



# Application for Air Traffic Controller (ATCO) Training Organisation Approval

## 1 Applicant Address and Contact Data

### 1.1 Applicant Data

<b>1.1.1 Name and Address</b>	(Company) Name	
	Street / Nr	
	Post Code	
	City	
	Country	
<b>1.1.2 Contact Person</b> (responsible for this application)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	

### 1.2 Additional Locations Yes No

<b>Location Address (1)</b>	Name	
	Street / Nr	
	Post Code	
	City	
	Country	
<b>Location Address (2)</b>	Name	
	Street / Nr	
	Post Code	
	City	
	Country	
<b>Location Address (3)</b>	Name	
	Street / Nr	
	Post Code	
	City	
	Country	



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## 2. Identification of Activity

<b>2.1 Activity</b>	3.1.1 <input type="checkbox"/> Application for initial ATCO 3.1.2 <input type="checkbox"/> Application for change to ATCO
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<b>2.2 Original Approval Ref.</b> please complete in case of 3.1.2	
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## 3. Type(s) of Training

for which Certification is requested in accordance with the provision of CAO.IRI Regulation

### 3.1 ATCO Initial Training

Course	Ratings	Rating endorsements
<input type="checkbox"/> Basic Training	N/A	N/A

<input type="checkbox"/> Rating Training	
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<b>3.1.1 Remarks</b>	
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### 3.2 ATCO Unit Training

<b>3.2.1 Remarks</b>	
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<b>3.3 <input type="checkbox"/> ATCO Continuation Training</b>	
<b>Course</b>	<input type="checkbox"/> ATCO Refresher training <input type="checkbox"/> ATCO Conversion training
<b>3.3.1 Remarks</b>	
<b>3.4 <input type="checkbox"/> ATCO Practical Instructor Training</b>	
<b>3.4.1 Remarks</b>	
<b>3.5 <input type="checkbox"/> ATCO Assessor Training</b>	
<b>3.5.1 Remarks</b>	
<b>4. Other</b>	
<b>4.1. Number of staff</b> involved in the activities under the Type of Training	
<b>4.2 List of documentation to be provided with the application</b> a) Organisation Exposition including company flow-charts and, as relevant, description and information on ATCO TO activities and organisation of partners or subcontractors	

<b>5. Applicant's declaration and acceptance of the General Conditions and Terms of Payment</b>		
I declare that I have the legal capacity to submit this application to CAO.IRI 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 CAO.IRI in accordance with government tariff.		
Date	Name of Accountable Manager	Signature
This Application should be sent by fax, e-mail or regular mail to CAO.IRI		