



APPLICATION FOR THE INSPECTION AND APPROVAL OF A TRAINING ORGANISATION AND/OR* A FLIGHT SIMULATOR /TRAINING DEVICE

1. AIR OPERATOR	
a) Name (in whose name the aircraft is registered)	a)
b) Address	b)
c) Telephone and fax Nos:	c)
d) Aircraft Type and Variant for which the training organisation/simulator is to be used	d)
e) Proposed type of training for pilots/flight engineers	e)
2. TRAINING ORGANISATION/CENTRE	
a) Name of Training Organisation/Centre	a)
b) Address	b)
c) Name of and designation of contact person	c)
d) Telephone and fax Nos:	d)
3. FLIGHT SIMULATOR/TRAINING DEVICE	
a) Simulator Type	a)
b) Simulation Level	b)
c) CAA/FAA and Operator's ID Nos.	c)
d) Location	d)
e) Maintained by	e)
4. APPROVAL DOCUMENTS (Attach copies)	
a) Training Organisation/Centre Approval	a)
b) Simulator and Type Approval	b)
c) Initial Course Approval (Pilot/Flight Engineer) Training Program and Approval	c)
5. PROPOSED INSPECTION	
a) Proposed date(s) for the inspection	a)
<p>I/We propose to include and utilise the above-mentioned Training Organisation and/or* flight simulator/training device for the training of our flight crew. I/We apply for the inspection of the above flight simulator/training device and the Training Organisation/Centre by the CAA. I/We undertake to ensure annual audit/inspection of the Training Organisation/Center. I/We undertake to bear all expenses required for the audit/inspection by the CAA Inspector(s) for their travel in appropriate class, accommodation and allowances for that purpose.</p>	
Signature	Date
Name (Block letters)	Position Held
* Delete which is not applicable	