



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-ATO-001</b>
<b>TITLE:</b>	<b>TYPE RATING TRAINING ORGANIZATION (TRTO) APPLICATION FORM</b>	

APPLICATION FOR:  TRAINING ORGANISATION     TRAINING SPECIFICATIONS  
 ISSUE\*     RENEWAL     AMENDMENT\*

1. TRAINING ORGANIZATION NAME		2. SPONSOR*	
Organization and Trading Name		Name:	
Address		Address	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
3. PRINCIPAL BASE OF TRAINING (*):		4. EXTENDED/FOREIGN BASE OF TRAINING (*):	
Facility Name:		Facility Name:	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
5. PERSONNEL ACCEPTED/TO BE APPROVED BY THE AUTHORITY* OR POINT OF CONTACT			
*: Name & equivalent designation if other than describes: Name, Phone & email			
Position	Name	Phone	E-mail
Accountable Manager:			
Head of Training			
Quality Manager			
Chief of Ground Training			
Chief Training *			
STD Contact/SIM Qualification *			
Others*: (with designation)			
6. PROPOSED START			
7. ORGANIZATION STRUCTURE (INITIAL TRTO & CHANGES):		8. FINANCIAL DATA (INITIAL & RENEWAL TRTO):	
Attach applicant's business organization/structure (see instruction)		Attach sufficient financial data (see	
9. COMMENTS*: TRTO & Training Specs changes (brief of changes or in cover letter to amplify the detail)			
<b>Statement of Compliance:</b> I confirm that information in this application complies with the applicable regulations			
<b>Applicant's Name:</b>			
<b>Applicant's Signature:</b>		<b>Submission Date:</b>	

Note: See last page for filling instructions.



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<b>10. AIRCRAFT / SIMULATOR Details</b> (for initial issue TRTO / Renewal / amendment (not submitted											
No	Aircraft/Simulator manufacturer (FTD)	Make Model Series	Aircraft Reg/Sim	Level (Sim FTD)	Sim MSN/ Aircraft	Year Mfg	Sim/AC Seat				
	Sample: Airbus/Boeing	A320-200									
A											
B											
C											
D											
E											
F											
G											
H											
<b>11. DESCRIPTIONS OF TRAINING</b>			(AC) Type series								
A.	Initial Type Rating Course	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
B.	Additional Type Rating	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
C.	MCC Course	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
D.	MCC Course + Type Rating	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
E.	ATP Check/Certificate	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
F.	Proficiency/Recurrent Check	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
G.	Takeoff Landing Currency (LC)	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
H.	Instrument Currency (IC)	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
I.	PIC Right Seat Qualification	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
J.	SIC Initial Qualification	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
K.	SIC Recurrent	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
L.	SIC Upgrading to PIC	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
M.	All Weather Operations	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
N.	Initial Differences Course	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
O.	Recurrent Differences Course	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
P.	Maintenance Training	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Q.	Other	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
<b>Only filled with (tick mark) for the approval requested. Leave Blank for not requested item</b>											
<b>12. OTHER TRAINING:</b>			Non CBT	CBT	<b>13. SPECIAL OPS TRG</b>			Non CBT	CBT		
A	ATP Ground Training (ATP GRD)	x	x	x	x	A	AWO: LVO LVTO	x	x	x	x
B	MCC Ground Training (MCC GRD)	x	x	x	x	B	ETOPS	x	x	x	x
C	Crew Resource Management (CRM)	x	x	x	x	C	HUD/ HGS	x	x	x	x
D	Winter Operations (COLD OPS)	x	x	x	x	D	MNPS	x	x	x	x
E	TRI/TRE/SFI/SFE Course	x	x	x	x	E	PBN / RNP / RNAV	x	x	x	x
F	MPL - Intermediate & Advanced	x	x	x	x	F	RVSM	x	x	x	x
G	Other	x	x	x	x	G	TCAS	x	x	x	x
H		x	x	x	x	H	Other	x	x	x	x



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**APPLICATION GUIDE AND REQUIREMENT:**

