1 + B2 <input type="checkbox"/> B3 <input type="checkbox"/> C	<input type="checkbox"/> Theoretical <input type="checkbox"/> Practical <input type="checkbox"/> Theoretical + Practical	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course		

[duplicate table as applicable, for each training course one table has to be filled in]

**2.6 Basic Training Course(s) - List of training courses relevant to this application**

Course #	Course Type	CAT			Action required	Reserved for DGCA
01						
	<input type="checkbox"/> Basic Course <input type="checkbox"/> Bridging Course	<input type="checkbox"/> B1.1 (aeroplanes turbine) <input type="checkbox"/> B1.2 (aeroplanes piston) <input type="checkbox"/> B1.3 (helicopters turbine) <input type="checkbox"/> B1.4 (helicopters piston) <input type="checkbox"/> B1.1 vs. B1.2 (bridging) <input type="checkbox"/> B1.3 vs. B1.4 (bridging) <input type="checkbox"/> Other: please describe	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> B2 (avionics) <input type="checkbox"/> B3	<input type="checkbox"/> B1.4 + B2 (combined) <input type="checkbox"/> B1.3 + B2 (combined) <input type="checkbox"/> B1.1 + B1.2 (combined) <input type="checkbox"/> B1.3 + B1.4 (combined) <input type="checkbox"/> B1.1 + B2 (combined) <input type="checkbox"/> B1.2 + B2 (combined)	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course	

Course #	Course Type	CAT			Action required	Reserved for DGCA
02						
	<input type="checkbox"/> Basic Course <input type="checkbox"/> Bridging Course	<input type="checkbox"/> B1.1 (aeroplanes turbine) <input type="checkbox"/> B1.2 (aeroplanes piston) <input type="checkbox"/> B1.3 (helicopters turbine) <input type="checkbox"/> B1.4 (helicopters piston) <input type="checkbox"/> B1.1 vs. B1.2 (bridging) <input type="checkbox"/> B1.3 vs. B1.4 (bridging) <input type="checkbox"/> Other: please describe	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> B2 (avionics) <input type="checkbox"/> B3	<input type="checkbox"/> B1.4 + B2 (combined) <input type="checkbox"/> B1.3 + B2 (combined) <input type="checkbox"/> B1.1 + B1.2 (combined) <input type="checkbox"/> B1.3 + B1.4 (combined) <input type="checkbox"/> B1.1 + B2 (combined) <input type="checkbox"/> B1.2 + B2 (combined)	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course	

[duplicate table as applicable, for each training course one table has to be filled in]

2.7 Total number of training course(s) to be approved	<input type="text"/>
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2.8 MTOE Off-site training/ examination procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.9 Does the organisation hold approval under Part 21 / Part 145 / Part M?	Part 21 Approval N°	if applicable, DGCA.21J.
	Part 145 Approval N°	if applicable, DGCA.145.
	Part M Approval N°	if applicable, DGCA.MG.

### 3. Applicant's declaration and acceptance of the General Conditions and Terms of Payment

I declare that I have the legal capacity to submit this application to Kuwait DGCA and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by Kuwait DGCA in accordance with KCASR Part 27 scheme of charges.

I acknowledge that I have read and understood the Kuwait DGCA's Terms of Payment and agree to abide by them. I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date/Location	Name of proposed* Accountable Manager	Signature of proposed* Accountable Manager

(\*The term "proposed" is applicable to applications for initial and change of accountable manager, and only remains applicable until the application has been approved.)

**Important Note:** Kuwait DGCA cannot accept applications without signature. Please make sure that you sign the application.

This Application should be sent by fax, e-mail or regular mail to:	<input type="text"/>
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