

## Application Form for ATC Training Organization Certification

<b>1 Applicant</b>		
<b>1.1 Applicant Data</b>		
<b>1.1.1 Applicant Name</b> (Company Name or Legal Person name)		
<b>1.1.2 Applicant Address</b> (registered business address/address of registry)	Street / Nr	
	Post Code	
	City	
	Country	
<b>1.1.3 Contact Person</b> (responsible for this application)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	
<b>1.2 Principal Location</b>	<input type="checkbox"/> Same as Applicant Data in section 1.1 (→continue with section 1.3)	
<b>1.2.1 Applicant Name</b>	<input type="checkbox"/> Same as in section 1.1.2 Applicant Name <input type="checkbox"/> Other (please specify below)	
	Name	
<b>1.2.2 Principal Location Address</b>	<input type="checkbox"/> Same as in section 1.1.3 Address <input type="checkbox"/> Other (please specify below)	
	Street / Nr	
	Post Code	
	City	
	Country	

<b>1.3 Additional Locations</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>1.3.1 Applicant Name</b>	<input type="checkbox"/> Same as in section 1.1.1 Applicant Name	<input type="checkbox"/> Other (please specify below)
	Name	
<b>1.3.2 Location Address</b>	Street / Nr	
	Post Code	
	City	
	Country	

*Please duplicate this table to add further locations.*

## 2. Identification of Activity

<b>2.1 Activity</b>	2.1.1 <input type="checkbox"/> Application for initial Certificate 2.1.2 <input type="checkbox"/> Application for changes to Certificate 2.1.3 <input type="checkbox"/> Application for extension of the Certificate
<b>2.2 Original Certificate Ref.</b> please complete in case of 2.1.2 and 2.1.3	
<b>2.3 Issued by</b> please complete in case of 2.1.2 and 2.1.3	

## 3. Type of Training

for which Certification is requested in accordance with the provisions of Regulation 05/2012

### 3.1 ATCO Initial Training

Type of Service	Part of Service	Sub-part of Service
<input type="checkbox"/> Basic Training	N/A	N/A
<input type="checkbox"/> Rating Training	<input type="checkbox"/> Aerodrome Control Visual (ADV)	N/A
	<input type="checkbox"/> Aerodrome Control Instrument (ADI)	<input type="checkbox"/> Tower Control (TWR)
		<input type="checkbox"/> Ground Movement Control (GMC)
		<input type="checkbox"/> Ground Movement Surveillance (GMS)
		<input type="checkbox"/> Air Control (AIR)
	<input type="checkbox"/> Aerodrome Control Procedural (APP)	N/A
	<input type="checkbox"/> Approach Control Surveillance (APS)	<input type="checkbox"/> Radar (RAD)
		<input type="checkbox"/> Precision Approach Radar (PAR)
		<input type="checkbox"/> Surveillance Radar Approach (SRA)
		<input type="checkbox"/> Automatic Dependent Surveillance (ADS)
		<input type="checkbox"/> Terminal Control (TCL)
	<input type="checkbox"/> Area Control Procedural (ACP)	N/A
	<input type="checkbox"/> Area Control Surveillance (ACS)	<input type="checkbox"/> Radar (RAD)
		<input type="checkbox"/> Automatic Dependent Surveillance (ADS)
		<input type="checkbox"/> Terminal Control (TCL)
		<input type="checkbox"/> Oceanic Control (OCN)
<b>3.1.1 Special Limitations / Conditions</b>		

