



SECTION:	LICENSING FORMS	LIF-ATC-009
TITLE:	APPLICATION FOR AIR TRAFFIC CONTROLLER TRAINING ORGANIZATION (TO) APPROVAL	

INSTRUCTION:

Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

1- APPLICATION TYPE

Application For: (Type of Training): **Basic** **Additional** **Amendment**
 Initial Issue **Renewal**

2. TRAINING ORGANIZATION

Company Name: _____
 Owner's Name: _____
 Address: _____
 Contact No: _____

3. YEMEN NATIONAL SPONSOR

Name: _____
 Address: _____
 Contact No: _____

4. PRINCIPAL BASE OF OPERATIONS

Address: _____
 Contact No: _____

5. SATELLITE BASE (IF ANY)

Address: _____
 Contact No: _____

6. PERSONNEL ACCEPTED/TO BE APPROVED BY THE AUTHORITY

Accountable Manager	
Chief ATC Instructor	
Quality Manager - Training	
ATC Training Manager (or equivalent with designation)	
Instructors – Theory Instructors - Simulators	Please attach a separate sheet along with brief description of their qualifications and proposed duties in the organization
Examiners / Practical Assessors	Please attach a separate sheet along with brief description of their qualifications and proposed duties in the organization
Others: (with designation)	

7. ORGANIZATION STRUCTURE

Please attach a description of the applicant's business organization and corporate structure and names and contact numbers of those entities and individuals having a major financial interest.

8. FINANCIAL DATA

Please attach sufficient financial data to support the financial viability of your proposal and to ensure there are adequate funds for a specified period after operation commencement.

9. TYPE OF TRAINING (description of type of training as stated above)

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10. SCOPE OF TRAINING

11. DESCRIPTION OF COURSE/S

12. Are the courses offered complete all the requirements for the issue of a licence to an applicant (knowledge, practical and experience requirements)? Yes No

If Yes, explain the arrangements for theory classes, practical and On Job Training. Please explain here and attach documentary evidence.

If No, what arrangements has the ATO made to ensure that the applicant is able to complete all the requirements for the issue of a licence within prescribed time period? Please explain here and attach documentary evidence.

13. MISCELLANEOUS

Proposed Date of Commencement: _____

Proposed Simulators: _____

Proposed Specialized Equipment or Requirements: _____

14. APPLICANT DECLARATION

I certify that the experience qualifications listed herein are true and correct. I certify the training syllabus applied for meets the requirements established in the YCARs.

Accountable Manager Name: _____

Signature: _____ **Date & Stamp:** _____



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15. COMMENTS
(use this space to amplify the above and to state any supporting comments)

16. SPONSOR

Name: _____

Signature: _____ Date: _____

17. DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Description of the equipment and facilities to be used	<input type="checkbox"/>
2-	Application forms for all Post Holder, Instructors and Examiners	<input type="checkbox"/>
3-	Approval of local Yemen department of Civil aviation (if required)	<input type="checkbox"/>
4-	Yemen economic department approval (if required)	<input type="checkbox"/>
5-	Draft copy of TO manuals (a hard copy and editable format on a CD)	<input type="checkbox"/>
6-	Copies of curriculum manual/course syllabi or TNAs (a hard copy and editable format on a CD)	<input type="checkbox"/>
7-	One set of examination paper for each module/phase - if approved for conducting examinations on behalf of CAMA (a hard copy and editable format on a CD)	<input type="checkbox"/>
8-	Bank statement or letter of credit (if required)	<input type="checkbox"/>
9-	Other (Specify if any): _____	

18. CAMA ACTION
(For CAMA Use Only)

18-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

Forward Request More Information Reject Approve

Comments of Inspector assigned to this Training Organization:

Name of Inspector assigned to this Training Organization: _____

Signature: _____ Date: _____

18-2 TRAINING CENTERS MANAGER / D.G. OF PEL & EXAMINATION

Reject Approve

Name of Training Centers Manager / D.G. of PEL & Examination: _____

Signature: _____ Date: _____