**A. Application for Type Rating Training Organization**

1. Cover letter describing the intention such as initial renewal or amendment
2. For **Initial Issue** or **Renewal** of TRTO all item must be filled.
3. For **Training Specifications**, only affected training or changes or additional to be filled

**B. Initial (fill all) or Amendment (fill \*):**

1. **Operator/TO Name \***: Attach contract / Trade license along with application
2. **Sponsor\***: Attach Legal / Contract / Board Resolutions
3. **Principal Base of Training (\*)**: attach contract with local authority / Municipality
4. **Extended / Foreign Base of Training (\*)**: attach contract with applicable organization
5. **Personnel Accepted (Post Holder (PH)) / to be approved by the Authority (\*)**: Attach contract & CV, for individual area the applicable requirement shall be attach/reflected:
  - a. **Accountable manager**: Attach CV reflecting previous experience
  - b. **Head of training**, attach SFI / SFE / TRI / TRE certificate or equivalent, CV shall contain AC type and flight hours and previous managerial experience/letter of previous employment
  - c. **PH Quality**: attach CV reflecting Quality area, Audit training and previous experience / letter of previous employment
  - d. **Head of Ground Training**: (Optional) Attach CV reflecting supporting documents
  - e. **Chief Training**: (Optional) Attach CV reflecting aircraft type or other supporting documents
  - f. **STD / SIM qualification**: Details point of contact of personnel responsible for Simulator Qualifications
6. **Proposed Start Date: fill proposed starting date or** expected expiry date (if renewed)
7. **Organization Structure** for initial TRTO / \*Change organization): attach a description of the applicant's business organization contact and include individuals having a major financial interest (share holder).
8. **Financial Data** (\*initial / Renewal of TRTO): Please attach sufficient financial data to support the financial viability of your proposal and to ensure there are adequate funds.
9. **Comments** (\*): TRTO / Training specifications change (brief of changes or in cover letter to amplify the detail) Statement of Compliance: I confirm that information in this application complies with the applicable regulations.
10. **Aircraft or Simulator Details**: AC / Simulator Manufacturer: enter only aircraft model, unless for Instrument training device, AC / SIM ID: enter Aircraft Registration or Simulator ID, SIM Level, (A to D, AG to DG, A-D Interim, etc), MSN: Manufacture Serial Number, Year of Manufacture, Number of seat (include observer seat for simulator seat), MTOM: Maximum Takeoff weight / Mass, lease yes or no if the equipment is purchased.
11. **Description of Training**: Fill each training when applicable simulator is to be used in this training / check specify aircraft type applicable for each training, e.g. type A320 - 200 and tick applicable training requested



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**12. Other training**

- a. **ATPL:** For additional of aircraft attach application for RVSM Height Monitoring Program
- b. **MCC:** For Initial MNPS and addition of aircraft, submit MNPS supporting document OMA & OMD
- c. **CRM:** Attach **EFB** approval indicating Class & Type
- d. **WINTER OPS:** Cold weather operations
- e. **TRI / TRE / SFI / SFE:** Type Rating / Simulator Instructor / Examiner
- f. **Blank:** Fill in as required or other not listed

**13. Special Operations Training:**

- a. **AWO (LVO / LVTO):** All Weather Operations (Low Visibility Operations / Low Visibility Take Off)
- b. **ETOPS:** ETOPS Training
- c. **HUD/ HGS:** Head Up Display/Guidance training
- d. **MNPS:** Minimum Navigation Performance Specifications Training
- e. **PBN/RNP/ RNAV:** Performance Based Navigation Training
- f. **RVSM:** Reduced Vertical Separation Minima Training
- g. **TCAS:** Traffic Collision Avoidance System Training

**For initial approval, attach relevant** Operations Manual, Training manuals, Quality systems & Training schemes.

Amendment to an approved course or operations / training manual: submit applicable Training records, authorization sheets, technical logs, lectures, study notes and briefings and any other relevant material. Have to be submitted on initial or amended additional training.