|  |
| --- |
| **Note:** – This application form completed in its entirety including correct administrative fee should be submitted to the:    **Civil Aviation Authority of Kosovo**  Flight Safety Department  Arbëria District, Ahmet Krasniqi Str. - 10000 Prishtina  Republic of Kosovo  Failure 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  |  |  |  |

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