

Application For Flight Operation Officer And Flight Dispatcher (FOO/FD)

Training Organization Approval

Chapter 1: Applicant

1.1.2 Applicant Name (Company Name)		
1.1.3 Applicant Address (registered business address/address of registry)	Street / No.	
	Post Code	
	City	
	Country	
1.1.4 Contact Person (responsible for this application)	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	

1.2 Additional Locations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.2.1 Applicant Name	<input type="checkbox"/> Other (please specify below)	
	Name	
1.2.2 Location Address	Street / No.	
	Post Code	
	City	
	Country	

1.3 Billing Data

1.3.1 (Company) Name

1.3.2 Billing Address

Street / No.

PO Box

Post Code

City

Country

1.3.3 Contact Person (Financial)

Title

Mr. Ms.

Name

First name

Job title

Phone/Fax

Chapter 2: Identification of Activity

2.1 Activity

2.3 Application for initial Approval

2.4 Application for change to Approval

2.4 Application for renewal of the Approval

2.2 Original Approval Ref.

please complete in case of 2.4 or 2.5

Chapter 3: Type of Training

3.1 Initial Training Recurrent Training New route training Aircraft type transition training OJT

3.2 Special Limitations / Conditions		
Chapter 4: Description of changes applied for under existing Approval Certificate		
4.1 Changes to the Organization	(description)	
Chapter 5. Other		
5.1 Number of staff involved in the activities under the Type of Training		
5.2 List of documentation to be provided with the application <ul style="list-style-type: none"> a) Organization training and procedures manual including company flow-charts and, syllabus ,as relevant, description and information on training activities and organization of partners or subcontractors b) Quality manual , copy of training manual , term of reference c) Form 4 		
6. 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 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 changes will be levied by DGCA in accordance with the KCASR part 27.		
Date/Place	Name of Accountable Manager	Signature
Important Note: DGCA cannot accept applications without signature. Please make sure that you sign the application.		

FOR OFFICIAL USE ONLY (DGCA/ASD)	
Date of Receipt:	
Enclosures Checked by,	Name: Office:
Application	Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/> Pending: <input type="checkbox"/> Approved: <input type="checkbox"/>
Remarks:	
Name and Signature of DGCA/ASD Inspector:	Date:

10. 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.

Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: safety@dgca.gov.kw

Note 1: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees

Note 2: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.

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

Completion Instructions for Application for FOO/FD Training Organization Approval

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for FOO/FD Training Organization Approval Certificate.

Please complete the form in a **clearly legible** way.

Chapter 1: Applicant

- 1.1.2 Please enter the full **name of the company** as it appears on the Article/Certificate of incorporation of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. In case the applicant is not a company but a **natural person**, please enter the full name as it appears in your ID Card/Passport.
- 1.1.3 Please enter the address of the registered office as it appears on the Article/Certificate of incorporation of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered.
- 1.1.4 The name and contact details specified in this section are those of the person responsible for the application.
- 1.2.1 The name of any additional location. In case of several locations, you may duplicate table to add further locations.
- 1.2.2 The address of any additional location. In case of several locations, you may duplicate table to add further locations.
- 1.3.1 The (company) name specified in this section will be printed on the invoice/s DGCA will issue.
- 1.3.2 The address specified in this section will be printed on the invoice/s DGCA will issue.
- 1.3.3 The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the DGCA invoices. (e.g. accounts payable clerk)

Chapter 2: Identification of Activity

- 2.1 Tick the appropriate box to indicate whether this is an application for **initial** approval or **change** to existing approval
- 2.2 Indicate the reference of the existing Approval Certificate (e.g. DGCA approval number)

Chapter 3: Type of Training

- 3.1/ 3.2 Tick the types of Training and Services as they appear to describe the scope of services for which certification can be requested/granted
- The "special limitations and conditions" proposed by the applicant should include all those conditions and limitations identified by the organization in relation to the training for which certification is requested. The conditions proposed should be clearly formulated and fall under the categories of possible conditions to be attached to certificates in accordance with KCASR Regulation
- Wherever necessary, the conditions can be described by means of references to documents attached to this application form or other relevant documentation.

Chapter 4: Description of changes applied for under existing Approval

- 4.1 - Please provide a short summary of the changes applied for

Chapter 5: Other

- 5.1 The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the approval and therefore must include also any associated administrative staff. Staff not working full time should be counted, with appropriate ratio.
- 5.2 Please provide the requested documentation together with this application form