

Application for Air Traffic Controller (ATC) 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 / Nr

Post Code

City

Country

1.1.4 Contact Person
(responsible for this application)

Title

Mr Ms

Name

First name

Job title

Phone/Fax

Email

1.2 Additional Locations

Yes

No

1.2.1 Applicant Name

Other (please specify below)

Name

1.2.2 Location Address

Street / Nr

Post Code

City

Country

Please duplicate this table to add further locations.

1.3 Billing Data

1.3.1 (Company) Name

1.3.2 Billing Address

Street / Nr

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

- 2.1.1 Application for initial Approval
 2.1.2 Application for change to Approval
 2.1.3 Application for renewal of the Approval

2.2 Original Approval Ref.
please complete in case of 2.1.2
or 2.1.3

Chapter 3: Type of Training

3.1 ATC Initial Training

Type of Service	Part of Service	Sub-part of Service	
<input type="checkbox"/> Basic Training			
<input type="checkbox"/> Rating Training	<input type="checkbox"/> Aerodrome Control Visual (ADV)		
	<input type="checkbox"/> Aerodrome Control Instrument (ADI)	<input type="checkbox"/> Tower Control (TWR)	
		<input type="checkbox"/> Ground Movement Control (GMC)	
		<input type="checkbox"/> Ground Movement Surveillance (GMS)	
		<input type="checkbox"/> Air Control (AIR)	
	<input type="checkbox"/> Aerodrome Radar Control (RAD)		
	<input type="checkbox"/> Aerodrome Control Procedural (APP)	N/A	
	<input type="checkbox"/> Approach Control Surveillance (APS)	<input type="checkbox"/> Precision Approach Radar (PAR)	
		<input type="checkbox"/> Surveillance Radar Approach (SRA)	
		<input type="checkbox"/> Terminal Control (TCL)	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Area Control Procedural (ACP)	N/A		
<input type="checkbox"/> Area Control Surveillance (ACS)	<input type="checkbox"/> Radar (RAD)		
	<input type="checkbox"/> Automatic Dependent Surveillance (ADS)		
	<input type="checkbox"/> Terminal Control (TCL)		
3.1.1 Special Limitations / Conditions		<input type="checkbox"/>	

3.2 <input type="checkbox"/> ATC Unit Training	
Type of Service	<input type="checkbox"/> Transitional Training <input type="checkbox"/> On-the-job Training
3.2.1 Special Limitations / Conditions	
3.3 <input type="checkbox"/> ATC Continuation Training	
3.3.1 Special Limitations / Conditions	
3.4 <input type="checkbox"/> OJTI Training	
3.4.1 Special Limitations / Conditions	
3.5 <input type="checkbox"/> Training for Examiners and/or Assessors	
Type of Service	<input type="checkbox"/> Training for Examiners <input type="checkbox"/> Training for Assessors
3.5.1 Special Limitations / Conditions	
Chapter 4: Description of changes applied for under existing Approval Certificate	
4.1 <input type="checkbox"/> Changes to the Organisation	<i>[description]</i>
4.2 <input type="checkbox"/> Changes to the Services	<i>[description]</i>

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

- Organisation Exposition including company flow-charts and, as relevant, description and information on ATC TO activities and organisation of partners or subcontractors
- Quality manual , copy of training manual , term of reference
- Initial Training Plan / Unit Training Plan / Unit Competence Scheme, as applicable

Chapter 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 understand that I am submitting an application for which fees or changes will be levied by DGCA in accordance with KCASR 27.

I understand that Kuwait DGCA/ASD requires a minimum of 90 days to process a completed application.

Date/Place	Name of Accountable Manager	Signature

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

Completion Instructions for Application for Air Traffic Controller (ATC) Training Organisation Approval

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for ATC Training Organisation 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 - a) Tick the types of Training and Services as they appear to describe the scope of services for which certification can be requested/granted
- 3.5 b) The "special limitations and conditions" proposed by the applicant should include all those conditions and limitations identified by the organisation 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
- c) 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 (ref. Chapter 2.1)

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