



# دولة الكويت



Application for Air Traffic Controller (ATC) Training Organization Approval					
Chapter 1: Applicant					
1.1.2 Applicant Name (Company Name)					
1.1.3 Applicant Address	Street / Nr				
(registered business address/address of registry)	Post Code				
address/address of registry)	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 (ple	ease specify below)			
	Name				
1.2.2 Location Address	Street / Nr				
	Post Code				
	City				
	Country				

Please duplicate this table to add further locations.





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1.3 Billing Data			
1.3.1 (Company) Name			
1.3.2 Billing Address			
Ū	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
1.3.3 Contact Person (Financial)			
(Financial)	Title	☐ Mr ☐ Ms	
	Name		
	First name		
	Job title		
	Phone/Fax		





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Chapter 2: Identification of Activity				
2.1 Activity	<ul> <li>2.1.1  Application for initial Approval</li> <li>2.1.2  Application for change to Approval</li> <li>2.1.3  Application for renewal of the Approval</li> </ul>			
2.2 Original Approval Replease complete in case of 2.1. or 2.1.3				
Chapter 3: Type of Tr	aining			
3.1   ATC Initial Traini	ng			
Type of Service	Part of Service	Sub-part of Service		
☐ Basic Training				
	Aerodrome Control Visual (ADV)			
		☐ Tower Control (TWR)		
		Ground Movement Control (GMC)		
	Aerodrome Control Instrument (ADI)	Ground Movement Surveillance (GMS)		
		Air Control (AIR)		
		Aerodrome Radar Control (RAD)		
	Aerodrome Control Procedural (APP)	N/A		
		☐ Precision Approach Radar (PAR)		
☐ Rating Training	Approach Control Surveillance (APS)	Surveillance Radar Approach (SRA)		
		Terminal Control (TCL)		
		<u> </u>		
	Area Control Procedural (ACP)	N/A		
		Radar (RAD)		
	☐ Area Control Surveillance (ACS)	Automatic Dependent Surveillance (ADS)		
		Terminal Control (TCL)		
3.1.1 Special Limitations / Conditions				
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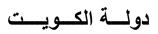
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3.2   ATC Unit Training				
Type of Service	☐ Transitional Training ☐ On-the-job Training			
3.2.1 Special Limitations / Conditions				
3.3  ATC Continuation Training				
3.3.1 Special Limitations / Conditions				
3.4 OJTI Training				
3.4.1 Special Limitations / Conditions				
3.5  Training for Examiners and/or Assessors				
Type of Service	☐ Training for Examiners ☐ Training for Assessors			
3.5.1 Special Limitations / Conditions				
Chapter 4: Description of changes applied for under existing Approval Certificate				
4.1 Changes to the Organisation	[description]			
4.2 Changes to the Services	[description]			





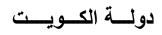




Chapter 5. Other				
5.1. Number of staff nvolved in the activities under the Type of Training				
5.2 List of documentation to be	provided with the application			
TO activities and organis b) Quality manual, copy of	ncluding company flow-charts and, as relevant, ation of partners or subcontractors raining manual , term of reference Training Plan / Unit Competence Scheme, as a	·		
Chapter 6. Applicant's declaration and acceptance of the General Conditions and Terms of Payment				
is correct and complete.  I understand that I am submitting an a	y to submit this application to DGCA and that all inf pplication for which fees or changes will be levied by requires a minimum of 90 days to process a comple	DGCA in accordance with KCASR 27.		
Date/Place	Name of Accountable Manager	Signature		
Important Note: DGCA cannot a	ccept applications without signature. Please ma	ake 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, Doingbusiness-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
- 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.
- The (company) name specified in this section will be printed on the invoice/s DGCA will issue.
- The address specified in this section will be printed on the invoice/s DGCA will issue.
- 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 -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
  - The "special limitations and conditions" proposed by the applicant should include all those conditions and limitations identified by the organisation in relation b) 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

Please provide a short summary of the changes applied for (ref. Chapter 2.1)

#### **Chapter 5: Other**

- 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 5.1 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