



Telephone number:	+264 83 235 2485	Fax Number:	+264 TBA
Physical address:	No.4 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag 12003, Ausspannplatz, Windhoek, NAMIBIA	E-mail	licensing@ncaa.na

PROSPECTIVE AVIATION TRAINING ORGANISATION PRE-APPLICATION STATEMENT (PATOPS)

To be completed by Prospective Aviation Training Organisation	All applicants to complete Items 1-11
---	---------------------------------------

PART 1 GENERAL

1.	<p>a. Legal name (company) and Trade Name (business name if different from company name).</p> <p>b. Physical address of the principal (main) base where TRAINING will be conducted, include address of secondary base of operation, if appropriate (do not use a post office box).</p> <p>c. Physical address of the principal (main) base where MAINTENANCE will be conducted, include address of secondary base of operation, if appropriate (do not use a post office box).</p> <p>d. Physical location of airfields to be used to train off (Other than the main base and only airfields that will be utilised for circuit and landing training as specified and approved in the Manual of Procedures)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">ICAO DESIGNATOR</td> <td style="width: 25%;"></td> <td style="width: 25%;">ICAO DESIGNATOR</td> <td style="width: 25%;"></td> </tr> <tr> <td>ICAO DESIGNATOR</td> <td></td> <td>ICAO DESIGNATOR</td> <td></td> </tr> </table> <p>Others (list by name if no designator)</p> <p>e. Organisation Contact Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Telephone number</td> <td style="width: 25%;"></td> <td style="width: 25%;">Fax number</td> <td style="width: 25%;"></td> <td style="width: 25%;">e-mail address</td> <td style="width: 25%;"></td> </tr> </table>										ICAO DESIGNATOR		ICAO DESIGNATOR		ICAO DESIGNATOR		ICAO DESIGNATOR		Telephone number		Fax number		e-mail address	
ICAO DESIGNATOR		ICAO DESIGNATOR																						
ICAO DESIGNATOR		ICAO DESIGNATOR																						
Telephone number		Fax number		e-mail address																				
2.	Proposed Start of Operations Date																							
	Y	Y	Y	Y	M	M	D	D																
3.	Requested company identifier (in order of preference)																							
											a.													
											b.													
	c.																							
4.	Existing Aviation Training Organisation Number if applicable:																							
5.	Management Personnel - Required by Regulation 141.02.4: the full name and surname, qualifications and experience of each of the following officials: (Submit CV of each)																							
	Staff member		Full name & surname				Qualifications			Experience														
	a	Chief executive officer																						
	b	Responsible person: Training																						
	c	Responsible person: Aircraft																						
	d	Air Safety Officer																						
	e	Quality Assurance Officer																						
	f	Responsible Person Ground training																						
	g	Responsible Person Examination Test Centre (If applicable)																						
	h	Responsible Person Language Test Centre (If applicable)																						
6.	Other Key Management Personnel - In addition to the required management and technical positions, we request that you identify other key personnel(Designated Flight Examiners, ground lecturers, AMEs) (Submit CVs)																							
	Name				Title				Telephone Number (Including Area Code)															

k	Proposed Training Areas	a	FAD		FAD	
		b	FAD		FAD	
		c	FAD		FAD	

PART 2: APPLICANT FACILITIES

OPERATION <i>New entrant applicants and existing organisations proposing changes affecting the following areas should complete this section.</i>						
9.	AREA	Name			Location	
	Training Facilities: (e.g., simulators ground training, training devices, etc.)					
	Contract Training: (e.g., crew-member, ground, maintenance, etc.)					
	Training Records: (e.g., crew-member, dispatch, maintenance, etc.)					
	Crewmember/dispatch records:					
	Type of Maintenance performed: (Principal Maintenance Base)					
	Type of Contract Maintenance:					
	Satellite stations:					

PART 3: MANUALS

To expedite the process, manuals could initially be submitted in electronic format.

10.	Identify any manuals to be written other than by the applicant itself:					
	Manual Title (manual number if applicable)					
	Identify Contractor, Liaison or Author of each					
	Identify Manuals to be written by applicant:					
	Manual Title (manual number if applicable)					
	Identify Author of each					

PART 4

11. APPLICANT INTENTIONS: COMPANY EXECUTIVE OR AUTHORIZED PERSON

*The statements and information contained on this form indicate an intent to apply for NCAA certification.
To be completed by the Accountable Manager (i.e. CEO).*

Legal name (company) and Trade Name (business name if different from company name):

I understand that the named company must be able to comply with the Namibian Aviation Legislation, Namibian Civil Aviation Regulations (NAMCAR) with respect to all matters regulating the issuance of an Aviation Training Organisation certificate. I further understand that the above named company shall not commence operation until it is in possession of an Aviation Training Organisation Certificate. The owner shall meet company requirements for ownership as defined in Legislation. **(Signature to certify understanding)**

SIGNATURE OF COMPANY EXECUTIVE OR AUTHORIZED PERSON OF OPERATOR			NAME IN BLOCK LETTERS			DATE		
Name and Title of Company Executive: (Please Print)								

PART 5: TO BE COMPLETED BY NCAA

Received by NCAA on									Remarks:
	Y	Y	Y	Y	M	M	D	D	
Coordinated with AWD									
	Y	Y	Y	Y	M	M	D	D	
SIGNATURE OF INSPECTOR			NAME IN BLOCK LETTERS			DATE			

NOTICE: The Directorate, (NCAA), will not undertake a quality assurance role with regard to any form or document submitted in application for a service. Documentation that contains errors or does not meet regulatory requirements will be returned for correction.

