

Training Schools Section (TA)
Training School (Academy) Initial Certification Application Form
GACAR PART 143

1. Applicant Details

Training School (Academy) Name			
Address of Principal Business office			
Address of Main Operations Base			
TA Satellite address, if applicable			
Current TA Certificate & Operations Specifications number		Expiry Date	
Head of Training Contact Details	Name	Phone Number	E-Mail

2. Training Courses Details.

No.	Course Title
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

3. Management Structure Details.

Post	Name	Phone No.	E-Mail
Accountable Manager			
Head of Training			
Quality Manager			
Chief Instructor, if applicable			

4. Training Staff Details

• Number of the employed TA Instructors	
• Number of the contracted TA Instructors	

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5. Approved Training Facilities Details

(a) Flight Operations Accommodation

Type	Location	Size	Number
Briefing Room			
Rest Room			
Staff Office			
Record Keeping			

(b) Theoretical Training Facilities

Type	Location	Size	Number
Class Room			
CBT Room			
Rest Room			
Staff Office			
Record Keeping			

6. Financial Details

Financial Requirements	
GACA Economic Authority	

7. Accountable Manager Declaration

<ul style="list-style-type: none"> I hereby apply for () Training School Certificate in accordance with GACAR PART 143 and other applicable GAGARs and EBOOK Volumes requirements; The minimum qualification requirements for each management position are in compliance with GACA requirements; () Training School acknowledged that any change made in the assignment of persons in the required management positions must be notified the President within 10 working days; () Training School Management and Personnel are committed to maintain continuous compliance with the GACAR PART 143 and all other applicable GACA requirements. I certify that, the information contained in this application is true, corrected and completed. 		
Accountable Manager Name	Signature	Date

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3. Approval Details.

• Training School (TA) Name	
• Certificate/Approval and Operations Specifications Expiry Date	
• Others, if applicable	

4. Certificate/Approval Restriction or limitations, if applicable.

Aviation Safety Inspector (ASI) Name	Signature	Date

Training School Program Manager (TA Principal Inspector) Name	Signature	Date

5. Application Form Attachments and supporting Documents.

No.	Supporting Documents	YES	NO
1	Copy of the Letter of Intent		
2	GACA Economic Approval		
3	Copy of Certificate/Approval fees slip		
4	Management Approval/Acceptance Form (attached with relevant evidence)		
5	Head of Training		
6	Chief Instructor, if applicable		
7	Quality Manager		
8	Manuals Approval/Acceptance Forms & Compliance Checklists		
a	Operations Manual		
b	Training Manual		
c	Quality Manual		
d	Operations Manual Compliance checklist		
e	Training Manual Compliance checklist		
f	Quality Manual Compliance checklist		
9	Copies of leases, agreements, and contracts, if applicable		
10	Compliance statement, could be part of the approved TA Training/Operations manual		