

1. Applicant Name (Name of the ATO)		
1.1 Registered Business No (Copy of certificate of registration)		
1.2 Address (Registered business address)	Street / Nr	
	Post Code	
	City	
	Country	
1.3 Training Sites	Please use Annex I to list all sites where training will be provided	
1.4 Intended commencement date (yyyy-mm-dd)		
1.5 Accountable Manager	Name	
	First name	
	Job title	
	Phone	
	Email	
1.6 Safety Manager	Name	
	First name	
	Job title	
	Phone	
	Email	
1.7 Compliance Monitoring Manager	Name	
	First name	
	Job title	
	Phone	
	Email	
1.8 Head of Training	Name	
	First name	
	Job title	
	Phone	
	Email	
	License no	
	Type of License	

1.9 Chief Flight Instructor (if applicable)	Name	
	First name	
	Job title	
	Phone	
	Email	
	License no	
	Type of License	
1.10 Chief Theoretical Knowledge Instructor (if applicable)	Name	
	First name	
	Job title	
	Phone	
	Email	
2. Complexity AMC1 ORA.GEN.200(b)	<input type="checkbox"/> Complex <input type="checkbox"/> Non-Complex	
	Number of Full Time Equivalents (FTE):	
3. Training course(s) offered Please use Annex II to list all courses offered (theory and/or flight training)		
4. Flight Instructors Please use Annex III to list all instructors employed to provide the training courses offered.		
5. Flight Operations Accommodation Please provide a floorplan or other means of describing the operations accommodation including size and number of rooms.		
6. Theoretical Instruction Facilities Please provide a floorplan or other means of describing the theoretical instruction facilities including size and number of rooms.		
7. Description of Training Devices Please use Annex IV to list and describe all training devices used for training		
8. Description of Aircraft Please use Annex V to list and describe all aircraft used for training		

9. Documents and manuals to be submitted with application (as applicable)

- | | |
|---|---|
| <input type="checkbox"/> Management System Documentation | <input type="checkbox"/> Organisational Registration Certificate (registreringsbevis) |
| <input type="checkbox"/> Safety Management Manual | <input type="checkbox"/> Accountable Manager CV |
| <input type="checkbox"/> Operational Manual | <input type="checkbox"/> Safety Manager CV |
| <input type="checkbox"/> Training Manual | <input type="checkbox"/> Compliance Monitoring Manager CV |
| <input type="checkbox"/> Training Programmes | <input type="checkbox"/> Head of Training CV |
| <input type="checkbox"/> Training Records | <input type="checkbox"/> CFI CV |
| <input type="checkbox"/> Qualification Certificate for FSTD | <input type="checkbox"/> CTKI CV |
| <input type="checkbox"/> Aircraft Insurance Documentation | <input type="checkbox"/> Copy of Flight Crew License for HT and CFI if their license is issued by another authority than Transportstyrelsen |
| <input type="checkbox"/> CAMO and maintenance agreement(s) | |
| <input type="checkbox"/> Compliance monitoring documentation according to point 10 below. | |

10. Details of proposed compliance monitoring system

The organisation should provide evidence that it complies with all applicable regulations for what is applied for in this application. Such evidence could be in the form of audits, inspections, cross reference tables or other suitable means.

15. Applicant's declaration and acceptance of the Service Terms and Conditions

I declare that I have the legal capacity to submit this application to the Swedish Transport Agency and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by the Swedish Transport Agency in accordance with the applicable Swedish Transport Agency's Regulations (TSFS) regarding Fees and Charges.

I, certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.

Date/Place	Accountable Manager	Signature

This application and the enclosed documents should preferably be sent by e-mail to: luffart@transportstyrelsen.se

Or by regular mail to: **Transportstyrelsen**
601 73 Norrköping
Sweden

PLEASE DO NOT FORGET TO SIGN THE APPLICATION FORM

List of sites where the training will be provided

Please enter the full address details for each training site. Write the principal place of business on line 1.

1.	
2.	
3.	
4.	
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17.	
18.	
19.	

__List of training courses to be provided		
Please enter the course name and select the type(s) of training		
	FCL Course Name	Type of Training
1.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
2.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
3.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
4.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
5.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
6.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
7.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
8.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
9.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
10.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
11.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
12.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
13.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
14.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training

15.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
16.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
18.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training
19.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training

List of instructors employed to provide the training courses offered

Please enter the name of the instructor, the type of Licence, the Licence number and employment type.

	Instructor Name	Type of Licence	Licence Number
1.			
2.			
3.			
4.			
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8.			
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19.			

List of all training devices used to provide training courses Please identify the device, the aircraft type and type of device			
	Identification (if applicable)	Type of Aircraft (if applicable)	Type of Device
1.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
2.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
3.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
4.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
5.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
6.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
7.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
8.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
9.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD

----- List of all aircraft used to provide training courses Please identify the aircraft registration, type designation and IFR			
	Registration	Class/Type of Aircraft	Equipped
1.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
2.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
3.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
4.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
5.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
6.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
7.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
8.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
9.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
10.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
11.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN
12.			<input type="checkbox"/> IFR <input type="checkbox"/> PBN