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| **Note:** – This application form completed in its entirety including correct administrative fee should be submitted to the: **Civil Aviation Authority of Kosovo**Flight Safety DepartmentArbëria District, Ahmet Krasniqi Str. - 10000 PrishtinaRepublic of KosovoFailure to complete this form in full may result in a delay in processing the application. The issuing of this form does not itself constitute an allocation of registration number. |

Application is hereby made for       (       ) registration numbers of participants.

Please attach evidence of fee payment.

1. **APPLICANT DETAILS**

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| --- | --- |
| Legal name of the applicant*(training provider)* |       |
| Name of nominated person |       |
| Address |       |
| Telephone |       | Fax |       |
| E-mail |       |

Please tick the box if you want the numbers by e-mail (and ensure the correct e-mail address is shown above):

[ ]  YES! [ ]  NO!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  |       |  Signature |  | Date \_\_\_.\_\_\_.\_\_\_\_\_ |

1. **FOR OFFICIAL USE ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration numbers of participants issue from: | **D** | **G** |   |   |   |   | to: | **D** | **G** |   |   |   |   |

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| Name and Title of Inspector   | Signature | Date\_\_\_.\_\_\_.\_\_\_\_\_ |