



**The Hashemite Kingdom Of Jordan  
Civil Aviation Regulatory Commission  
Application for Issue or Renewal ANS Training Center Certificate**

**1 Organisation Details**

Legal Name of Organization: *(The certificate will be issued in this name)*

Address for Service: (ie, a physical address)

Tel: Fax: Email:

Your reference: *(order number/contact person or other reference)*

**2 Reason for Application - Mark Appropriate Box**

Initial issue:  Renewal:

**3 Training Courses applied for (check appropriate)**

| Name of Course                    | Name of Course                                   | Name of Course                            | Name of Course                                       |
|-----------------------------------|--------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| Basic Aerodrome Control Course    | Approach & Area Control Surveillance             | Secondary Surveillance Radar              | Automatic Dependence Surveillance-Broadcast (ADS-B)  |
| Approach Control Procedural       | Aeronautical Telecommunication Operations        | Instrument Landing System (ILS)           | Very High Frequency (VHF)                            |
| Area Control Procedural           | ATS Reporting Officer                            | VHF Omni Range (VOR)                      | Mod S Radar                                          |
| Approach & Area Control Procedure | Basic Aeronautical Information Services (AIS)    | Global Navigation Satellite System (GNSS) | Aeronautical Flight Telecommunication Network (AFTN) |
| Approach Control Surveillance     | Human Factor for ATM                             | Basic Airfield Operations                 | Automatic Message Handling System (AMHS)             |
| Area Control Surveillance         | Controller Pilot Data Link Communication (CPDLC) | VHF Data Link (VDL)                       |                                                      |
| Others (Specify)                  |                                                  |                                           |                                                      |

**4. List of Instructor Persons and their areas of Training**

| Name | Area Of Training |
|------|------------------|
| 1.   |                  |
| 2.   |                  |
| 3.   |                  |
| 4.   |                  |
| 5.   |                  |
| 6.   |                  |

| Name | Area Of Training |
|------|------------------|
| 7.   |                  |
| 8.   |                  |
| 9.   |                  |
| 10.  |                  |

**5. Declaration**

This application is made for and on behalf of the ..... identified above. I certify that I am empowered by the ..... to ensure that all activities undertaken by the ..... can be financed and carried out to the standard required by the Jordan Civil Aviation Regulatory Commission.

I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.

Full name of (nominated) Accountable Manager: .....

Signature of (nominated) Accountable Manager: .....

Date of application: .....

The completed application together with the appropriate fee and supporting documentation should be submitted to:

**Chief Executive  
Civil Aviation Regulation Commission  
Jordan**

**6. CARC USE ONLY**

|                                                                                                                            |                   |                                  |
|----------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|
| 1. Received by (Name and signature):                                                                                       | 2. Date Received: | 3. Date Proposed for Inspection: |
| 4. CARC ANS Inspector (Name and signature):                                                                                | Signature:        | 5. Date Inspection Completed:    |
| 6. Recommended For: <input type="radio"/> Modification <input type="radio"/> Certificate <input type="radio"/> Disapproval |                   |                                  |
| 7. Date:                                                                                                                   | 8. Invoice No.    | ANSSD Director Sig.:             |

9. Remarks:

