



SECTION:	LICENSING FORMS	LIF-ATO-003
TITLE:	APPLICATION FOR FLYING TRAINING ORGANIZATIONS (FTOs)	

STATEMENT OF COMPLIANCE AND DECLARATION			
SECTION 1. APPLICATION			
1.1 Type of Application	<input type="checkbox"/> Initial Approval <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal		
1.2 Type of Organization	<input type="checkbox"/> FTO Complex Organization <input type="checkbox"/> FTO Non-Complex Organization <input type="checkbox"/> Training Specifications		
FTO NO:		Intended commencement of activity on:	
SECTION 2. APPLICANT DETAILS			
2.1 APPLICANT DATA			
2.1.2 Applicant Name			
2.1.3 Trading Name			
2.1.4 Address (registered business address)	Street		
	P. O. Box		
	City		
	Yemen		
	Country		
	Phone		Fax
	Email		
2.2 SPONSOR DATA			
2.2.1 Sponsor Name			
2.2.2 Address	Street		
	P. O. Box		
	City		
	Yemen		
	Country		
	Phone		Fax
	Email		
SECTION 3. TRAINING SITES			
Please use Appendix I to list all sites where training is to be provided.			
SECTION 4. TRAINING COURSE(S) OFFERED			
Please use Appendix II to list all courses offered (theory and/or flight training)			
SECTION 5. NOMINATED PERSONNEL			
Form LIF-ATO-009 also be downloaded and completed for all key post-holders, indicated below			
5A. Accountable Manager			
5.1A Name:			
5.2A Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
5B. Head of Training (HT)			
5.1B Name			
5.2B Licence Type			
5.3B Licence Number			
5.4B Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		



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5C. Chief Flight Instructor (CFI)	
5.1C Name	
5.2C Licence Type	
5.3C Licence Number	
5.4C Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5D. Chief Synthetic Flight Instructor (CSFI)	
5.1D Name	
5.2D Licence Type	
5.3D Licence Number	
5.4D Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5E. Chief Theoretical Knowledge Instructor (CTKI)	
5.1E Name	
5.2E Licence Type	
5.3E Licence Number	
5.4E Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5F. Compliance Monitoring / Quality Manager	
5.1F Name	
5.2F Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5G. Safety / SMS Manager	
5.1G Name	
5.2G Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
SECTION 6. NAME OF FLIGHT INSTRUCTORS	
Please use Appendix III to list all flight instructors employed to provide the training courses offered.	
6.1 Total number of ground and flight instructors	
SECTION 7. AERODROME(S) AND/OR OPERATING SITE(S) TO BE USED	
Please use Appendix IV to list all aerodromes/operating sites used to provide training courses (as applicable).	
SECTION 8. FLIGHT OPERATIONS ACCOMMODATION	
Please use Appendix V to list all rooms used as flight operations accommodation.	
SECTION 9. THEORETICAL INSTRUCTION FACILITIES	
Please use Appendix VI to list and describe all rooms used as theoretical instruction facilities.	
SECTION 10. DESCRIPTION OF TRAINING DEVICES	
Please use Appendix VII to list and describe all training devices used to provide the training courses.	
SECTION 11. DESCRIPTION OF AIRCRAFT	
Please use Appendix VIII to list and describe all aircraft used for training.	



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SECTION 12. DOCUMENTS AND MANUALS TO BE SUBMITTED WITH APPLICATION		
<input type="checkbox"/> Management System Documentation	<input type="checkbox"/> Head of Training CV	<input type="checkbox"/> No Objection Letter <input type="checkbox"/> Security Clearance <input type="checkbox"/> Passport copies of Owner/sponsor
<input type="checkbox"/> Operations Manual	<input type="checkbox"/> Instructors CV	
<input type="checkbox"/> Training Manual	<input type="checkbox"/> Trade License	
<input type="checkbox"/> Training Programmes	<input type="checkbox"/> Financial Details	
<input type="checkbox"/> Training Records	<input type="checkbox"/> Schedule of Events	
SECTION 13. DETAILS OF PROPOSED COMPLIANCE MONITORING SYSTEM		
Question	Organization Document Reference	
13.1 Detailed description of the compliance monitoring function of the management system		
13.2 List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organization		
13.3 Means and methods establishing the internal audit process		
13.4 Means and methods establishing the feedback system of audit findings to the accountable manager		
13.5 Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organization remains in compliance with the applicable requirements		
13.6 Means and methods making personnel aware of their responsibilities		
13.7 Procedure for amending the documentation		
13.5 Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organization remains in compliance with the applicable requirements		
13.8 Means and methods to ensure initial and continued compliance of contracted activities		
13.9 Compliance with the requirement for the direct safety accountability of the accountable manager		
13.10 Compliance with the requirement for the organization's safety policy		
13.11 Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organization (in terms of means and methods)		
13.12 Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)		
13.13 Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)		
13.14 Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)		



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SECTION 14. NOTE

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

SECTION 15. APPLICANT'S STATEMENT OF COMPLIANCE & DECLARATION

Statement of Compliance: I confirm that information in this application complies with the applicable regulations.

FTO Declaration Statement: I hereby, declare that I, as an Accountable Manager representing the above-mentioned organization, confirm that the organization has NOT been suspended or revoked by any Civil Aviation Authority.

Accountable Manager	Title:		Signature & Stamp:
	First Name:		
	Middle Name:		
	Last Name:		
Telephone No:			
Email:			
Date of Submission:			

Please Do Not Forget to Sign & Stamp the Application Form



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APPENDIX I: TRAINING SITES (ref.3)				
List of sites where the training courses will be provided.				
1. Main Training Site	Name			
	Street			
	P. O. Box			
	City			
	Yemen			
	Country			
	Phone		Fax	
	Email			
2. Additional Training Site	Name			
	Street			
	P. O. Box			
	City			
	Yemen			
	Country			
	Phone		Fax	
	Email			
3. Additional Training Site	Name			
	Street			
	P. O. Box			
	City			
	Yemen			
	Country			
	Phone		Fax	
	Email			

Insert additional lines if necessary



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APPENDIX II: TRAINING COURSES (ref. 4.)

List of training courses to be provided

Please enter the course name/identification/ course type and select the type(s) of training.

	Course Name	Course Type	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

Insert additional lines if necessary



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APPENDIX III: FLIGHT INSTRUCTORS (ref. 6.)

List of flight 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	Licence No. & Type	Employment
1.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
2.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
3.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
4.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
6.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
7.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
8.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
9.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
10.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Insert additional lines if necessary



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APPENDIX IV: AERODROME(S) AND/OR OPERATING SITE(S) TO BE USED (ref. 7.)

List of aerodromes used to provide training courses
Please enter the full name and address of all aerodromes where training is taking place.

	Aerodrome		Particulars
1.	Name of Aerodrome:		<input type="checkbox"/> Air Traffic Control
	ICAO Designator:		<input type="checkbox"/> Night Flying
	Hours of Operation:		<input type="checkbox"/> MET Information <input type="checkbox"/> IFR Approaches
2.	Name of Aerodrome:		<input type="checkbox"/> Air Traffic Control
	ICAO Designator:		<input type="checkbox"/> Night Flying
	Hours of Operation:		<input type="checkbox"/> MET Information <input type="checkbox"/> IFR Approaches
3.	Name of Aerodrome:		<input type="checkbox"/> Air Traffic Control
	ICAO Designator:		<input type="checkbox"/> Night Flying
	Hours of Operation:		<input type="checkbox"/> MET Information <input type="checkbox"/> IFR Approaches
4.	Name of Aerodrome:		<input type="checkbox"/> Air Traffic Control
	ICAO Designator:		<input type="checkbox"/> Night Flying
	Hours of Operation:		<input type="checkbox"/> MET Information <input type="checkbox"/> IFR Approaches
5.	Name of Aerodrome:		<input type="checkbox"/> Air Traffic Control
	ICAO Designator:		<input type="checkbox"/> Night Flying
	Hours of Operation:		<input type="checkbox"/> MET Information <input type="checkbox"/> IFR Approaches

Insert additional lines if necessary



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APPENDIX V: FLIGHT OPERATIONS ACCOMMODATION (ref. 8.)

