



SECTION:	LICENSING FORMS	LIF-AC-017
TITLE:	APPLICATION FOR FLYING TRAINING ORGANIZATION CERTIFICATE (FTO)	

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- APPLICATION TYPE

Initial Issue Renewal

2. TRAINING ORGANIZATION

Company Name: _____
Owner's Name: _____
Address: _____
Contact No: _____

3. YEMEN NATIONAL SPONSOR

Name: _____
Address: _____
Contact No: _____

4. PRINCIPAL BASE OF OPERATIONS

Address: _____
Contact No: _____

5. PRINCIPAL BASE OF MAINTENANCE

Address: _____
Contact No: _____

6. PERSONNEL ACCEPTED/TO BE APPROVED BY THE AUTHORITY

Accountable Manager	
Post Holder-Chief Flight Instructor	
Post Holder-Quality Assurance Manager (Training)	
Post Holder-Crew Training (or equivalent with designation)	
Post Holder-Ground Operations (or equivalent with designation)	
List of Instructors / Examiners / Practical Assessors & their qualifications	
Others: (with designation)	

7. ORGANIZATION STRUCTURE

Please attach a description of the applicant's business organization and corporate structure and names and contact numbers of those entities and individuals having a major financial interest.

8. FINANCIAL DATA

Please attach sufficient financial data to support the financial viability of your proposal and to ensure there are adequate funds for a specified period after operation commencement.

9. AIRCRAFT

S. NO.	Type	Model	No	Registration	Leased	Bought
1-					<input type="checkbox"/>	<input type="checkbox"/>
2-					<input type="checkbox"/>	<input type="checkbox"/>
3-					<input type="checkbox"/>	<input type="checkbox"/>
4-					<input type="checkbox"/>	<input type="checkbox"/>



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10. TYPE OF OPERATION			
<input type="checkbox"/> Aeroplane	<input type="checkbox"/> Helicopter	<input type="checkbox"/> VFR	<input type="checkbox"/> IFR
<input type="checkbox"/> Day Only	<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo	<input type="checkbox"/> Mail
<input type="checkbox"/> Scheduled	<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Aerial work	
11. AREA OF OPERATIONS			
<input type="checkbox"/> R.O.Y only	<input type="checkbox"/> International	<input type="checkbox"/> Proposed Areas	<input type="checkbox"/> Proposed Airports <input type="checkbox"/> Specific Routes
12. PROPOSED CREW TRAINING			
Training Centre: _____			
Address: _____			
Contact No (s): _____			
13. MISCELLANEOUS			
Proposed Date of Commencement: _____			
Details of Operational Control: _____			
Proposed Navigation & Communication Equipment: _____			
Proposed Specialized Equipment or Requirements: _____			
14. APPLICANT DECLARATION			
<p>I certify that the experience qualifications listed herein are true and correct. I certify the training syllabus applied for meets the requirements established in the YEMEN Civil Aviation Regulations.</p>			
Accountable Manager Name: _____			
Signature: _____ Date & Stamp: _____			
15. COMMENTS			
(use this space to amplify the above and to state any supporting comments)			



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16. SPONSOR		
Name: _____		
Signature: _____		Date: _____
17. DOCUMENTS CHECKLIST / ATTACHEMENTS (Please enclose the following documents in support of this application)		
S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Description of the equipment and facilities to be used	<input type="checkbox"/>
2-	Application forms for all Post Holder, Instructors and Examiners	<input type="checkbox"/>
3-	Approval of local Yemen department of Civil aviation (if required)	<input type="checkbox"/>
4-	Yemen economic department approval (if required)	<input type="checkbox"/>
5-	Bank statement or letter of credit (if required)	<input type="checkbox"/>
6-	Draft copy of FTO manuals (a hard copy and editable format on a CD)	<input type="checkbox"/>
7-	Copies of curriculum manual/course syllabi or TNAs (a hard copy and editable format on a CD)	<input type="checkbox"/>
8-	One set of examination paper for each module/phase - if approved for conducting examinations on behalf of CAMA (a hard copy and editable format on a CD)	<input type="checkbox"/>
9-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
10-	Other (Specify if any): _____	
18. CAMA ACTION (For CAMA Use Only)		
18-1 INSPECTOR ASSIGNED TO THIS APPLICATION		
<input type="checkbox"/> Forward <input type="checkbox"/> Request More Information <input type="checkbox"/> Reject <input type="checkbox"/> Approve		
Comments of Inspector assigned to this application:		
Name of Inspector assigned to this application: _____		
Signature: _____		Date: _____
18-2 TRAINING CENTERS MANAGER / D.G. OF PEL & EXAMINATION		
<input type="checkbox"/> Reject <input type="checkbox"/> Approve		
Name of Training Centers Manager / D.G. of PEL & Examination: _____		
Signature: _____		Date: _____