



**Flight Operations Standards Directorate**  
**Commercial Air Transport Section - Aviation Training Organization - Initial Safety Training Approval**  
**Initial Safety Training Approval Issuance Application Form**  
 Submit at least 30 days before the intended date of training  
 Application shall be valid for 90 calendar days starting from the date of application

**Section A - Organization**

**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 Subject**      • **Initial Safety Training**

**d Proposed Start Date**

**e Proposed Training Details**       **Initial Training Approval**       **Additional Training Approval**

**f  For Additional Training Approval Only List JCARs Approved Training Subjects**

|      |  |
|------|--|
| (1)  |  |
| (2)  |  |
| (3)  |  |
| (4)  |  |
| (5)  |  |
| (6)  |  |
| (7)  |  |
| (8)  |  |
| (9)  |  |
| (10) |  |

**g Aviation Training Organization Focal Point**

| Name | Phone No. | E-Mail |
|------|-----------|--------|
|      |           |        |

**2. Nominated Approved/Accepted Management Details.**

| No | Title                           | Name | Phone No. | E-mail |
|----|---------------------------------|------|-----------|--------|
| a  | Head of training                |      |           |        |
| b  | Quality manager                 |      |           |        |
| c  | Initial safety training manager |      |           |        |

**3. Initial Safety Training Approval Application Attachments.**

a For the training approval issuance application attachments refer to the initial safety training approval issuance process form



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**4. Initial Safety Training Staff Details.**

|   |                                      |  |
|---|--------------------------------------|--|
| a | Cabin safety instructor(s) name      |  |
| b | Cabin crew CRM instructor(s) name    |  |
| c | First Aid instructor(s) name         |  |
| d | Aviation security instructor(s) name |  |
| e | Dangerous goods instructor(s) name   |  |
| f | Cabin safety examiner(s) name        |  |

**5. Training Site Details.**

|     |                                       |  |
|-----|---------------------------------------|--|
| a   | Theoretical training location/address |  |
| b   | Practical training location/address   |  |
| (1) | Aircraft mock up                      |  |
| (2) | Door trainer                          |  |
| (3) | Fire and smoke training facilities    |  |
| (4) | Water survival training facilities    |  |

**6. Training Facilities - Class Rooms Details.**

|   |        |  |
|---|--------|--|
| a | Number |  |
| b | Size   |  |

**7. Accommodation Facilities - Staff Rooms Details.**

|   |        |  |
|---|--------|--|
| a | Number |  |
| b | Size   |  |

**8. Accountable Manager Declaration.**

I hereby apply for initial safety training approval in accordance with JCAR OPS 1, and declare that the information above is true, correct and completed

| Name | Signature | Date |
|------|-----------|------|
|      |           |      |

**Section B - For CARC Use only**

|  |  |
|--|--|
| • Date received by flight operations standards directorate |  |
|--|--|