

APPLICATION FORM
FOR AN ATO CERTIFICATE
ZAHTEJ
ZA IZDAVANJE ATO SERTIFIKATA

FCL-FRM-015

Tax receipt paid Administrativna taksa	€	CAA Archive stamp / Štambilj ACV	To be filled by CAA / Popunjava ACV
832-3161-26	5,00		

1	Application Zahtjev	to be fulfilled by the candidate popunjava kandidat
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Name of training organisation under which the activity is to take place
Naziv organizacije pod kojim imenom će obavljati aktivnosti

Applicant Name	<input type="checkbox"/>	Same as Applicant Name
	<input type="checkbox"/>	Other (please specify below)

Address (registered business address)	Certificate Address (To be printed onto the approval/certificate)
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<input type="checkbox"/> Same as Applicant Address	<input type="checkbox"/> Other (please specify below)
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Street / Nr		Street / Nr	
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Post Code		Post Code	
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City		City	
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Country		Country	
---------	--	---------	--

Billing Data	<input type="checkbox"/> Same as Applicant Address	<input type="checkbox"/> Other (please specify below)
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Street / Nr	
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Post Code	
-----------	--

City	
------	--

Country	
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Contact Person (responsible for this application)	Contact person (financial)
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Title		Title	
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Name		Name	
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First name		First name	
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Job title		Job title	
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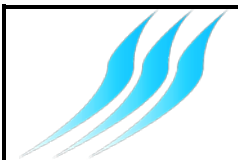
Phone/Fax		Phone/Fax	
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Email		Email	
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Identification of Activity	<input type="checkbox"/> Grandfathering Request
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<input type="checkbox"/> Initial Approval	<input type="checkbox"/> Change Approval	Approval N°:	
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Intended commencement of activity on	
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Training courses offered Kursevi obuke	Please fill Annex II of this application
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Head of Training (HT)		Type of Employment	
Name			
Licence Type		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Licence Number			
Chief Flight Instructor (CFI)		Type of Employment	
Name			
Licence Type		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Licence Number			
Chief Theoretical Knowledge Instructor (CTKI)		Type of Employment	
Name			
Licence Type		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Licence Number			

Total number of ground instructors		Total number of flight instructors	
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Aerodrome(s) / operating site(s) to be used Aerodromi / letelišta koja će se upotrebljavati	Please fill Annex IV of this application
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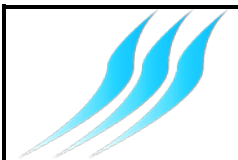
Flight operations accommodation	Please fill Annex V of this application
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Theoretical instruction facilities	Please fill Annex VI of this application
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Description of training devices (as applicable)	Please fill Annex VII of this application
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Description of aircraft	Please fill Annex VIII of this application
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Documents and manuals to be submitted with application	<input type="checkbox"/> Submitted electronics	<input type="checkbox"/> Submitted in written
<input type="checkbox"/> Management System Documentation	CV(s)	<input type="checkbox"/> Accountable Manager
<input type="checkbox"/> Operational Manual		<input type="checkbox"/> Head of Training
<input type="checkbox"/> Training Manual		<input type="checkbox"/> Chief flight instructor
<input type="checkbox"/> Training Programmes		<input type="checkbox"/> Chief theoretical knowledge instructor
<input type="checkbox"/> Training Records		<input type="checkbox"/> Flight Instructors CV
		<input type="checkbox"/> Theoretical knowledge Instructors



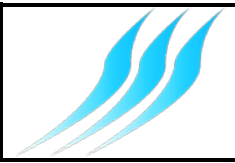
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DETAILS OF PROPOSED COMPLIANCE MONITORING SYSTEM	<i>Please enter the reference in your organisation's documentation</i>
Detailed description of the compliance monitoring function of the management system	
List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organisation	
Means and methods establishing the internal audit process	
Means and methods establishing the feedback system of audit findings to the accountable manager	
Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organisation remains in compliance with the applicable requirements	
Means and methods making personnel aware of their responsibilities	
Procedure for amending the documentation	
Means and methods to ensure initial and continued compliance of contracted activities	
Compliance with the requirement for the direct safety accountability of the accountable manager	
Compliance with the requirement for the organisation's safety policy	
Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods)	
Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)	
Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)	
Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)	
Notes: <i>If answers to any of the above questions are incomplete: Please provide full details of alternative arrangements separately.</i>	

Applicant's declaration and acceptance of the General Conditions and Terms of Payment		
<i>I declare that I have the legal capacity to submit this application to Montenegro CAA and that all information provided in this application form is correct and complete.</i>		
<i>I, the undersigned, on behalf of the applicant identified above certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.</i>		
Date/Place	Name of Accountable Manager	Signature

Enclosures (please tick the right field)	
Prilozi (označite odgovarajuća polja)	
<input type="checkbox"/>	Evidence of administrative charges paid / Dokaz o plaćenju administrativnoj taksi
<input type="checkbox"/>	Evidence of tax receipt paid / Dokaz o uplati odgovarajuće naknade
<input type="checkbox"/>	Annex I – List of sites where the training courses will be provided
<input type="checkbox"/>	Annex II – List of Training Courses to be provided
<input type="checkbox"/>	Annex III – List of Flight Instructors employed to provide the training courses offered
<input type="checkbox"/>	Annex IV – List of aerodromes and/or Operating Site(s) used to provide training courses
<input type="checkbox"/>	Annex V – List of all rooms used as flight operations accommodation
<input type="checkbox"/>	Annex VI – List of all rooms used as theoretical instruction facilities
<input type="checkbox"/>	Annex VII – List of all training devices used to provide training courses
<input type="checkbox"/>	Annex VIII - List of all aircraft used to provide training courses
<input type="checkbox"/>	If applicable / ukoliko je primjenljivo
<input type="checkbox"/>	Other (please note) Ostalo (molimo Vas da navedete)



Annex I: Training Sites

List of sites where the training courses will be provided

Please enter the full address details for each training site.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Insert additional lines if necessary



Annex II: Training Courses

List of training courses to be provided

Please enter the course name/identification/ course FCL type and select the type(s) of training.

	Course Name	Type of Training
1.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
2.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
3.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
4.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
5.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
6.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
7.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
8.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
9.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation
10.		<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training/Simulation

Insert additional lines if necessary



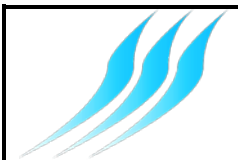
Annex III: Flight Instructors

List of flight instructors employed to provide the training courses offered

Please enter the name of the instructor, the type of Licence, the Licence number and employment type.

	Instructor Name	Type of Licence	Licence Number	Employment
1.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
2.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
3.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
4.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
5.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
6.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
7.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
8.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
9.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
10.				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Insert additional lines if necessary



Annex IV: Aerodrome(s) and/or operating site(s) to be used

List of aerodromes used to provide training courses

Please enter the full name and address of all aerodromes where trainings taking place.

	Aerodrome	
1.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
2.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
3.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
4.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
5.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
6.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
7.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
8.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
9.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility
10.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> Air traffic control <input type="checkbox"/> Flight testing facility <input type="checkbox"/> data reply facility

Insert additional lines if necessary



Annex V: Flight Operations Accommodation

List of all rooms used as flight operations accommodation

Please enter the location, number of rooms and size.

	Location	Number	Size (Length x Width)
1.			m x m
2.			m x m
3.			m x m
4.			m x m
5.			m x m
6.			m x m
7.			m x m
8.			m x m
9.			m x m
10.			m x m

Insert additional lines if necessary



Annex VI: Theoretical Instruction Facilities
List of all rooms used as theoretical instruction facilities
Please enter the location, number of rooms and size.

	Location	Number	Size (Length x Width)
1.			m x m
2.			m x m
3.			m x m
4.			m x m
5.			m x m
6.			m x m
7.			m x m
8.			m x m
9.			m x m
10.			m x m

Insert additional lines if necessary



Annex VII: Training Devices

List of all training devices used to provide training courses

Please identify the device, the aircraft type and type of device.

