



**APPLICATION FOR
FOREIGN TRAINING ORGANIZATION APPROVAL**
(for qualification of Rwanda operator personnel)

A. TYPE OF APPLICATION: Original Renewal Date Submitted:

B. TRAINING ORGANIZATION INFORMATION:
Insert training organization information:

1. COMPANY REGISTERED (AND TRADING) NAME	4. PERMANENT ADDRESS: PRINCIPAL PLACE OF BUSINESS <i>(Street or Postal Number)</i>
2. ACCOUNTABLE MANAGER	5. CITY STATE/PROVINCE MAIL CODE COUNTRY
3. PRIMARY TELEPHONE CONTACT NUMBER	6. PRIMARY CONTACT EMAIL

C. SPONSORING RWANDA AIRCRAFT OPERATOR INFORMATION:
Insert the Rwanda aircraft operator information:

1. COMPANY REGISTERED (AND TRADING) NAME	4. PERMANENT ADDRESS: PRINCIPAL PLACE OF BUSINESS <i>(Street or Postal Number)</i>
2. ACCOUNTABLE MANAGER	5. CITY STATE/PROVINCE MAIL CODE COUNTRY
3. PRIMARY TELEPHONE CONTACT NUMBER	6. PRIMARY CONTACT EMAIL

D. SPECIFIC RCAA APPROVALS REQUESTED FOR THIS FATO:
Insert the training authorizations requested. Location = ICAO designator of nearest airport. Aircraft MMS should be complete. Enter each variant separately. List only the training authorizations sought for each Aircraft MMS.

LOCATION	AIRCRAFT MMS	AUTHORIZED TRAINING?

E. ATO RECORDS LOCATION(S) & RESPONSIBLE PERSONS
Provide the following information the maintenance records for each aircraft.

TYPE OF RECORDS	RETENTION PERIOD	RESPONSIBLE PERSON	PHYSICAL LOCATION

F. FOREIGN CAA APPROVAL PARTICULARS
Insert the ATO certificate information. Include all ratings and authorizations issued.

1. CERTIFICATE/APPROVAL NUMBER	2. TITLE OF CERTIFICATE/APPROVAL DOCUMENT
3. RATINGS & SPECIAL AUTHORIZATIONS	

G. FOREIGN CAA CONTACT INFORMATION:
Insert the information for the CAA that is the responsible for the certification and on-going validation of this training organization:

1. NAME OF CIVIL AVIATION AUTHORITY	2. CAA PERMANENT ADDRESS <i>(Street or Postal Number)</i>	
3. CENTRAL TELEPHONE & FAX NUMBERS	4. CITY STATE/PROVINCE MAIL CODE COUNTRY	
5. CAA OPERATIONS CONTACT	6. CAA CONTACT NUMBER	6. CAA CONTACT EMAIL

**APPLICATION FOR
FATO APPLICATION (CONTINUED)**

H. ADDITIONAL APPLICATION ATTACHMENTS: *Select blocks & attach copies of each for original application. For renewal, select on the boxes that have changed.*

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. ATO Certificate (copy) | <input type="checkbox"/> 2. ATO Training Authorizations (copy) | <input type="checkbox"/> 3. Other (See paragraph I) |
|--|--|---|

I. ADDITIONAL INFORMATION PERTINENT TO THIS APPLICATION:

This space is provided for inclusion of information could not be inserted in the available category and spaces provided on front of form.

J. APPLICANT'S CERTIFICATION: *The undersigned certify that all statements and answers provided on this application form and as attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance operations specifications.*

<p><i>A person shall not with intent to deceive or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such approval.</i></p>	DATE	TRAINING DIRECTOR SIGNATURE:
	DATE:	RWANDA-BASED OPERATOR REPRESENTATIVE:

K. CONFIRMING FOREIGN CAA CONTACT:

This section reserved by the RCAA to record the contact with the foreign CAA to confirm the Foreign CAA Approval Particulars (Section F):

1. RCAA INSPECTOR NAME	2. FOREIGN CAA CONTACT)
3. DATE	4. METHOD OF CONTACT <input type="checkbox"/> CAA Visit <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other:

L. RCAA APPROVAL:

1. <input type="checkbox"/> APPROVED (See Validation Specifications for Particulars).	2. <input type="checkbox"/> DISAPPROVED
3. Signature	4. Title
	5. Date