



Rwanda Civil Aviation Authority (RCAA)  
P.O. Box 1122, Kigali-Rwanda  
Tel: +250 585845/583441  
Fax : +250 582609  
E-mail: [info@caa.gov.rw](mailto:info@caa.gov.rw)  
Web: [www.caa.gov.rw](http://www.caa.gov.rw)

# Republic of Rwanda

*RCAA-Form-UAS006*

## APPLICATION FOR AN APPROVED TRAINING ORGANIZATION CERTIFICATE

### APPLICATION FOR ISSUE OR RENEWAL OF AN UNMANNED AIRCRAFT TRAINING ORGANIZATION CERTIFICATE

#### SECTION 1

##### 1. NAME AND ADDRESS OF UTO

(a) Name and mailing address of company (include business name if different from company name)	(b) Address of the principal (main) base where operations will be conducted.
(c) Name and address of Satellite 1	(d) Name and Address of Satellite 2

##### 3. MANAGEMENT PERSONNEL

Name	Management Position

##### 4. TYPES OF TRAINING COURSES AND LOCATION

Specific Training Course(s)	Training Location (Main Base or Satellite by Name)

#### 5. APPENDICES

Details of proposed training curricula, training equipment, training facilities, qualifications of training and testing personnel, evaluation plans, record keeping system and quality control system are described in the following Appendices to this application as shown by the ticked box:

Subject	Appendix
<input type="checkbox"/> Proposed Training Curricula/Syllabuses and Courseware	A
<input type="checkbox"/> Training Equipment/Device	B
<input type="checkbox"/> Aircraft	C
<input type="checkbox"/> Training Facilities	D
<input type="checkbox"/> Qualifications of Instructors, Examiners and Quality Control Personnel	E
<input type="checkbox"/> Evaluation Plans	F
<input type="checkbox"/> Recordkeeping System	G
<input type="checkbox"/> Quality Control System	H

6. ATTACHMENTS AND ADDITIONAL INFORMATION		
Accompanying Attachments		Attachment
<input type="checkbox"/>	Training Procedures Manual	1
<input type="checkbox"/>	List of Training functions	2
<input type="checkbox"/>	Schedule of Events	3
<input type="checkbox"/>	Statement of Compliance	4
<input type="checkbox"/>	Documents of Purchase, Leases, Contracts or Letters of Intent	5
<input type="checkbox"/>	Resumes of Management Personnel	6
<input type="checkbox"/>	Vital information Data Forms	7

**Additional Information:**

**7. STATEMENT BY ACCOUNTABLE MANAGER**

The details in this form, its Appendices and accompanying documents are in support of my (our) application for an Approved Training Organization Certificate. I (We) shall notify the Authority within 10 working days of any change made in the assignment of persons to the required management positions in the ATO.

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2 - TO BE COMPLETED BY THE RCAA OFFICE.**

**Acceptance or Denial**

Application Accepted

*Note: Acceptance of this application does not constitute approval or acceptance of individual Appendices Attachments which will be evaluated during the certification phases.*

Application Denied - Reasons for Denial:

or

**Recommendations**

Licensing Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Operations Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Airworthiness Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_