



**DEMANDE D'AGREMENT D'UN ORGANISME DE
FORMATION AERONAUTIQUE**

Application for Approval of Training Organization

**FORM. M-
PEL-42**

1. Organisation

FTO

TRTO

AUTRES

Name of organization under which the activity is to take place:

CVR:

Street:

No.:

Postal Code:

City:

Country:

Phone:

Fax:

E-mail:

2. Training courses offered

Course title	Modular	Integrated	Theoretical knowledge	Flight instruction	Estimated max. number of students
ATPL A <input type="checkbox"/> H <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CPL/IR A <input type="checkbox"/> H <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CPL A <input type="checkbox"/> H <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
IR SE <input type="checkbox"/> ME <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
TR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
FI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
IRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
TRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
SFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3. Head of training

Name:

Type and number of licence(s):

Part-time:

Full time:

Rating(s):

Experience:

a. Total flight time:

Licence expired:

b. Flight time as PIC:

c. Flight time as instructor for prof. licences:

Date of expiry:

Nom de l'ATO/OFA :

4. Chief flight instructor

Name:

Type and number of licence(s):

Part-time: Full time: Rating(s):

Experience:

a. Total flight time: Licence expired:

b. Flight time as PIC:

c. Flight time as instructor for prof. licences: Date of expiry:

5. Chief ground instructor

Name:

Type and number of licence(s):

Part-time: Full time: Rating(s):

Experience:

a. Total flight time: Licence expired:

b. Flight time as PIC:

c. Flight time as instructor for prof. licences: Date of expiry:

d. Other experiences in aviation:

6. Flight instructor(s) and ground instructor(s), as applicable

Name: Part-time: Full time: Type and number of valid licence(s) (if any):

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Name: Part-time: Full time: Type and number of valid licence(s) (if any):

Nom de l'ATO/OFA :	
6. Flight instructor(s) and ground instructor(s), as applicable (following)	
Name: <input style="width: 100%;" type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>
Type and number of valid licence(s) (if any): <input style="width: 100%; height: 20px;" type="text"/>	
Name: <input style="width: 100%;" type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>
Type and number of valid licence(s) (if any): <input style="width: 100%; height: 20px;" type="text"/>	
Name: <input style="width: 100%;" type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>
Type and number of valid licence(s) (if any): <input style="width: 100%; height: 20px;" type="text"/>	
Name: <input style="width: 100%;" type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>
Type and number of valid licence(s) (if any): <input style="width: 100%; height: 20px;" type="text"/>	
Name: <input style="width: 100%;" type="text"/>	Part-time: <input type="checkbox"/> Full time: <input type="checkbox"/>
Type and number of valid licence(s) (if any): <input style="width: 100%; height: 20px;" type="text"/>	
7. Main aerodromes	
Base aerodrome: <input style="width: 100%;" type="text"/>	Aerodrome(s) for Training: <input style="width: 100%;" type="text"/>
Alternative base aerodrome: <input style="width: 100%;" type="text"/>	IFR approaches: <input style="width: 100%;" type="text"/>
Night flying: <input style="width: 100%;" type="text"/>	Air traffic control: <input style="width: 100%;" type="text"/>
8. Flight operations accommodation	
Location, number and size of rooms	<input style="width: 100%; height: 20px;" type="text"/>
(Reference to description)	<input style="width: 100%; height: 20px;" type="text"/>
9. Theoretical instruction facilities	
Location, number and size of rooms	<input style="width: 100%; height: 20px;" type="text"/>
(Reference to description)	<input style="width: 100%; height: 20px;" type="text"/>
10. Description of training devices as applicable	
Flight simulators	Status of qualification
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
FNPT I/II	Status of qualification
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Flight training devices (FTD)	Status of qualification
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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Nom de l'ATO/OFA :

10. Description of training devices as applicable (following)

Others Status of qualification

11. Description of training aircraft

Type	Registration	IFR	Approved
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. Proposed administration and manuals

Submit with application:

- Training Manual

- Operations Manual

- Evidence of sufficient funding

- Letter of employment for HT, CFI, CGI and full time instructors

- Description of training accommodation

13. Quality system

Reference to description of quality system:

14. Alternative arrangements

Details of co-operation with other training organization:

15. Additional information

I, on behalf of certify that all the above named persons are in compliance with JAR-FCL and that all the information given is complete and correct.

Date: _____ Signature: _____

FOR OFFICIAL USE ONLY

Application received on (date): _____ Inspection of organisation (date): _____

Authorisation number: _____

Letter of approval (date): _____

Name: _____ Signature: _____