

# Application for a CCTO or AOC operator to provide initial cabin crew training and/or issuing cabin crew attestation

## 1. Name

|   |                       |
|---|-----------------------|
| 1. Applicant Name, name of the CCTO or AOC                      | 1. Certificate number |
| 1.1 Registered Business No, copy of certificate of registration |                       |

## 1.2 Address

|             |       |
|-------------|-------|
| Street / Nr |       |
| Post Code   | City  |
| Country     |       |
| Phone       | Email |

## 1.3 Training Sites

|  |
|--|
| Please use Annex I to list all sites where training will be provided |
|--|

## 1.4 Intended commencement date

## 1.5 Complexity

|            |  |   |
|------------|--|---|
| Yyyy-mm-dd | <input type="checkbox"/> Application to provide initial cabin crew training according to Part-CC | <input type="checkbox"/> Application for issuing cabin crew attestation |
|------------|--|---|

## 1.6 Accountable Manager

|       |            |
|-------|------------|
| Name  | First name |
| Phone | Email      |

## 1.7 Cabin Chief Instructor

|       |            |        |
|-------|------------|--------|
| Name  | First name |        |
| Phone | Email      | CCA no |

## 1.8 Cabin Instructor

|       |            |
|-------|------------|
| Name  | First name |
| Phone | Email      |

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## 1.9 Medical Instructor, if applicable

|       |       |            |  |
|-------|-------|------------|--|
| Name  |       | First name |  |
| Phone | Email | CCA no     |  |

## 1.10 CRM Instructor, if applicable

|       |       |            |  |
|-------|-------|------------|--|
| Name  |       | First name |  |
| Phone | Email | CCA no     |  |

## 2. Instructors

Please use Annex II to list all instructors employed to provide the training courses offered.

## 3. Flight Operations Accommodation

Please provide a floorplan or other means of describing the operations accommodation including size and number of rooms.

## 4. Theoretical Instruction Facilities

Please provide a floorplan or other means of describing the theoretical instruction facilities including size and number of rooms.

## 5. Description of Training Devices

Please use Annex III to list and describe all training devices used for training

## 6. Documents and manuals to be submitted with application as applicable

- |   |  |
|---|--|
| <input type="checkbox"/> Organisational Registration Certificate, registreringsbevis<br><input type="checkbox"/> Management System Documentation<br><input type="checkbox"/> Safety Management Manual<br><input type="checkbox"/> Operational Manual<br><input type="checkbox"/> Training Manual<br><input type="checkbox"/> Training Programmes<br><input type="checkbox"/> Copy of Cabin Crew Attestation for all instructors | <input type="checkbox"/> Accountable Manager CV<br><input type="checkbox"/> Safety Manager CV<br><input type="checkbox"/> Compliance Monitoring Manager CV<br><input type="checkbox"/> Cabin Chief Instructor CV<br><input type="checkbox"/> CRM Instructor CV<br><input type="checkbox"/> Medical Instructor CV |
|---|--|

## 7. 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.

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### 8. 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 |
|------|-------|---------------------|

This application and the enclosed documents should be sent by e-mail to: [luffart@transportstyrelsen.se](mailto:luffart@transportstyrelsen.se)

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

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## Annex I: Training Sites

### 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. |  |
| 5. |  |
| 6. |  |
| 7. |  |

## Annex II: Instructors

### List of instructors employed to provide the Cabin Crew initial training course.

Please enter the name of the instructor, Cabin Crew Attestation (CCA) Number, subject to teach

|    | Instructor Name | CCA Number | Subject |
|----|-----------------|------------|---------|
| 1. |                 |            |         |
| 2. |                 |            |         |
| 3. |                 |            |         |
| 4. |                 |            |         |
| 5. |                 |            |         |
| 6. |                 |            |         |
| 7. |                 |            |         |
| 8. |                 |            |         |

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## Annex III: Training Devices

List of training devices used to provide the training course

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |