



LATVIJAS REPUBLIKA
CIVILĀS AVIĀCIJAS AĢENTŪRA
REPUBLIC OF LATVIA
CIVIL AVIATION AGENCY

Airport "Rīga" 10/1, Marupe count, LV-1053, Latvia, Phone (+371) 67 830936, Fax (+371) 67 830967

Application for ATO Approval in accordance with ORA.ATO.105

(0) Preface

1. Data protection

Indicate the preferred language of communication with LVCAA for all issues related to this application.

Personal data included in this Application for ATO Approval (further - Application) is processed by CAA of Latvia (further - LVCAA) pursuant to the application made herein in accordance with the Basic regulation and its implementing rules.

It will be processed solely for the purposes of the performance, management and follow-up of the Application by the LVCAA, without prejudice to possible transmission to internal and external audit services.

The Applicant shall have the right of access to his personal data and the right to rectify any such data that is inaccurate or incomplete.

Should the Applicant have any queries concerning the processing of his personal data, he/she shall address them to the LVCAA.

2. Instructions

The information in Application shall be entered in a clearly legible way.

Each section has short description of how to fill in the information. Pay attention to every detail requested.

The applicant is obliged to provide full and complete data and supporting documentation in accordance with all the applications made pursuant to Regulation (EU) 216/2008 and its implementing rules. Failure to provide such full and complete data and supporting documentation shall result in the full application being returned to the applicant. LVCAA shall not be liable for any such delays caused.

During the processing of documents LVCAA may return the Application in part or in its entirety to the Applicant, in such cases that the Application fails to satisfy the requirements of Regulation (EU) 216/2008 and its implementing rules, in such cases LVCAA shall not be liable for any delays caused.

Where copies of contracts are to be attached to the Application, these are intended only insofar as they establish compliance with the requirements of Regulation 216/2008 and its implementing rules, therefore it is acceptable to delete sensitive data (e.g. prices) contained therein.

INTENTIONALLY BLANK

(I) The Applicant

1. Applicant's Data			<i>For CAA Use Only</i>		
<p>In section 1.1 enter the full name of the company as it appears on the Certificate of incorporation of the company and the Company registration number. In case the applicant is not a company but a natural person, please enter the full name and as it appears in your ID Card/Passport.</p> <p>In section 1.2 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.</p> <p>In section 1.3 enter the name, surname and contact details specified are those of the person responsible for the application.</p>			Checked	Sufficient	Notes
1.1 Name					
1.2 Address	Street / No.				
	Post Code				
	City				
	Country				
1.3 Contact Person	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
	Name				
	Job title				
	Phone/e-mail				

2. Certificate Data		For CAA Use Only		
		Checked	Sufficient	Notes
In section 2.1 enter the name will be printed on the certificate LVCAA will issue. In section 2.2 enter the address will be printed on the certificate LVCAA will issue.				
<input type="checkbox"/> Same as in section 1 (→continue with section 3)				
2.1 Name	<input type="checkbox"/> Same as in section 1.1 (→continue with section 2.2)		<input type="checkbox"/> Other (please specify below)	
	Name			
2.2 Address	<input type="checkbox"/> Same as in section 1.2 (→continue with section 3)		<input type="checkbox"/> Other (please specify below)	
	Street / No			
	Post Code			
	City			
	Country			

3. Training Sites			For CAA Use Only		
			Checked	Sufficient	Notes
<p>List 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.</p>					
Address (1)	Street / No.				
	Post Code				
	City				
	Country				
Address (2)	Street / No.				
	Post Code				
	City				
	Country				
Address (3)	Street / No.				
	Post Code				
	City				
	Country				

Insert additional lines if necessary

4. Billing Data		For CAA Use Only		
		Checked	Sufficient	Notes
<p>In section 4.1 enter the name will be printed on the invoice/s LVCAA will issue.</p> <p>In section 4.2 enter the address specified in this section will be printed on the invoice/s LVCAA will issue.</p> <p>In section 4.3 enter the name, surname and contact details of the person that will be in contact for invoices issued by LVCAA (e.g. accounts payable clerk).</p>				
<input type="checkbox"/> Same as in section 1 (→continue with section 5)				
4.1 Name	<input type="checkbox"/> Same as in section 1.1 (→continue with section 4.2)			
	Name			
4.2 Address	<input type="checkbox"/> Same as in section 1.2 (→continue with section 4.3)		<input type="checkbox"/> Other (please specify below)	
	Street / No			
	Post Code			
	City			
	Country			
4.3 Contact Person	<input type="checkbox"/> Same as in section 1.3 (→continue with section 5)		<input type="checkbox"/> Other (please specify below)	
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
	Name			
	Job title			
	Phone /e-mail			

5. Certificate Delivery Data		For CAA Use Only		
		Checked	Sufficient	Notes
In section 5.1 enter the name where LVCAA will send the original ATO certificate. In section 5.2 enter the address where LVCAA will send the original ATO certificate. In section 5.3 enter the contact person the ATO certificate will be sent to.				
<input type="checkbox"/> Same as in section 1 (→continue with section 6)				
5.1 Applicant Name	<input type="checkbox"/> Same as in section 1.1 (→continue with section 5.2)		<input type="checkbox"/> Other (please specify below)	
	Name			
5.2 Delivery Address	<input type="checkbox"/> Same as in section 1.2 (→continue with section 5.3)		<input type="checkbox"/> Other (please specify below)	
	Street / No			
	Post Code			
	City			
	Country			
5.3 Contact Person	<input type="checkbox"/> Same as in section 1.3 (→continue with section 6)		<input type="checkbox"/> Other (please specify below)	
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
	Name			
	Job title			
	Phone/e-mail			

6. Applicant's Reference	For CAA Use Only		
	Checked	Sufficient	Notes
Reference may be included at the discretion on Applicant			

7. Identification of Activity		For CAA Use Only		
		Checked	Sufficient	Notes
Enter the type of application that is being made				
<input type="checkbox"/> Initial Approval (→continue with section 8)	<input type="checkbox"/> Change Approval (please specify below)			
ATO Certificate No				

8. The intended date if commencement of activity		For CAA Use Only		
		Checked	Sufficient	Notes
Enter the intended date of commencement of activity if new organisation, or if applying for an alteration of existing privileges (e.g. addition of a new course), indicate the estimated earliest date of commencement of such activities.				
Date (dd/mm/yyyy)				

(II) Training course(s) offered

List of training courses to be provided				For CAA Use Only		
				Checked	Sufficient	Notes
No	Course Name	FCL reference	Type of Training			
1.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training <input type="checkbox"/> FSTD			
2.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training <input type="checkbox"/> FSTD			
3.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training <input type="checkbox"/> FSTD			
4.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training <input type="checkbox"/> FSTD			
5.			<input type="checkbox"/> Theory <input type="checkbox"/> Flight Training <input type="checkbox"/> FSTD			

Insert additional lines if necessary

INTENTIONALLY BLANK

(III) Personell and Facilities

1. Head of Training (HT)		For CAA Use Only		
		Checked	Sufficient	Notes
Enter the full name and surname, license details and type of employment for HT. Copies of HT's current and valid licences, medical certificates and contracts of employment shall be included.				
1.1 Name				
1.2 Licence Type and Number				
1.3 Qualifications held				
1.4 Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		

2. Chief Flight Instructor (CFI)		For CAA Use Only		
		Checked	Sufficient	Notes
Enter the name, surname, license details and type of employment for CFI. Copies of CFI's current and valid licences, medical certificates and contracts of employment shall be included.				
2.1 Name				
2.2 Licence Type and Number				
2.3 Qualifications held				
2.4 Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		

3. Chief Theoretical Knowledge Instructor (CTKI)		For CAA Use Only		
		Checked	Sufficient	Notes
Enter the name, surname, license details and type of employment for CTKI. Copies of CTKI's current and valid licences, medical certificates and contracts of employment shall be included.				
3.1 Name				
3.2 Licence Type and Number				
3.3 Qualifications held				
3.4 Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		

4. Flight Instructors List all flight instructors involved in the delivery of the training courses offered as listed in section (II). This list of Flight Instructors shall match the lists in the manuals of the organisation. Enter the full name, surname, license details and type of employment for flight instructors. Copies of instructors' current and valid licences, medical certificates and contracts of employment shall be included.					<i>For CAA Use Only</i>		
					<i>Checked</i>	<i>Sufficient</i>	<i>Notes</i>
No	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			

Insert additional lines if necessary

5. Flight Simulation Training Instructors List all flight simulation training instructors involved in the delivery of the training courses offered as listed in section (II). This list of flight simulation training Instructors shall match the lists in the manuals of the organisation. Enter the full name, surname, license details and type of employment for instructors. Copies of instructors' current and valid licences, medical certificates and contracts of employment shall be included.					<i>For CAA Use Only</i>		
					<i>Checked</i>	<i>Sufficient</i>	<i>Notes</i>
No	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			

Insert additional lines if necessary

6. Theoretical Knowledge Instructors (TKIs) List all TKIs involved in the delivery of the training courses offered as listed in section (II). This list of TKIs shall match the lists in the manuals of the organisation. Enter the full name, surname, appropriate experience and type of employment for instructors. Copies documents which confirm the experience and contracts of employment shall be included.				<i>For CAA Use Only</i>		
				<i>Checked</i>	<i>Sufficient</i>	<i>Notes</i>
No	Instructor Name	Appropriate experience	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			

Insert additional lines if necessary

7. Aerodrome(s) and/or operating site(s) to be used			For CAA Use Only		
<p>List all aerodromes and /or the operating sites that the organisation intends to use to provide the training courses offered as listed in section (II). Enter the full name and address of all aerodromes and /or the operating sites where training is taking place. This list of aerodromes and /or the operating sites shall match the lists in the manuals of the organisation. 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 this section with "Flight Operations Accommodation" in section 8 of this application form.</p>			Checked	Sufficient	Notes
No	Aerodrome	Services			
1.		<input type="checkbox"/> IFR approaches <input type="checkbox"/> Night flying <input type="checkbox"/> ATC <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"/> ATC <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"/> ATC <input type="checkbox"/> Flight testing facility <input type="checkbox"/> Data reply facility			

Insert additional lines if necessary

8. Flight Operations Accommodation				For CAA Use Only		
				Checked	Sufficient	Notes
List all Flight Operations Accommodation that the organisation intends to use to provide the training courses offered as listed in section (II). Enter the location, number of room and size. Where such accommodation is not owned by the ATO, copies of usage contracts for such facilities shall be included. Where the ATO is the lawful owner, it must provide evidence of ownership. This list of Flight Operations Accommodation shall match the lists in the manuals of the organisation.						
No	Location	Number	Size (m²)			
1.						
2.						
3.						
4.						

Insert additional lines if necessary

9. Theoretical Instruction Facilities				For CAA Use Only		
				Checked	Sufficient	Notes
List all Theoretical Instruction Facilities that the organisation intends to use to provide the training courses listed section (II). Enter the location, number of room and size. Where such facilities are not owned by the ATO, copies of usage contracts for such facilities shall be included. Where the ATO is the lawful owner, it must provide evidence of ownership. This list of Theoretical Instruction Facilities shall match the lists in the manuals of the organisation.						
No	Location	Number	Size (m²)			
1.						
2.						
3.						
4.						

