



**APPLICATION AND CHECK LIST FOR
APPROVAL OF TRAINING ORGANISATION**

This application form shall be used as ATO's compliance statement and BCAA inspector checklist for verification. Each page shall be initialed and last page shall be signed by Accountable Manger and Head of Training jointly.

1. General

1.1	Name and address of the ATO with Telephone (landline/mobile) E mail, Fax numbers	
1.2	Name of the President, (if elected Managing Committee is functioning) (First, Middle, Last name)	
1.3	Is the Board of Directors same as at the time of grant of initial NOC? (Yes/No)	
1.4	Name of the Accountable Manager and whether he has been approved by BCAA (First, Middle, Last name)	
1.5	Name of Head of Training (First, Middle, Last name)	
1.6	Scope of training authorized under the organization's terms of approval. (List by Course name)	
1.7	Whether the ATO has a non- scheduled operator's permit? If yes, then submit details of the permit.	
1.8	Principal base of operation aerodrome. (Enter formal name of aerodrome)	
1.9	Other base of operation aerodrome, if any. (Enter formal name of aerodrome)	
1.10	Is statement of Compliance of BCAR submitted by Accountable Manager satisfactory? (Enter "Yes" or "No")	
1.11	Organization Chart (Enter "Yes" or "No")	

**2 Aircraft Details** (attach separate sheet, if required) (attach documents)

	Aircrafts	1st a/c	2nd a/c	3rd a/c	4th a/c
2.1	Type of a/c (Enter Make & Model)				
2.2	Registration No.				
2.3	Cat. of Registration ??				
2.4	C of A validity period (dd/mm/yyyy – dd/mm/yyyy)				
2.5	ARC validity period (dd/mm/yyyy – dd/mm/yyyy)				
2.6	Owned/ leased (Enter “owned” or “leased”)				
2.7	Name of lessor				
2.8	Validity of lease (Enter date (DD/MM/YYYY))				
2.9	Date of manufacturing (Enter date (DD/MM/YYYY))				
2.10	Age since manufacturing (Enter age in years)				
Note: All a/c shall be serviceable and have valid C of A at the time of inspection.					

3. FSTD details (in case of contractual agreement with other organization, attach agreement and relevant documents)

	FSTD	1st FSTD	2nd FSTD	3rd FSTD
3.1	Type (Enter Make & Model FSTD represents)			
3.2	FSTD Serial Number			
3.3	BCAA Approval Date (Enter date (DD/MM/YYYY))			
3.4	Are simulators functioning properly? (Enter “Yes” or “No”)			



4. Post Holders Details

	Post	Name of person (Enter First, Middle, Last Name)	Approval reference number	Approval valid (Enter "Yes" or "No")
4.1	Accountable Manager			
4.2	Head of Training			
4.3	Chief Flying Instructor			
4.4	Are license and ratings of CFI current?		(Enter "Yes" or "No")	
4.5	Dy. CFI			
4.6	Are license and ratings of Dy. CFI current?		(Enter "Yes" or "No")	
4.7	Chief Ground Instructor			
4.8	Chief Synthetic Flight Instructor			
4.9	Safety Manager			
4.10	Maintenance Manager			
4.11	Quality Manager			
4.12	Continuing Airworthiness Manager			
4.13	Attach security clearance of Post holders above (attach copy for each post holder, if not submitted earlier)			

**5. Details of DE/TRI(ref BCAR for selection of DE/TRI)**

	Names of DE/TRI (Enter First, Middle, Last Name)	Are their licenses valid? (Enter "Yes" or "No")	Date of last proficiency check by FOI (on instructional and a/c handling) (req. annual) (Enter date (DD/MM/YYYY))	If applicant will be used for IR training, enter flight experience on aircraft in hours (required 50 hrs)
1.				
2.				
3.				
4.				

	Name of Foreign Instructors	Are their licenses are valid? (Enter "Yes" or "No")	Enter date of last proficiency check by CFI/CI (Enter date (DD/MM/YYYY))	Licence No.(s)
1.				
2.				

6. Ground Instructors Details

	Names (Enter First, Middle, Last Name)	Subject s allotted	Qualification (ref BCAR)	Enter last Competency check date i.e. test lecture (Enter date (DD/MM/YYYY))
1.				
2.				

7. Synthetic Flight Instructor Details

	Names (Enter First, Middle, Last Name)	Qualification (ref BCAR)	Enter last proficiency check date (Enter date DD/MM/YYYY)
1.			
2.			

**8. Other Staff which are not covered above.** (Attach list with name & date of employment)

Sl. No.	Designation	Number	List attached
1.			Yes/no
2.			Yes/no

9. Documentation (Tech. & Operational)

In the section below, circle "yes" or "no" as appropriate for each question. Enter comments in the comment block if applicable.

		Status	Comments
9.1	Are all current flying training circulars available with the flying training institute?	Yes/No	
9.2	Is the flying training institute maintaining a standing order register?	Yes/No	
9.3	Are Aircraft Manual (Aircraft Act and Rules), BCARs, AICs, Air Safety Circulars, and Operations Circulars available in the ATO?	Yes/No	
9.4	Are AIP with latest amendments available?	Yes/No	
9.5	Does the flying training institute have relevant Jeppesen Maps and Charts along with current revisions?	Yes/No	
9.6	Are topographical charts for VFR flying are available?	Yes/No	
9.7	Is a master folder showing various documents available in the ATO being maintained?	Yes/No	
9.8	Has the Training & Procedures Manual and the completed Training and Procedures Manual Checklist been submitted?	Yes/No	
9.9	Has Contingency plan for aircraft accident, disabled aircraft removal, list of emergency telephones, list of doctors been submitted?	Yes/No	
9.10	Is the occurrence reporting procedure available, in accordance with BCARs and the relevant Air Safety Circulars? (applicable ONLY to ATO's conducting aircraft training)	Yes/No	



9.11	Does the ATO have a Quality Assurance Manual as required by BCARs,	Yes/No	
9.12	Does the ATO have a Safety Management System as required by BCARs, (applicable ONLY to ATO's conducting aircraft training)	Yes/No	
9.13	Does the ATO have an internet connection as required by the BCAR?	Yes/No	
9.14	Does the Aerodrome comply with the minimum requirements contained in the Training and Procedure Manual?	Yes/No	
9.15	Are the aircraft in compliance with the AIRWORTHINESS requirements contained in the Training and Procedure Manual?	Yes/No	

Note: - Attach all the documents as stated above. The information submitted shall be verified before submission.

It is certified that the information submitted on this application has been verified and is true.

(Accountable Manager)

Signature with Date:

(Chief Flight Instructor)

Signature with Date:

For office use only:

Review by BCAA: -

Remarks:

Actions required:

Name(s) of BCAA Team which conducted the review:

Date: