



# FORM: AC-OPS040A

July 2008

## PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)

Prospective ATO Pre-assessment Statement (PATOPS) (To be completed by an applicant for an ATO Certificate)				
Section 1A: Name and Key Personnel				
4	Name and mailing address of company (include business name if different from company name).	4	Address of the principal (main) base where operations will be conducted.	
4	Address of Satellite Location for the conduct of specific training.	4	Training Specifications requested at each Satellite Location:	
5. Proposed Start-up Date:		6. Requested company identifier in order of preference.		
		(1)	(2)	(3)
7. Management and Key Personnel.				
Name (Surname/First/Middle Initial)			Proposed position in the ATO	Telephone & address (if different from company include country code)
Surname	First Name	MI		
			Accountable Manager	
			Chief Instructor	
			Quality Manager	
<b>Section 1B: Proposed Courses of Instruction</b>				
8. Applicant intends to conduct: (Tick as required)				
<input type="checkbox"/> Pilot Training with Level 1 Flight Training Specifications				
<input type="checkbox"/> Pilot Training with Level 2 Flight Training Specifications				
<input type="checkbox"/> Aircraft Maintenance Personnel Training				
<input type="checkbox"/> Flight Operations Officer Training				
<input type="checkbox"/> Air Traffic Services Training				
<input type="checkbox"/> Cabin Crew Training				
<input type="checkbox"/> Aviation Security Personnel Training				
<input type="checkbox"/> Ground Services Personnel Training				
<input type="checkbox"/> Material Handler Training				

<input type="checkbox"/> _____ Training* as an ATO (*Specify training)			
<b>Section 1C: Aircraft and Simulator Information</b> (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO).			
9. Aircraft Data (		Simulator Information	
		[Authority Assigned ID] :	
Aircraft Type (M/M/S).	Number of Aircraft Type	Make, model and series of aircraft being simulated	Qualification Level Assigned

**SECTION 1D. Additional Information**

10. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

11. Proposed Training (Aircraft and/or Simulator).

12. The statement and information contained on this form denotes an intention to apply for a Authority Certificate for the operation of an ATO.

Name and Title (Block Letters)	Signature	Date (dd/mm/yy).
--------------------------------	-----------	------------------

**SECTION 2: To Be Completed By Director Flight Safety Office.**

Received by (Name and Office):	Date received (dd/mm/yy)
Assigned Project Manager:	
Date forwarded to Manager Flight Operations (dd/mm/yy).	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only.
Remarks:	

**SECTION 3. To be completed by the Office of the Chief Flight Operations Inspector**

Received by:	Date (dd/mm/yy).
--------------	------------------

Pre-application Number:	Assigned Certification Number:	
Assigned FOI:	Date:	
Remarks:		