



TANZANIA CIVIL AVIATION AUTHORITY
DIRECTORATE OF SAFETY REGULATIONS
PERSONNEL LICENSING

Revision: 3
Form

TCAA-FRM-ATO-PEL040C

Title: PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS) APPLICATION FORM

Page 1 of 1

Prospective ATO Pre-assessment Statement (PATOPS)
 (To be completed by an applicant for an ATO Certificate)

Section 1A: Name and Key Personnel

1. Name and mailing address of company (include business name if different from company name).	2. Address of the principal (main) base where operations will be conducted.
3. 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	
			Safety Manager	

Section 1B: Proposed Courses of Instruction

8. Applicant intends to conduct: (Tick as required)

Pilot Training with Level 1 Flight Training Specifications

Pilot Training with Level 2 Flight Training Specifications

Aircraft Maintenance Personnel Training

Flight Operations Officer Training

Air Traffic Services Training

Cabin Crew Training

Aviation Security Personnel Training

Ground Services Personnel Training

Remote Pilot Training

Training* as an ATO (*Specify training)

Section 1C: Simulator Information (to be completed by Prospective Head of Training ATO and prospective coordinator of Training (ATO)).

9. Simulator Data (Simulator Information
	[Authority Assigned ID]:



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Page 2 of 1

Simulator Type (M/M/S).	Number of Simulator Type	Make, model and series of simulator 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 (Simulator).

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

Name and Title (Block Letters)	Signature	Date (dd/mm/yy).
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SECTION 2: TO BE COMPLETED BY OFFICE OF DSR

Received by (Name and Office):	Date received (dd/mm/yy)
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Assigned Project Manager:

Date forwarded to CPEL (dd/mm/yy).	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only.
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Remarks:



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Page 3 of 1

SECTION 3. To be completed by the Office of the Chief Personnel Licensing

Received by:

Date (dd/mm/yy).

Pre-application Number:

Assigned Certification Number:

Assigned PEL INSPECTOR:

Date:

Remarks: