



SECTION:	LICENSING FORMS	LIF-ATO-009
TITLE:	TRAINING ORGANIZATIONS (TOs) NOMINATED PERSONNEL ACCEPTED (NPA) BY CAMA APPLICATION FORM	

Instruction: Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

1. Details of Management Personnel required to be accepted as specified in Part:

- YCAR Part II - Chapter - 11 - Approved Flying Training Organization
- YCAR Part – II - Chapter - 9 - Maintenance Training Organizations
- YCAR Part – II - Chapter - 10 - Air Traffic Controller Training Organization.
- Other:

2. Name (Please print in capitals only)

3. Post Holder (PH) Position:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountable Manager | <input type="checkbox"/> Head of Training (HT) | <input type="checkbox"/> Chief Synthetic Flight Instructor |
| <input type="checkbox"/> Quality Assurance Manger | <input type="checkbox"/> Airworthiness Manger | <input type="checkbox"/> Chief Theoretical Knowledge Instructor (CTKI) |
| <input type="checkbox"/> Chief Flight Instructor (CFI) | <input type="checkbox"/> Safety/SMS Manger | <input type="checkbox"/> Other: |

4. Qualifications Relevant to the Item (3) Position:

Brief Qualification: Last 10yrs relevant to the position applied

5. Work Experience Relevant to the Item (3) Position:

Details of employment & positions: Last 10yrs relevant to the position

6. Organization:

Organization Name

7. Approval Certificate Number Relevant to the Item (1):

- Flying Training Organization Approval Certificate NO.: ()
- Maintenance Training Organizations Approval Certificate NO.: ()
- Air Traffic Controller Training Organization Approval Certificate NO.: ()
- Other:

8. Applicant's Signature:

Date: dd/mm/yyyy

9. Attachments:

(Please enclose the following documents in support of this application)

- | | | |
|--|--|--|
| <input type="checkbox"/> Nomination Letter | <input type="checkbox"/> Employment contract | <input type="checkbox"/> Passport Copy |
| <input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> Relevant Certificates | |



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10. Applicant Declaration Statement

I hereby, declare that my qualification and experience meet all CAMA requirements. I also confirm that I have **NOT** been previously suspended by ANY Civil Aviation Authority.

If you have been previously suspended please provide details:

Applicant Name:	_____
Organization Name:	_____
Approval Ref#:	_____
Signature:	_____ Date: _____

**11. CAMA Action
(For CAMA Use Only)**

11.1 Inspector Assigned to This Application

Forward
 Request More Information
 Reject
 Approve

Comments of Inspector assigned to this application:

Name of Inspector assigned to this application: _____

Signature: _____ **Date:** _____

11.2 Training Centers Manager

Reject
 Approve

Name of Training Centers Manager: _____

Signature: _____ **Date:** _____

11.3 D.G. of PEL & Examination

Reject
 Approve

Name of D.G. of PEL & Examination: _____

Signature: _____ **Date:** _____

11.4 Assistant Deputy Chairman

Reject
 Approve

Name of Assistant Deputy Chairman: _____

Signature: _____ **Date:** _____