List of all rooms used as flight operations accommodation.
Please enter the location, number of rooms and size.

	Location	Number	Size (Length x Width)
1.			00,00 m x 00,00 m
2.			00,00 m x 00,00 m
3.			00,00 m x 00,00 m
4.			00,00 m x 00,00 m
5.			00,00 m x 00,00 m
6.			00,00 m x 00,00 m
7.			00,00 m x 00,00 m
8.			00,00 m x 00,00 m
9.			00,00 m x 00,00 m
10.			00,00 m x 00,00 m
11.			00,00 m x 00,00 m
12.			00,00 m x 00,00 m
13.			00,00 m x 00,00 m
14.			00,00 m x 00,00 m
15.			00,00 m x 00,00 m
16.			00,00 m x 00,00 m
17.			00,00 m x 00,00 m

Insert additional lines if necessary



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APPENDIX VI: THEORETICAL INSTRUCTION FACILITIES (ref. 9.)

List of all rooms used as theoretical instruction facilities

Please enter the location, number of rooms and size.

	Location	Number	Size (Length x Width)
1.			00,00 m x 00,00 m
2.			00,00 m x 00,00 m
3.			00,00 m x 00,00 m
4.			00,00 m x 00,00 m
5.			00,00 m x 00,00 m
6.			00,00 m x 00,00 m
7.			00,00 m x 00,00 m
8.			00,00 m x 00,00 m
9.			00,00 m x 00,00 m
10.			00,00 m x 00,00 m
11.			00,00 m x 00,00 m
12.			00,00 m x 00,00 m
13.			00,00 m x 00,00 m
14.			00,00 m x 00,00 m
15.			00,00 m x 00,00 m
16.			00,00 m x 00,00 m
17.			00,00 m x 00,00 m

Insert additional lines if necessary



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APPENDIX VII: TRAINING DEVICES (ref. 10.)			
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

Insert additional lines if necessary



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APPENDIX VIII: AIRCRAFT (ref. 11.)

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"/> Flight test instrumentation
2.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
3.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
4.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
5.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
6.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
7.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
8.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
9.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
10.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation

Insert additional lines if necessary



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COMPLETION INSTRUCTIONS FOR LIF-ATO-003:

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for an YCARs FTO Approval. Please complete the form in a **clearly legible** way.

Chapter 1: APPLICATION

1.1 Existing FTO / TRTOs converting to YCARs FTO should also provide a copy of the certificate. Statement of Intention /Cover Letter describing the intention such as Initial Approval, Renewal or Change Approval. For Initial Approval, Renewal all items must be completed. For Training Specifications, only affected training or changes or additional to be filled.

Chapter 2: APPLICANT

2.1.2 The (company) name specified in this section will be printed on the certificate CAMA will issue. Attach contract /Trade license along with application of security clearance online.

2.1.3 Please enter the Trade Name, Doing-Business-As and the Company registration number. In case the applicant is not a company but a **natural person**, please enter the full name as it appears in your ID Card/Passport.

2.1.4 Please enter the address of the registered office as it appears on the Trade License of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered. The address specified in this section, the registered business address, will be printed on the certificate CAMA will issue.

2.2 The name and contact details specified in this section are those of the person sponsoring the application. Attach Legal/contract / Board resolutions.

Chapter 3: TRAINING SITES

3. Training sites: all sites where training submitted to approval is provided such as the main site where the major part of the training is conducted and any satellite site located in a different place where other facilities are available and used for training. Typically training sites located in different cities or countries are to be indicated separately. Sites not declared in the application form will not be inspected and will not be part of the terms of approval of the organization. Once an approval has been issued, including sites not declared in the application form will require the organization to apply for a change to the terms of the approval already issued. Main Base of Training: attach contract with local authority / Municipality. Additional/Foreign Base of Training: attach contract with applicable organization.

Chapters 4 to 16

4. Please list in Annex II all courses the pilot training organization intends to provide under the scope of the YCARs approval sought, so that:

The course name or identifier is unique for each course but also unique for each different version of the same course (if any). Similar courses with different syllabuses or entry levels, different breakdown or sequencing of the theoretical/flight/simulator sessions, are to be considered different.

The course type indicated refers to a YCARs course as identified by the relevant requirement in Aircrew regulation as amended.

Examples:



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Course name / ref. PPL; Course Type PPL(A) YCARs Part (II) Chapter (2) – 2.3 - Private Pilot Licence (PPL) for a PPL (A)

Course name / ref. CPL; Course Type PPL(A) YCARs Part (II) Chapter (2) – 2.4 - Commercial Pilot Licence (CPL) for a CPL (A) 2.4 COMMERCIAL PILOT LICENCE (CPL)

5A. Please enter the name, and type of employment of the Accountable Manager. Attach CV reflecting previous experience.

5B. Please enter the name, license type, license number and type of employment of the Head of Training (HT). Attach FI/TRI/TRE certificate or equivalent, CV shall contain AC type and flight hours and previous managerial experience/letter of previous employment.

5C. Please enter the name, license type, license number and type of employment of the Chief Flight Instructor (CFI). Attach CV reflecting aircraft type or other supporting documents

5D. Please enter the name, license type, license number and type of employment of the Chief Theoretical Knowledge Instructor (CTKI).

5E. Please enter the name, and type of employment of the Quality Manager. Attach CV reflecting experience in Quality area, Audit training and previous employment/nominations.

5F. Please enter the name, and type of employment of the SMS Manager. Attach CV reflecting experience in Quality area, Audit training and previous employment/nominations.

6. Please list in Annex III all Flight Instructors involved in the delivery of courses listed in Annex II. Any instructor providing flight instruction in an aircraft to deliver the courses listed in Annex II shall be included in Annex III. This list of Flight Instructors shall match the lists in the manuals of the organization.

6.1 Please provide the total number of ground and flight instructors.

7. Please list in Annex IV all aerodromes and /or the operating sites that the organization intends to use to provide the courses listed in Annex II. The word “aerodrome” is associated with airplanes while for helicopters and other categories of aircraft the concept of “operating site” is more appropriate (refer to ICAO Annex 6). Do not confuse “Operating Site” in Annex IV with “Flight Operations Accommodation” in Annex V of this application form. This list of aerodromes and /or the operating sites shall match the lists in the manuals of the organization.

8. Please list in Annex V all Flight Operations Accommodation that the organization intends to use to provide the courses listed in Annex II. This list of Flight Operations Accommodation shall match the lists in the manuals of the organization.

9. Please list in Annex VI all Theoretical Instruction Facilities that the organization intends to use to provide the courses listed in Annex II. This list of Theoretical Instruction Facilities shall match the lists in the manuals of the organization.

10. Please list in Annex VII all Training Devices that the organization intends to use to provide the courses listed in Annex II. Each device shall be qualified according to the requirements and specifications stipulated in YCARs as amended. The organization’s manuals shall clearly identify the use of each Training Devices for the delivery of each course provided as listed in Annex II of this form.

11. Please list in Annex VIII all aircraft that the organization intends to use to provide the courses listed



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in Annex II. The organization’s manuals shall provide the details required by YCARs and particularly identify the owner of each aircraft listed. This list of aircraft shall match the lists in the manuals of the organization.

12. Tick each relevant box to indicate if the document is joined to the application form.

13. For each item listed (**13.1 to 13.14**), provide the reference of the documented evidence available in the organization’s manuals or controlled documentation.

14 If answers to any of the questions are incomplete, the applicant should provide full details of alternative arrangements separately.

15 Please make sure that the Accountable Manager signs the application form.

Note 1: Incomplete Answers

If answers to any of the questions are incomplete, the applicant should provide full details of alternative arrangements separately.

Note 2: Abbreviations used

IFR: Instrument Flight Rules

FFS: Full Flight Simulator

FNPT: Flight and Navigation Procedures Trainer

FTD: Flight Training Device

BITD: Basic Instrument Training Device