

APPLICATION FOR PILOT SCHOOL CERTIFICATION

Name of School	Telephone No.	Address of Principal Business Office
Location of Main Operation Base		Location of Satellite Bases(s)
Application Is Hereby Made For		
<input type="checkbox"/>	Issuance of a Pilot School Certificate and associated Operations Specifications to conduct the training courses identified below, and for the approval of these courses (<i>three copies of each course outline are attached</i>); also, examining authority is requested for the courses appropriately checked.	
<input type="checkbox"/>	Renewal of a Pilot School Certificate and associated Operations Specifications currently numbered _____ which expires on _____	
<input type="checkbox"/>	without changes to the currently approved course outlines.	
<input type="checkbox"/>	with addition of course(s) identified below for which approval is requested (three copies of each course outline is attached), including request for examining authority for the course(s) appropriately checked;	
<input type="checkbox"/>	with deletion of course(s) identified below from the curriculum.	
<input type="checkbox"/>	Amending the current Pilot School Certificate and associated Operations Specifications numbered _____ which expires on _____	
<input type="checkbox"/>	by adding the course(s) identified below for which approval is requested (three copies of each course outline are attached), including request for examining authority where appropriately checked;	
<input type="checkbox"/>	for deletion of the course(s) identified below from the curriculum	
Chief Inspector _____		
List of Aircraft		
Make	Model	Registration Mark
I (WE) certify that I am (we are) familiar with GACAR Part 5 & 141 of the GACA, and, to the best of my (our) knowledge, believe that my (our) school meets the requirements for certification as prescribed therein.		
Signature	Title	
	ACCOUNTABLE EXECUTIVE(GACAR 5.25 a)	
	MANAGEMENT REPRESENTATIVE SMS (GACAR 5.25 c)	
	ACCOUNTABLE MANAGER GACAR 141.49(d)	
Date		
FOR GACA USE ONLY		
<input type="checkbox"/>	Approved <input type="checkbox"/> a Provisional Pilot School Certificate <input type="checkbox"/> a Pilot School Certificate, either with associated Operations Specifications bearing the number shown above is issued effective and which expires on _____ <input type="checkbox"/> Renewal without amendments <input type="checkbox"/> Renewal with amendments _____	
<input type="checkbox"/>	Disapproved	
Signature of Approving Official	Title	Date

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INSTRUCTIONS TO THE APPLICANT

Submit an original and one copy of this application, completed in full, along with the required number of attachments where specified on the face of this form, to the GACA SS&AT Office having jurisdiction over the area in which the school is located.

Signatures on the application should be as follows:

1. Application from a corporation should be signed by the president or such other officers as authorized by the corporation by-laws to sign for the corporation and certified to by the corporate secretary attesting to the authority of the individuals to sign such a document;
2. Application from a company, club, or association should be signed by the president or such other officer or director as authorized by the organization's by-laws, and attested to by the secretary.

IDENTIFICATION OF TRAINING COURSES (CONTINUED)

NOTE: Where examining authority for a course is desired, place an "X" in the box adjacent to the course identification.

<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

THE FOLLOWING SPACE FOR GACA USE ONLY

Recommendations of Inspector(s)

Inspectors' Signatures and Dates

For Operations	For Airworthiness
Date	Date