

# Flight Operations Standards Department

# General Aviation & Training Section

# FTOs & TRTOs Approval Variation Application Form

Submit at least 30 days before intended date of variation

1. Applicant Det	ails.
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Organization Name	• Type of Approval			□ TRTO
Address				
Head of Training Contact	Name	Phone Number	E-	Mail
Details				

#### 2. Approved Training Courses Details.(as define in JCAR FCL)

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 flight instructors employed	
<ul> <li>Number of ground instructors employed</li> </ul>	

#### 5. Approved Training Facilities Details.

### (a) Flight Operations Accommodation.

Туре	Location	Size	Number
Operations Room			
Planning Room			
Briefing Room			
Rest Room			
Staff Office			
Hanger			

#### (b) Theoretical Instruction Facilities.

Туре	Location	Size	Number
Class Room			
Rest Room			
Staff office			





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# 6. 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		

# 7. 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			

<sup>\*</sup>Note: Helicopters shall met the requirements of Appendix- 1a to JCAR FCL2.055(25)Flying Training Organisations for pilot licenses and ratings

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

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





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### (c) Type Rating Helicopters. (TRTO only and if applicable)

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

#### 8. Approved Manuals Details.

Manual/ Documentation	Approved Date
Operations Manual	
Training Manual	
Quality Manual	
Safety management system manual	

#### 9. Approved Quality System Details.

Audit Time Scale	Audits Numbers
Audits Scheduled since last CARC audit	
Audits completed since last CARC audit	
Scheduled Audits still to be commenced	

#### 10. Required Approval Variation.

#### (a) Variation Area.

☐ Operator Name is changed	☐ Operator location ( principle place of businesses) is changed
☐ New training course added	☐ Expiration date for approval period of validity

#### (b) Variation Area Details.

# 11. \*Variation Application Form Attachments. For Operator Name change, Operator location change and New training course add the required attachments are:

Manual/ Documentation		
Variation study fees slip		
Variation approval process form		
Operations Manual		
Training Manual		
Safety management system manual		
Quality Manual		
Course program		

#### 12. Accountable Manager Declaration.

I hereby apply for the above named $\square$ Flight Training Organisation $\square$ Type Rating Training Organization for Approval Variation in compliance with Appendix 1 to JCAR FCL 2.055, and I certify that, the information contained in this application is true, corrected and completed			
Signature	Date		



<sup>\*</sup>For Expiration date of the approval period of validity refer to Approval Issue