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| **Note:** – An organization intending to conduct training for dangerous goods shall be approved by CAAK as required by Article 23 of the Regulation 8/2014 on the Conditions and methods of transporting dangerous goods by air. Application should be made at least 15 days before the date of the training on the dangerous goods and should be submitted to the:    **Civil Aviation Authority of Kosovo**  Flight Safety Department  Arbëria District, Ahmet Krasniqi Str. - 10000 Prishtina  Republic of Kosovo  Failure to complete this form in full may result in a delay in processing the application. The issuing of this form does not itself constitute a certificate to carry out dangerous goods training |

1. **APPLYING FOR**

|  |  |  |
| --- | --- | --- |
| **1.1** |  | **Initial Issue** |
| **1.2** |  | **Variation / Amendment** |
| **1.3** |  | **Renewal** |

1. **APPLICANT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.1** | Full legal name of the organisation |  | | | |
| **2.2** | Business Address |  | | | |
| **2.3** | Operating / Trading name  *(if different from above):* |  | | | |
| **2.4** | Name of the person responsible within organisation with overall responsibility |  | | | |
| **2.5** | Telephone |  | **2.6** | Fax |  |
| **2.7** | E-mail |  | **2.8** | Web |  |

1. **DETAILS OF THE PERSON WITH DELEGATED RESPONSIBILITY FOR THE TRAINING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3.1** | Name of the person with delegated responsibility for the training on transportation of dangerous goods by air |  | | | |
| **3.2** | Address |  | | | |
| **3.3** | Telephone |  | **3.4** | Fax |  |
| **3.5** | E-mail address |  | | | |

1. **APPENDICES**

|  |  |  |
| --- | --- | --- |
| Please enclose the copies of the following documentation | | |
| **4.1** |  | Organizational structure of the entity |
| **4.2** |  | List and qualification of management personnel and instructors |
| **4.3** |  | Description of classrooms and other facilities |
| **4.4** |  | Description of the training programme, including manuals, curricula, schedules and teaching materials |
| **4.5** |  | Description of the quality assurance system |
| Other supporting document | | |
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1. **DECLARATION AND SIGNATURE**

Information provided in this application form and its appendices are correct and true to the best of my knowledge and belief

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position** |  |
|  | | | |
| **Signature** |  | **Date** | \_\_\_.\_\_\_.\_\_\_\_\_ |

1. **CHECKLIST** *(for CAA only)*

|  |  |  |
| --- | --- | --- |
| **6.1** |  | Application form completed in full |
| **6.2** |  | All applicable appendices are attached |
| **6.3** |  | Application fee paid |
|  |  | |
|  |  | |

1. **CAA INSPECTOR’S COMMENT** *(for CAA only)*

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| --- | --- | --- |
|  | | |
|  | | |
| **Name and Credentials No.** | **Signature** | **Date**  \_\_\_.\_\_\_.\_\_\_\_\_ |