	Identification (if applicable)	Type of Aircraft (if applicable)	Type of Device
1.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
2.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
3.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
4.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
5.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
6.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
7.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
8.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
9.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD
10.			<input type="checkbox"/> FFS <input type="checkbox"/> FTD 1 <input type="checkbox"/> FNPT I <input type="checkbox"/> FTD 2 <input type="checkbox"/> FNPT II <input type="checkbox"/> FTD 3 <input type="checkbox"/> FNPT III <input type="checkbox"/> BITD

Insert additional lines if necessary



Annex VIII: Aircraft

List of all aircraft used to provide training courses

Please identify the aircraft registration, type designation and IFR.

	Registration	Class/Type of Aircraft	Equipped
1.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
2.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
3.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
4.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
5.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
6.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
7.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
8.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
9.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation
10.			<input type="checkbox"/> IFR <input type="checkbox"/> Flight test instrumentation

Insert additional lines if necessary



Completion Instructions:

- ✓ Please enter the full name of the company as it appears on the Article/Certificate of incorporation of the company. In case the applicant is not a company but a natural person, please enter the full name as it appears in your ID Card/Passport.
- ✓ Please enter the address of the registered office as it appears on the Article/Certificate of incorporation of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered.
- ✓ The name and contact details specified in this section are those of the person responsible for the application.
- ✓ The (company) name specified in this section will be printed on the certificate EASA will issue.
- ✓ The address specified in this section, the registered business address, will be printed on the certificate EASA will issue.
- ✓ Training sites: all sites where training submitted to approval is provided such as the main site where the major part of the training is conducted and any satellite site located in a different place where other facilities are available and used for training. Typically training sites located in different cities or countries are to be indicated separately. Sites not declared in the application form will not be inspected and will not be part of the terms of approval of the organisation. Once an approval has been issued, including sites not declared in the application form will require the organisation to apply for a change to the terms of the approval already issued.
- ✓ The (company) name specified in this section will be printed on the invoice/s CAA will issue.
- ✓ The address specified in this section will be printed on the invoice/s CAA will issue.
- ✓ The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the EASA invoices. (e.g. accounts payable clerk)
- ✓ The email specified will be used to provide you with an advance PDF copy of the CAA invoice(s)
- ✓ The (company) name specified in this section is where CAA will send the original certificate/approval.
- ✓ The address specified in this section is where CAA will send the original certificate/approval.
- ✓ The contact person of this section is the person the approval will be sent to.
- ✓ Please list in Annex II all Part-FCL courses the pilot training organisation intends to provide under the scope of the Part-ORA approval sought, so that:
 - ✓ The course name or identifier is unique for each course but also unique for each different version of the same course (if any). Similar courses with different syllabuses or entry levels, different breakdown or sequencing of the theoretical/flight/simulator sessions, are to be considered different.
 - ✓ The course FCL type indicated refers to a Part-FCL course as identified by the relevant requirement in Aircrew regulation 1178/2011 as amended.
 - ✓ Examples:
 - ✓ Course name/ref. PPL-08V001b; Course Type PPL(A) FCL.210.A(b) for a PPL (A) course for trainees holding a LAPL(A)
 - ✓ Course name/ref. PPL-09V002; Course Type PPL(A) FCL.210.A(c) for a PPL (A) course for trainees holding a LAPL(S) + TMG
 - ✓ Course name/ref. ATPL-A1/05; Course Type ATPL(A)Part-FCL Appendix I §3.1 for an ATPL theoretical bridge course from (H) to (A)
 - ✓ Course name/ref. ATPL-H2/01; Course Type ATPL (H) Part-FCL Appendix I §3.1 for an ATPL theoretical bridge course from (A) to (H)
 - ✓ ATOs under Grandfathering shall refer to Part-FCL requirements that best reflect the JAR FCL approved course to be grandfathered as indicated above as much as possible.
 - ✓ This list of courses must match the lists in the manuals of the organisation
 - ✓ Please enter the name, license type, license number and type of employment of the Head of Training (HT).
 - ✓ Please enter the name, license type, license number and type of employment of the Chief Flight Instructor (CFI).
 - ✓ Please enter the name, license type, license number and type of employment of the Chief Theoretical Knowledge Instructor (CTKI).
 - ✓ Please list in Annex III all Flight Instructors involved in the delivery of courses listed in Annex II. Any instructor providing flight instruction in an aircraft to deliver the courses listed in Annex II shall be included in Annex III.
 - ✓ This list of Flight Instructors shall match the lists in the manuals of the organisation.
 - ✓ Please provide the total number of ground and flight instructors.
 - ✓ Please list in Annex IV all aerodromes and /or the operating sites that the organisation intends to use to provide the courses listed in Annex II.
 - ✓ The word "aerodrome" is associated with airplanes while for helicopters and other categories of aircraft the concept of "operating site" is more appropriate (refer to ICAO Annex 6). Do not confuse "Operating Site" in Annex IV with "Flight Operations Accommodation" in Annex V of this application form.
 - ✓ This list of aerodromes and /or the operating sites shall match the lists in the manuals of the organisation.
 - ✓ Please list in Annex V all Flight Operations Accommodation that the organisation intends to use to provide the courses listed in Annex II.
 - ✓ This list of Flight Operations Accommodation shall match the lists in the manuals of the organisation.



