

**Application for KCASR 1 Part 147 Initial Grant/Renewal/Change of 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 Principal 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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## Completion Instructions for the Application for Part-147 Approval

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for Part-147 Approval. It is strongly recommended to use the English language in completing the form. Please complete the form in a **clearly legible** way.

# - Field Name	Completion Instructions
<b>1.1 Name and Address</b>	<p><b>KDGCA Part 147 Ref:</b> please enter your KDGCA.147.XXXX number. If you do not hold an KDGCA Part-147 approval, enter "Not applicable".</p> <p><b>Applicant Number:</b> If known, please enter your KDGCA Applicant Number. This number follows the pattern 3XXXXX and can be found on any application acceptance letter received for previous applications. It is called either "Customer Number " or "Applicant Number" on the application acceptance letter.</p> <p>Please enter the full <b>name of the company</b> as it appears on the Business Registration or similar legal document stating name and seat of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. Please enter the address of the registered office as it appears on the Business Registration or similar legal document. First time applicants need to submit a copy of the company's <b>Business Registration</b> or similar legal document stating name and seat of the company together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.</p>
<b>1.2 Date of Certificate of Incorporation</b>	Please provide the date as on the Certificate of Incorporation/Business Registration of the company
<b>1.3 Contact Person</b>	The name and contact details specified in this section are those of the person responsible for the application.
<b>1.4 (Proposed*) Accountable Manager</b>	Please enter the full details of the (proposed) Accountable Manager. The term "proposed" only remains applicable until the application has been approved.
<b>1.5.1 Billing Address</b>	The (company) name and address specified in this section will be printed on the invoice/s KDGCA will issue. A (company) name deviating from the one entered in section 2.1.1 can only be accepted by KDGCA upon justified request. A written statement, signed and stamped, from the legal entity which is taking responsibility to pay the KDGCA fees and charges invoice(s) is to be submitted together with the application.
<b>1.5.2 Contact Person</b>	The name and contact details specified in this section are those of the person that will be contacted for all issues connected with the KDGCA invoice/s (e.g. accounts payable clerk). Responsible for ensuring the KDGCA terms of payment are honoured. <b>An electronic invoice copy will be issued to the email address indicated here.</b>

<p><b>1.6 Address(es) requiring approval</b></p>	<p>Please list all facilities/sites requiring KDGCA approval under this application.</p> <p>Under 1.6.1 indicate the principal location, if different from the legal seat entered under 1.1</p> <p><b>Activities of this facility:</b> Please provide a short description of the training &amp; examination activities to be conducted at the address, for example “ this address will be used to conduct the practical elements of the type training” or “ this address will be used to teach the modules 1 to 6 of the Basic training”. This will allow KDGCA to differentiate between additional sites and “extensions” to an existing main-site.</p> <p>Duplicate the table to add as many additional sites as necessary.</p> <p>Please sum up the total number of sites/facilities in the dedicated box.</p>
<p><b>2.1 Application Type</b></p>	<p>Please indicate the application type: <b>Application for initial grant</b> or <b>Application for change</b> by ticking the appropriate box. In case of applications for change, please indicate the type of change. Multiple selection is possible. If option “Approval of change (other than above)” is selected, please describe the type of change.</p>
<p><b>2.2 Scope of Part-147 Approval relevant to this application</b></p>	<p>Please describe the scope of the application. In case of application for change, <b>only indicate the relevant change.</b></p>
<p><b>2.3 Number of staff</b></p>	<p>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. Indicate for each facility under approval the number of employees and contractors. Add additional rows if necessary.</p> <p><b>The staff to be declared include:</b></p> <ol style="list-style-type: none"> <li>The managers (i.e. Accountable Manager, Training Manager, Examination Manager, Quality Manager etc...)</li> <li>The instructional staff (instructors, examiners, practical assessors, as applicable)</li> <li>A reasonable amount of staff necessary to administer, support and monitor the training activity (management of training material, management of training rooms &amp; workshops, administration of Certificates of Recognition, Quality Assurance auditors, etc...)</li> </ol> <p>Contracted staff, such as staff from Part 145 AMOs or instructors from other organizations, must be declared. Part-time employees must also be declared.</p>

**2.5 Type Training Courses + 2.6 Basic Training Courses**

Please list all training courses relevant to the application. Indicate for each course details such as the course name, the type of course (e.g. Type Rating, differences training) etc..., and whether you wish to add the course or remove it from the scope of approval.

In case of applications for change only indicate the course(s) that are changing (additional course(s) and removed course(s)).

**Note 1:** please describe the course content (box "Course description") using the following format:

Course Type	Course Description Format	Example
"type training"	airframe X (engine X)	Airbus A319/A320 (CFM56)
"differences" training	airframe 1 (engine 1) vs. airframe 2 (engine 2)	Airbus A330 (PW 4000) vs. Airbus A340 (CFM 56)
"engine-only" course Note: same principle applies for "avionics-only" or "airframe-only" courses	engine X	CFM56

**Note 2:** for Basic Training, "bridging courses" refers to courses tailored for the addition of a category [i.e. from B1.1 to B2] or of a sub-category [i.e. from B1.3 to B1.4] to an existing Part 66 Licence.

**Note 3:** "combined" courses refers to those trainings that include training material relevant to more than 1 licence category in a same course [i.e. A320 (CFM 56) cat (B1+B2)] or [Basic Course cat.(B1.1 + B2)].

**Failure to comply with the above format may generate delays in processing your application.**

**2.7 Total number of training course(s) to be approved**

Please sum up the total number of training courses relevant to the application.

**2.8 MTOE Off-site training/ examination procedure**

Please indicate if the MTOE paragraph 2.8 and/or 2.16 include a procedure for the delivery of training or examinations at location not listed in MTOE paragraph 1.6. Please tick Yes or No as applicable.

**2.9 Does the organisation hold approval under Part 21 / Part 145 / Part M?**

If the organisation holds further KDGCA approval(s), please indicate the KDGCA Part 21, Part 145 and/or Part M approval number.