



APPLICATION FORM FOR APPROVAL OF TRAINING PROGRAMME/S

Please tick the appropriate box/es:

FTO <input type="checkbox"/> TRTO <input type="checkbox"/> PPL <input type="checkbox"/> Other <input type="checkbox"/>	Individual TRI/TRE <input type="checkbox"/>
Aeroplane <input type="checkbox"/>	Helicopter <input type="checkbox"/>
Multi Pilot <input type="checkbox"/> Single Pilot <input type="checkbox"/>	VFR <input type="checkbox"/> IFR <input type="checkbox"/>
Class Rating <input type="checkbox"/>	Type Rating <input type="checkbox"/>

INITIAL APPLICATION

VARIATION/CHANGE/AMENDMENT APPLICATION

TO BE COMPLETED BY THE APPLICANT

Name and type of organisation under which the activity is to take place (address, tel., fax., e-mail, web page):

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.....

Name of the individual (for individual Instructors only) (address, tel., fax., e-mail, web page):

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.....

Organisational Approval Number:

.....

License Number and Ratings (for individual Instructors only):

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Training programme/s offered (name of the course and please specify if theory/ flight/synthetic training):

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Summary of trainees prerequisite entry conditions and Student: Instructor Ratio (for theory/ flight/synthetic training):

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.....

Content of training programme/s:

TYPE OF TRAINING (duration in hrs)	CHECK (duration in hrs)	LOCATION / AIRPORT	ORGANISATION or RESPONSIBLE INSTRUCTOR
Ground Training in (...hrs)	Check (...hrs)		
FSTD Training in (...hrs)	Check (...hrs)		
Aircraft Flying Training in (...hrs)	Check (...hrs)		

List of flight/synthetic/theoretical instructor(s) (where applicable number of licence):

Name and surname	Address	Licence	Number of licence	FI qualification
		PPL <input type="checkbox"/>		FI (R) <input type="checkbox"/>
	Tel.	CPL <input type="checkbox"/>		FI <input type="checkbox"/>
		ATPL <input type="checkbox"/>		CRI <input type="checkbox"/>

		PPL <input type="checkbox"/>		FI (R) <input type="checkbox"/>
	Tel.	CPL <input type="checkbox"/>		FI <input type="checkbox"/>
		ATPL <input type="checkbox"/>		CRI <input type="checkbox"/>

Aerodrome(s) to be used (IFR, night flying, ATC):

Flight operations accommodation to be used (location, number, size):

Theoretical instruction facilities to be used (location, number, size):

Description of flight synthetic training devices (as applicable):

FSTD Type	Registration	Approved (Yes/No)	FSTD Qualification (Validity)	Name Of FSTD Operator

Description of aircraft (IFR equipped, etc.):

Type	Registration	Registered Owner	C of A Category	Insurance of A/C

NOTE: *If answer to any of the above questions is incomplete, the applicant shall provide full details of alternative arrangements separately.*

Date of intended commencement of operations (initial or variation (change) application):

I (Name and surname), (position),
 on behalf of (name of training organisation/instructor)
 certify that all the above information and contents of training programme/s are complete, correct and in compliance with JAR-FCL. The approved training programme/s registered by this application shall be conducted at my responsibility.

Signature: Date of application:

APPENDICES:
 Training programme/s
 OR Training Manual (as applicable)

TO BE COMPLETED BY KOSOVO CIVIL AVIATION AUTHORITY

This is to certify that the above specified
 training programme/s has been approved for the conduct under the responsibility of the above referred applicant.

Observations (if applicable):

Approval date: Revision number:

Name and surname: Position:

Stamp: Signature: Date: