

## TRAINING CENTERS (TC) INITIAL CERTIFICATION APPLICATION FORM

Submit at least 120 days before the beginning of any proposed training or 60 days before effecting an amendment to any approved training unless a shorter filing period is approved by the President. Formal Application for initial Certification shall be valid for 180 calendar days starting from the date of application.

### 1. APPLICANT DETAILS

Training Center/Organization Name			
Address of Principal Business office			
Address of Main Operations Base			
TC Satellite address, if applicable			
Current TC Certificate & Operations Specifications number		Expiry Date	
Head of Training Contact Details			
Name	Phone Number	E-Mail	

### 2. TRAINING COURSES DETAILS

No	Course Title
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### 3. MANAGEMENT STRUCTURE DETAILS

Post	Name	Contact No.	E-Mail
Accountable Manager			
Head of Training			
Quality Manager			
Safety Manager, if applicable			
Chief Flying Instructor, if applicable			
Chief Ground Instructor, if applicable			

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### 4. TRAINING STAFF DETAILS

Number of the employed TC Instructors	
Number of the employed Ground Instructors	
Number of the contracted TC Instructors	
Number of the contracted Ground Instructors	
Number of the employed TC Evaluators	
Number of the contracted TC Instructors	

\* Note: Training Staff numbers and details could be listed in attachment to this application form

### 5. FLIGHT SYNTHETIC TRAINING DEVICES DETAILS

No	A/C Type	FSTD Type (FFS/FTD/ATD)	FSTD level	Serial Number
1				
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### 6. APPROVED TRAINING FACILITIES DETAILS

#### (a) Flight Operations Accommodation

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

#### (b) Theoretical Training Facilities

Type	Location	Size	Number
Classroom			
CBT Room			
Rest Room			

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Staff office			
Record Keeping			

### 7. FINANCIAL DETAILS

Financial Requirements			
GACA Economic Authority Acceptance Number		Date	
*Attach copy of GACA Economics/Financial acceptance			

### 8. ACCOUNTABLE MANAGER DECLARATION

- I hereby apply for ( xxx ) Training Center Certificate renewal in accordance with GACAR PART 142 and other applicable GAGARs and EBOOK Volumes requirements;
- The minimum qualification requirements for each management position are in compliance with GACA requirements;
- ( xxx ) Training Center acknowledged that any change made in the assignment of persons in the required management positions must be notified the President within 10 working days;
- ( xxx ) Training Center Management and Personnel are committed to maintain continuous compliance with the GACAR PART 142 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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### GACA APPROVAL (GACA USE ONLY)

#### 1. GACA Assessment.

Training Center (TC) approval/certificate will be issued or renewed in accordance with the GACAR PART 142 and the other applicable GACARs and EBOOK Volumes

Application form and all Supporting Documents Assessment Status	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Applicant, (Training Center), has satisfactorily completed all required process and procedures	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Training Center Certificate Renewal Status	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected

#### 2. Remarks

No	
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#### 3. Approval Details

Training Center (TC) Name	
Certificate/Approval and Operations Specifications Expiry Date	
Others, if applicable	

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

No	Restriction or limitations
1	
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Air Safety Inspector (ASI) Name	Signature	Date

Training Center Project Manager (TC Principal Inspector) Name	Signature	Date

### 5. Application Form Attachments and supporting Documents

No	Supporting Documents	YES	NO
1	Copy of the Letter of Intent	<input type="checkbox"/>	<input type="checkbox"/>
2	GACA Economic Approval	<input type="checkbox"/>	<input type="checkbox"/>
3	Copy of Certificate/Approval fees slip	<input type="checkbox"/>	<input type="checkbox"/>
4	Management Approval/Acceptance Form (attached with relevant evidence)	<input type="checkbox"/>	<input type="checkbox"/>
5	Head of Training	<input type="checkbox"/>	<input type="checkbox"/>
6	Chief Flying Instructor, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
7	Chief Ground Instructor, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
8	Safety Manager (SMS), if applicable	<input type="checkbox"/>	<input type="checkbox"/>
9	Quality Manager	<input type="checkbox"/>	<input type="checkbox"/>
10	Manuals Approval/Acceptance Forms & Compliance Checklists	<input type="checkbox"/>	<input type="checkbox"/>
11	Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>
12	Training Manual	<input type="checkbox"/>	<input type="checkbox"/>
13	Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>
14	Safety Management System manual, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
15	Operations Manual Compliance checklist	<input type="checkbox"/>	<input type="checkbox"/>