<b>3.2 <input type="checkbox"/> ATCO Unit Training</b>	
Type of Service	<input type="checkbox"/> Transitional Training <input type="checkbox"/> On-the-job Training
<b>3.2.1 Special Limitations / Conditions</b>	
<b>3.3 <input type="checkbox"/> ATCO Continuation Training</b>	
3.3.1 Special Limitations / Conditions	
<b>3.4 <input type="checkbox"/> OJTI Training</b>	
3.4.1 Special Limitations / Conditions	
<b>3.5 <input type="checkbox"/> Training for Examiners and/or Assessors</b>	
Type of Service	<input type="checkbox"/> Training for Examiners <input type="checkbox"/> Training for Assessors
3.5.1 Special Limitations / Conditions	
<b>4. Description of changes applied for under existing Approval Certificate</b>	
4.1 <input type="checkbox"/> Changes to the Organisation	<i>[description]</i>
4.2 <input type="checkbox"/> Changes to the Services	<i>[description]</i>

## 5. Other

<b>5.1. Number of staff</b> involved in the activities under the Type of Training	
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## 5.2 List of documentation to be provided with the application

- a) Training Manual and Organisation Exposition including company flow-charts and, as relevant, description and information on ATC TO activities and organisation of partners or subcontractors
- b) Initial Training Plan / Unit Training Plan / Unit Competence Scheme, as applicable
- c) A copy of the national Companies register / Certificate of Incorporation
- d) Any other documentation indicated by CAA

## 6. Applicant's declaration and acceptance of the General Conditions and Terms of Payment

I declare that I have the legal capacity to submit this application to the CAA 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 CAA in accordance with the CAA Regulation No. 07/2011 on the fees and charges levied by the Civil Aviation Authority.

Date/Place

Name of Accountable Manager

Signature

This Application should be sent by fax, e-mail or regular mail to:

Civil Aviation Authority  
Air Navigation Services Department  
"Ahmet Krasniqi" st. N.N  
Prishtina 10000  
Republic of Kosovo

Tel: +381 38 248 629  
Fax: +381 38 211 009

E-mail: arianit.islami@caa-ks.org

**Important Note:** Only signed applications will be accepted.

## Completion Instructions for AACK/SHNA/NSA-FRM 07

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for ATCO Training Organisation Approval Certificate. It is strongly recommended to use the English language. Please complete the form in a **clearly legible** way.

### Chapter 1: Applicant

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- 1.1.1 Please enter the full **name of the company** as it appears on the certificate of the company. If applicable also 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.
- 1.1.2 Please enter the address of the registered office as it appears on the certificate of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered.
- 1.1.3 The name and contact details specified in this section are those of the person responsible for the application.
- 1.2.1 The (company) name of the principal location. The name and address detailed specified in this section will be printed onto the CAA certificate.
- 1.2.2 The address of the principal location specified.
- 1.3.1 The name of any additional location. In case of several locations, you may duplicate table to add further locations.
- 1.3.2 The address of any additional location. In case of several locations, you may duplicate table to add further locations.

### Chapter 2: Identification of Activity

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- 2.1 Tick the appropriate box to indicate whether this is an application for **initial** certification, **change** to existing certificate or **extension** of the certificate
- 2.2 Indicate the reference of the existing Certificate (e.g. CAA certificate number)
- 2.3 Indicate the competent authority that issued the existing approval

### Chapter 3: Type of Training

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- 3.1 -
  - a) Tick the types of Training and Services as they appear to describe the scope of services for which certification can be requested/granted
  - 3.5 b) The "special limitations and conditions" proposed by the applicant should include all those conditions and limitations identified by the organisation in relation to the training for which certification is requested. The conditions proposed should be clearly formulated and fall under the categories of possible conditions to be attached to certificates in accordance with CAA Regulation 05/2012
  - c) Wherever necessary, the conditions can be described by means of references to documents attached to this application form or other relevant documentation.

### Chapter 4: Description of changes applied for under existing Approval

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- 4.1 - Please provide a short summary of the changes applied for (ref. Chapter 3.1)
- 4.2

### Chapter 5: Other

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- 5.1 The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the certificate and therefore must include also any associated administrative staff. Staff not working full time should be counted, with appropriate ratio.
- 5.2 Please provide the requested documentation together with this application form.