



Flight Operations Standards Directorate
Flight Crew Licensing & Training Section - Type Rating Training Organization - Training Approval
Prospective Operator's Pre-Assessment Statement Application Form

Section A - For Applicant Use Only

1. Organization Details.

a Company Details

(1)	Registered name	
(2)	Trading name if different	
(3)	Mailing address	
(4)	Telephone	
(5)	Fax	
(6)	E-mail	

b Principal Place of Business

(1)	Mailing address	
(2)	Telephone	
(3)	Fax	
(4)	E-mail	

c	Proposed Training Courses	

d Proposed Start Date

e Type Rating Training Organization Focal Point

Name	Phone No.	E-Mail

2. Management Details.

No	Title	Name	Phone No.	E-mail
a	Accountable manager			
b	Head of training			
c	Chief of flight instructors			
d	Chief of ground instructors			
e	Quality manager			
f	Safety management system manager			

3. Applicant Signature for the Information Contained in This Form.

• I am applying for training approval in accordance with JCAR FCL 1 as detailed above

Name	Phone No.	E-Mail



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SECTION B - For CARC Use Only

4. Training Approval Assessment Arrangements.

a	Date received by flight operations standards directorate	
c	Preliminary assessment set date	

5. Training Approval Assessment Team

a	Flight operations standards directorate focal point name	
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6. Training Approval Assessment Events

No	Assessment Events	SAT	UNSAT
a	Check the proposed company details in accordance with JCAR Part 201		
b	Check the proposed principal place of business details is in accordance with JCAR FCL 1		
c	Check the proposed management details are in accordance with JCAR FCL 1		
d	Check the proposed type of training approval details are in accordance with JCAR FCL 1		

7. Training Approval Unsatisfactory Results Details - If applicable

a	
b	
c	
d	

8. Training Approval Assessment Team Recommendation

a	<input type="checkbox"/> Satisfactory prospective operator's pre-assessment statement - Applicant is eligible to start the training approval
b	<input type="checkbox"/> Unsatisfactory prospective operator's pre-assessment statement - Applicant request is rejected

9. Assessment Team Signatory

Name	Signature	Date