



**Flight Operations Standards Department**  
**General Aviation & Training Section**  
**FTOs & TRTOs Approval Revalidation Application Form**

Submit at least 30 days before Approval certificate expiry date

**1. Applicant Details.**

<b>• Organization Name</b>	<b>• Type of Approval</b>		
<b>• Address</b>	<input type="checkbox"/> FTO	<input type="checkbox"/> TRTO	
<b>• Head of Training Contact Details</b>	<b>Name</b>	<b>Phone Number</b>	<b>E-Mail</b>

**2. Approved Training Courses Details.**

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

**3. Approved Management Structure Details.**

Post	Name	Phone No.	E-Mail
• Head of Training			
• Chief Flying Instructor			
• Chief Ground Instructor			
• Quality Manager			

**4. Training Staff Details.**

• Number of the employed flight instructors	
• Number of the employed ground instructors	

**5. Number of Students Details. (by course)**

Approved Course Name	Number of Students
•	
•	
•	
•	
•	
•	
•	
•	

**6. Approved Training Facilities Details.**

**(a) Flight Operations Accommodation.**

Type	Location	Size	Number
• Operations Room			
• Planning Room			
• Briefing Room			
• Rest Room			
• Staff Office			
• Hanger			





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**(b) Theoretical Instruction Facilities.**

Type	Location	Size	Number
• Class Room			
• Rest Room			
• Staff office			

**7. Approved Flight Synthetic Training Devices Details.**

No	FSTD (BITD, FTD, FNPT I, FNPT II, FNPT II – MCC, FFS – A/B/C/D)	Serial
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**8. Approved Training Helicopters Type Details.**

**(a) \*Single Engine. (FTO only)**

No	Helicopters Type	Registration Number	IFR Equipment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**\*Note:** helicopters shall met the requirements of Appendix- 1a to JCAR FCL2.055(25)Flying Training Organizations for pilot licenses and ratings





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**(b) Multi Engine. (FTO only)**

No	Helicopters Type	Registration Number	IFR Equipment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**(c) Type Rating Aircraft. (TRTO only and if applicable)**

No	Helicopters Type	Registration Number	IFR Equipment
1			
2			
3			
4			
5			

**9. Financial Details.**

Financial Requirements	
• Capital expenditure necessary to provide the planned facilities	
• Costs associated with running each of the courses for which approval is sought	
• Income forecasts for the period of approval	
• A forecast financial operating statement for the business for which approval is sought	
• Details of any other financial trading arrangement on which the viability of the approved organisation may be dependent	

**10. Application Form Attachments.**

• A forecast financial operating statement for the business for which approval is sought
• Details of any other financial trading arrangement on which the viability of the approved organisation may be dependent

**8. Accountable Manager Declaration.**

I hereby apply for the above named <input type="checkbox"/> Flight Training Organisation <input type="checkbox"/> Type Rating Training organization Approval revalidation in compliance with Appendix 1 to JCAR FCL <input type="checkbox"/> 1.055 / <input type="checkbox"/> 2.055, and I certify that, the information contained in this application is true, corrected and completed		
<b>Name</b>	<b>Signature</b>	<b>Date</b>

