

## APPLICATION FOR DIRECT APPROVAL OF TYPE COURSES CONDUCTED BY ORGANISATIONS NOT HOLDING KCASR1 PART-147 APPROVAL

(Please complete the form in BLOCK CAPITALS)

1. ORGANISATION DETAILS <i>(Applicants)</i>
Organisation Name: ..... Address: ..... ..... ..... DGCA Approval Reference: ..... Telephone Number.....Mobile Number..... E-mail.....Fax Number..... Name of contact person: ..... Designation/Position: ..... Telephone Number.....Mobile Number..... E-mail.....Fax Number.....
2. COURSE DETAILS
1 Aircraft type and engine installed: ..... 2 Part 66 Categories covered:    CAT B1 <input type="checkbox"/> CAT B2 <input type="checkbox"/> 3 Course Provider: ..... Address: ..... ..... Approval Reference: ..... Approving Authority: ..... 4 Course location: ..... 5 Course Start date: ..... End Date: ..... Instructional Hours: ..... 6 Number of Phases: ..... Number of Examinations: ..... 7 Name(s) of the Instructor/Examiner/Assessor: ..... .....

**3. DOCUMENTS: Please attach a copy of the following documents as applicable (to be completed by applicant)**

No	Document	Attached		
		Yes	No	N/A
01	Covering letter signed by accountable/quality manager			
02	Copy of approval certificate of training provider			
03	Remote site approval for the training			
04	Training needs analysis			
05	Course plan/syllabus (TNA) and timetable with dates of aircraft visits and phase examinations			
06	Copy of training course material			
07	Details of facilities with location map of proposed training site			
08	Copy of the qualification and authorization of instructors, examiners and/or assessors, as applicable			
09	Copy of course certificate template			
10	Copy of a formal agreement with the entity providing the facility where the course to be conducted.			
11	Copy of the conducting organisation's procedures in this matter (i.e list of approved type courses, approved addresses, conduct of training/examinations/assessments and procedures for training at none-approved locations)			
12	Payment receipt of the prescribed fees i.a.w KCASR 27			

**4. REMARKS/COMMENTS: (Please use the space below to provide any other information support of your application)**

**5. DECLARATION**

I hereby declare and certify that all the information that I have furnished on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation / suspension of approval.

I understand that Kuwait DGCA/ASD requires a minimum of 60 days to process a completed application.

Name ..... Position.....

Company..... Approval Reference.....

Mobile Number..... E-mail.....

Signature..... Date.....

**6. FOR DGCA/ASD USE ONLY (To be completed by the assigned inspector)**

**A. Issuance of Provisional Approval (in order for the applicants to proceed with the training)**

Description	Yes	No	N/A	
Application form duly filled.				
Required documents in section 3 has been submitted.				
Prescribed fee has been paid.				
<b>Application:</b>	<b>Approved</b>	<b>Rejected</b>	<b>Pending</b>	<b>Accepted</b>

**Remarks (Please state the reasons in case of the application is rejected or pending)**

**Name and Signature of DGCA/ASD inspector:**

**Date:**

**Head of Personnel Licensing Name and Signature:**

**Date:**

**B. Issuance of final Approval**

Description	Yes	No	N/A	
Provisional approval has been issued and sent to applicant.				
On-site evaluation visit has been carried out.				
Facility in line with KCASR 1 Part 147.A.100				
Instructors/examiners/assessors qualifications and authorizations verified.				
Instructors/examiners/assessors competencies have been satisfactorily evaluated.				
Examination questions satisfactorily evaluated.				
Conduct of training and examinations/assessments in compliance with Part 147 and Appendix III to Part 66				
<b>Application:</b>	<b>Approved</b>	<b>Rejected</b>	<b>Pending</b>	<b>Accepted</b>

**Remarks (Please state the reasons in case of the application is rejected or pending)**

**Name and Signature of DGCA/ASD inspector:**

**Date:**

**Head of Personnel Licensing Name and Signature:**

**Date:**



## 7. DELIVERY & PAYMENT 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](mailto:safety@dgca.gov.kw)

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

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