



# APPLICATION FOR APPROVED TRAINING ORGANIZATION CERTIFICATE

**INSTRUCTIONS**  
Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

<b>A. ATO INFORMATION:</b>				
1. NAME OF ATO APPLICANT OR HOLDER		2. PERMANENT ADDRESS ( <i>Street or PO Box Number</i> )		
3. TELEPHONE AND FAX		4. CITY	STATE/PROVINCE	MAIL CODE COUNTRY
5. LOCATION OF MAIN OPERATIONS BASE			7. LOCATION OF SATELLITE BASE(S)	

<b>B. APPLICATION IS HEREBY MADE FOR:</b>				
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3				
<input type="checkbox"/> 1. Issuance of a ATO Certificate and associated ratings to conduct the training courses identified below, and for the approval of these courses (three copies of each course curriculums are attached).				
ATO Certificate #: _____ Expiration Date: _____				
<input type="checkbox"/> 2. Renewal of existing ATO Certificate and associated ratings.				
(a) <input type="checkbox"/> Without changes to the currently approved course outline.				
(b) <input type="checkbox"/> With addition of course(s) identified below for which approval is requested (three copies of each course curriculums are attached).				
(c) <input type="checkbox"/> With deletion of course(s) identified below from the curriculum.				
<input type="checkbox"/> 3. Amending the current ATO Certificate and associated ratings.				
ATO Certificate #: _____ Expiration Date: _____				
(a) <input type="checkbox"/> By adding the course(s) identified below for which approval is requested (three copies of each course curriculums are attached).				
(b) <input type="checkbox"/> By deleting the course(s) identified below from the curriculum.				

<b>C. IDENTIFICATION OF TRAINING COURSES:</b>										
ADD	+DLE	DELETE	COURSE TITLE			ADD	+DLE	DELETE	COURSE TITLE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	
<i>If more space is needed, please attach additional page(s).</i>										

<b>D. EQUIPMENT REQUIRING SPECIAL APPROVAL:</b>						
FTSD LEVEL	LOCATION	EQUIPMENT DESCRIPTION		FTSD LEVEL	LOCATION	EQUIPMENT DESCRIPTION
		1.				5.
		2.				6.
		3.				7.
		4.				8.
<i>If more space is needed, please attach additional page(s).</i>						

<b>E. ADDITIONAL APPLICATION ATTACHMENTS:</b>		
<input type="checkbox"/> 1. ATO Training & Procedures Manual	<input type="checkbox"/> 4. Proposed Student & Staff Records	<input type="checkbox"/> 7. Management Resumes
<input type="checkbox"/> 2. Conformance Report	<input type="checkbox"/> 5. Proposed Graduation Certificate	<input type="checkbox"/> 8. Instructor Resumes and their courses.
<input type="checkbox"/> 3. Facility Description & Layout	<input type="checkbox"/> 6. Proposed Transcript Record	<input type="checkbox"/> 9. Quality Assurance System
<i>If more space is needed, please attach additional page(s).</i>		

<b>F. APPLICANT'S CERTIFICATION</b> — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any CAAV certificate to me.		
<i>A person shall not with intent to deceive or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...</i>	1. DATE	2. APPLICANT SIGNATURE:
	3. PRINTED NAME AND TITLE OF APPLICANT:	

<b>G. CAAV CERTIFICATION:</b>				
1. <input type="checkbox"/> <b>APPROVED</b> with the associated ratings bearing the number shown above.				<b>2. <input type="checkbox"/> DISAPPROVED</b>
Effective Date: _____		Expires On: _____		
<input type="checkbox"/> Renewal	<input type="checkbox"/> without Amendments	<input type="checkbox"/> with Amendments	<input type="checkbox"/> Amendments	
3. Signature of Approving Official		4. Title		5. Date