



TRAINING ORGANIZATION INSPECTION REPORT

SECTION A: TO BE COMPLETED BY THE TRAINING ORGANIZATION

No.	Question	Supplementary Information
1.	Name and type of organization under which the activity is to take place	Address
2.	Training courses offered to Bahrain operator	theory and/or flight training
3.	Name of Head of Training	type and number of licence, full/part time
4.	Name of Chief Flight Instructor	as (3)
5.	Name of Ground Instructor	as (3)
6.	Name of flight instructor(s), where applicable	as (3)
7.	Aerodrome(s) to be used (as applicable)	IFR approaches, night flying, air traffic control
8.	Flight operations accommodation	location, number and size of rooms
9.	Theoretical instructions facilities	location, number and size of rooms
10.	Description of training devices to be used (as applicable)	flight simulators level flight training devices
11.	Description of aircraft (as applicable)	Type of aircraft, Registration, IFR equipped



**Ministry of Transportation
and Telecommunications**



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No.	Question	Supplementary Information
12.	Proposed administration and Manuals:	(a) course programmes (b) training records (c) operations manual (d) training manual
13.	Details of proposed quality control system/quality system	

Note: If answers to any of the above questions are incomplete, provide full details of alternative arrangements separately.

I, _____ on behalf of _____ certify
(name) (name of the organization)

The above named persons are in compliance with flight crew training procedures of _____
(FAA/CAA Country)

and that all the above information given is complete and correct.

(signature)