- ✓ Please list in Annex VI all Theoretical Instruction Facilities that the organisation intends to use to provide the courses listed in Annex II.
- ✓ This list of Theoretical Instruction Facilities shall match the lists in the manuals of the organisation.
- ✓ Please list in Annex VII all Training Devices that the organisation intends to use to provide the courses listed in Annex II.
- ✓ Each device shall be qualified according to the requirements and specifications stipulated in Regulation (EC) No. 216/2008 as amended and its implementing rules and in particular Part ORA of Aircrew Regulation (EU) No1178/2011 as amended.
- ✓ The organisation's manuals shall clearly identify the use of each Training Devices for the delivery of each course provided as listed in Annex II of this form.
- ✓ ATOs under Grandfathering shall provide, for each training device listed, a formal JAR FCL user approval demonstrating compliance with all JAR FCL requirements and particularly JAR-FCL 1.005 (a)(4).
- ✓ This list of Training Devices shall match the lists in the manuals of the organisation.
- ✓ Please list in Annex VIII all aircraft that the organisation intends to use to provide the courses listed in Annex II.
- ✓ The organisation's manuals shall provide the details required by ORA.ATO.105 (v) and particularly identify the owner of each aircraft listed.
- ✓ This list of aircraft shall match the lists in the manuals of the organisation.
- ✓ Tick each relevant box to indicate if the document is joined to the application form.
- ✓ For each item listed (13.1 to 13.14), provide the reference of the documented evidence available in the organisation's manuals or controlled documentation.
- ✓ ATOs under Grandfathering shall enter the reference to their the relevant part of their implementing plan explaining how the organisation is going to adapt its management system, training programmes, procedures and manuals to be compliant with Part-ORA (Annex VII) by 8 April 2014 at the latest as required by Article 10a paragraph 2 of Aircrew Regulation (EU) 1178/2011 as amended by Regulation (EU) 290/2012.
- ✓ Do not forget to provide the copy of your Certificate of Incorporation or the equivalent official document confirming the legal status of your organisation
- ✓ Please indicate whether you require EASA to provide a quote prior to the project start by ticking the box. Please note that the provision of a quote will lead to delays in the start of the project.
- ✓ Please make sure that the accountable manager signs the application form.
- ✓ Note 1: If answers to any of the questions are incomplete, the applicant should provide full details of alternative arrangements separately.
- ✓ Abbreviations used
- ✓ IFR: instrument flight rules,
- ✓ FFS : full flight simulator,
- ✓ FNPT: flight and navigation procedures trainer,
- ✓ FTD: flight training device,
- ✓ BITD: basic instrument training device