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| C:\Users\Eduardo\Desktop\FCL HSK 202301\ÉKM_logo_csak címer.jpg  Ministry of  Construction and Transport | | Part-ORA ATO  Application for an organisation certificate  In accordance with Annex VII (Part-ORA) of Regulation (EU) 1178/2011 |
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|  | **Organisation’s data** | |
|  | Registered name: | |
| Commercial name (if different): | |
|  | Name of Accountable Manager: | Place and date of birth: |
| Position of Accountable Manager: | |
|  | Registered address: | |
| Post code: | Country, City: |
| Street: | Number: |
|  | Postal address: | |
| Post code: | Country, City: |
| Street: | Number: |
|  | Invoicing address: | |
| Invoicing name: | |
| Post code: | Country, City |
| Street: | Number: |
|  | Telephone number: | Email: |
| Fax: | Home page: |
|  | Other approvals of the organisation: (Reference No.: ); | |
|  | **Application for an ATO certificate** | |
|  | ☐ Initial issue  ☐ Change (ref. no.: ) | |
|  | In the event of a change, a brief description of the change: | |
|  | Planned date of starting of activity: | |
|  | Training courses offered: | |
|  | ☐ Providing training only for LAPL/PPL/SPL/BPL holders | |
| ☐ Providing training also for CPL/MPL/ATPL holders | |
|  | **Head of Training (HT)** | |
| Name: | |
| Place and date of birth: | |
| Type and number of licence: | |
| Full-time or part-time: | |
|  | **Chief flight instructor (CFI)** | |
| Name: | |
| Place of birth, time: | |
| Type and number of licence: | |
| Full-time or part-time: | |
|  | **Chief theoretical knowledge instructor (CTKI):** | |
| Name: | |
| Place and date of birth: | |
| Type and number of licence: | |
| Full-time or part-time: | |
|  | **Other senior persons in the organisation related to the application:** | |
| **Safety Manager:** | |
| Name: | |
| Place and date of birth: | |
| Full-time or part-time: | |
| **Compliance monitoring manager:** | |
| Name: | |
| Place and date of birth: | |
| Full-time or part-time: | |
|  | **Flight Instructors (FI)** | |
|  | |
|  | **Theoretical instructors:** | |
|  | |
|  | **Aerodrome(s)/Operating site(s):** | |
|  | |
|  | **Flight operations accommodation:** | |
|  | |
|  | **Theoretical instruction facilities:** | |
|  | |
|  | **Training devices (FSTD-k):** | |
|  | |
|  | **Training aircrafts:** | |
|  | |
|  | **Documents and Manuals:** | |
|  | |
|  | **Details of the Compliance Monitoring System:** | |
|  | |
|  | **Complexity of the organisation** | |
| ☐ My organisation is complex i.a.w AMC1 ORA.GEN.200(b) | |
| ☐ My organisation is non-complex i.a.w AMC1 ORA.GEN.200(b) | |
|  | **Declaration of the applicant** | |
| According to the information given above and according to Commission Regulation 1178/2011/EU Annex VII. (Part-ORA) ORA.GEN.115 and ORA.ATO.105, Aviation Authority is requested to issue a Part-ORA ATO certification, modify my previous ATO certificate or approve the planned change of ATO.  I hereby declare that all information given above is correct to the best of my knowledge without concealing any relevant data or providing any misleading or false information and all person named above are corresponding to the relevant requirements based on its position.  I understand that in case of incomplete fulfilment of the application or missing documents, Aviation Authority will ask for missing data or documents.  I hereby also declare i am aware of the relevant parts of the Part-ORA and Part-FCL/BFCL/SFCL and I attached the necessary documents according to it.  I hereby acknowledge that in the event to providing false or misleading information, the Aviation Authority may deny the application. | |
| Signature | Date |
|  | |
|  | **Procedural fee paid:** | |
|  | |
|  | **Remark to the Authority:** | |
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**Completion instructions**

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| 1.4, 1.5 | The postal or invoicing address shall be provided only if it is different from the registered office. |
| 2.1 | In the event of an amendment, only the parts that are affected by the change shall be filled in in the application form. |
| 2.4 | When listing courses, use Part-FCL/SFCL/BFCL names and abbreviations and list all courses to be approved. |
| 7. | Please give the reference of the list of the flight instructors included in the manual, which should contain the following data at least: name, place and date of birth, type and number of licence, full or part time, instructed courses. |
| 8. | Please give the reference of the list of the theoretical instructors included in the manual, which should contain the following data at least: name, place and date of birth, type and number of licence, full or part time, instructed courses. |
| 9. | Please give the reference of the list of the aerodrome(s)/operating site(s included in the manual, which should contain the following data at least: name, identification code, accommodation and facilities to be used for training. |
| 10. | Please give the reference of the list of the flight operations accommodation included in the manual, which should contain the following data at least: location, address, descriptions, equipment, dimensions, capacity, layout, relevant courses. |
| 11. | Please give the reference of the list of the theoretical instruction facilities included in the manual, which should contain the following data at least: location, address, descriptions, equipment, dimensions, capacity layout, and relevant courses. |
| 12. | Please give the reference of the list of the training devices included in the manual, which should contain the following data at least: name, qualification certificate number, description, location, relevant courses. |
| 13. | Please give the reference of the list of the training aircrafts included in the manual, which should contain the following data at least: Type/class, Registration number, type of airworthiness certificate, home base, equipment, relevant courses. |
| 14. | Please list the Manuals relevant to the ATO application. |
| 15. | Please give the references of the Manual where the compliance monitoring system is described. |
| 16. | On a basis of self-assessment please indicate whether your organisation is complex or non-complex i.a.w AMC1 ORA.GEN.200(b). |
| 17. | Must be signed by the accountable manager. |