

	<p style="text-align: center;">TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING</p>	<p>Revision: 1 Form</p>
<p>Document No: TCAA-FRM- ATO-PEL033A</p>	<p>Title: APPLICATION FOR RENEWAL OF AN APPROVED TRAINING ORGANIZATION CERTIFICATE</p>	<p>Page 1 of 3</p>

APPLICATION FOR RENEWAL OF AN APPROVED TRAINING ORGANIZATION CERTIFICATE	
SECTION 1	
1. NAME AND ADDRESS OF ATO	
(a) Name and mailing address of company (include business name if different from company name).	(b). Address of the principal (main) base where operations will be conducted.
(c) Name and address of Satellite	(d) Training specifications requested at each satellite location
2. MANAGEMENT AND KEY PERSONNEL	
Name	Management Position
3. TYPES OF TRAINING COURSES AND LOCATION	
Specific Training Course(s)	Training Location (Main Base or Satellite by Name)
5. Section 1B: Proposed Courses of Instruction	
Applicant intends to conduct: (Tick as required)	
<input type="checkbox"/> Private Pilot Training	
<input type="checkbox"/> Commercial Pilot Training with IR training (SE /ME)	
<input type="checkbox"/> Aircraft Maintenance Personnel Training	

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<input type="checkbox"/> Flight Operations Officer Training	
<input type="checkbox"/> Air Traffic Control Training	
<input type="checkbox"/> Cabin Crew Training	
<input type="checkbox"/> Aviation Security Personnel Training	
<input type="checkbox"/> Remote Pilot Training	
<input type="checkbox"/> Airline Transport Pilot Training- ground school	
<input type="checkbox"/> Integrated course for pilot training	

6. ATTACHMENTS AND ADDITIONAL INFORMATION	
Accompanying Attachments	Attachment
<input type="checkbox"/> Payment receipt	
<input type="checkbox"/> Biodata of Management Personnel	
Additional Information:	

7. STATEMENT BY ACCOUNTABLE MANAGER			
<p>The details in this form, its Appendices and accompanying documents are in support of my application for an Approved Training Organization Certificate. I shall notify the Authority within 30 days of any change made in the assignment of persons to the required management positions in the ATO.</p>			
Name _____	Position _____	Signature _____	Date _____
Name _____	Position _____	Signature _____	Date _____

SECTION 2 - To be completed by the Authority.	
<p>Acceptance or Denial</p> <input type="checkbox"/> Application Accepted <i>Note: Acceptance of this application does not constitute approval or acceptance of individual Appendices or Attachments which will be evaluated during the audit</i>	<input type="checkbox"/> Application Denied - Reasons for Denial:
Recommendations	

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INSPECTOR(S):		
NAMES	SIGNATURE	DATE