Insert additional lines if necessary

10. Description of Training Devices				For CAA Use Only		
<p>List all Training Devices that the organisation intends to use to provide the training courses listed section (II). Where such devices are not owned by the ATO, copies of usage contracts for such facilities shall be included. Where the ATO is the lawful owner, it must provide evidence of ownership. Each device shall be qualified according to the requirements and specifications stipulated in Regulation (EC) No. 216/2008 as amended and it's 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 training course offered. This list of Training Devices shall match the lists in the manuals of the organisation. ATOs previously approved under JAR-FCL 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).</p>				Checked	Sufficient	Notes
No	Identification	Type of Aircraft	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			

Insert additional lines if necessary

11. Description of Aircraft				For CAA Use Only		
				Checked	Sufficient	Notes
<p>List all aircraft that the organisation intends to use to provide the training courses listed section (II)</p> <p>Where such aircraft are not owned by the ATO, copies of usage contracts for such aircraft shall be included. Where the ATO is the lawful owner, it must provide evidence of ownership.</p> <p>This list of aircraft shall match the lists in the manuals of the organisation. The organisation's manuals shall provide the details required by ORA.ATO.105 (v) and particularly identify the owner of each aircraft listed.</p> <p>Enter the aircraft registration, type designation and IFR.</p>						
No	Registration	Class/Type of Aircraft	Type of Device			
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			

Insert additional lines if necessary

12. Documents and manuals to be submitted with the Application			For CAA Use Only		
			Checked	Sufficient	Notes
<p>Tick each relevant box to indicate if the document(s) is/are attached to the Application form (as applicable).</p>					
<input type="checkbox"/> Training Manual <input type="checkbox"/> Training Programmes <input type="checkbox"/> Training Records <input type="checkbox"/> Operational Manual <input type="checkbox"/> Management System Documentation	<input type="checkbox"/> Procedure of changes <input type="checkbox"/> Safety policy <input type="checkbox"/> Safety Management System <input type="checkbox"/> Compliance Monitoring System <input type="checkbox"/> Copies of qualification documents	<input type="checkbox"/> Copies of contracts <input type="checkbox"/> CVs <input type="checkbox"/> Other (state): _____ _____ _____			

13. Details of proposed compliance monitoring system		For CAA Use Only		
For each item the reference of the documented evidence available in the organisation's manuals or controlled documentation shall be provided.				
Item to be described in organisation's manuals	Reference	Checked	Sufficient	Notes
13.1 Detailed description of the compliance monitoring function of the management system				
13.2 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				
13.3 Means and methods establishing the internal audit process				
13.4 Means and methods establishing the feedback system of audit findings to the accountable manager				
13.5 Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organisation remains in compliance with the applicable requirements				
13.6 Means and methods making personnel aware of their responsibilities				
13.7 Procedure for amending the documentation				
13.8 Means and methods to ensure initial and continued compliance of contracted activities				
13.9 Compliance with the requirement for the direct safety accountability of the accountable manager				
13.10 Compliance with the requirement for the organisation's safety policy				
13.11 Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods)				
13.12 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)				
13.13 Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)				
13.14 Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)				

INTENTIONALLY BLANK

(IV) Acknowledgement

1. Language

Indicate the preferred language of communication with LVCAA for all issues related to this application.

Latvian

English

2. Applicant's declaration and acceptance of the General Conditions and Terms of Payment

Make sure that the Accountable Manager signs the application form

I declare that I have the legal capacity to submit this application to LVCAA and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by LVCAA.

I certify that all the above named persons are in compliance with the applicable requirements.

Date (dd/mm/yyyy)/Place	Name of Accountable Manager	Signature of Accountable Manager

3. Notes

If answers to any of the above questions are incomplete detailed alternative arrangements shall be provided separately!

This Application and the additional documents shall be:

- submitted in presence at: *Valsts aģentūra "Civilās Aviācijas Aģentūra", Lidosta "Rīga" 10/1 Mārupes Nov. LV 1053 Latvija;*
- **or** sent by regular mail to: *Valsts aģentūra "Civilās Aviācijas Aģentūra", Lidosta "Rīga" 10/1 Mārupes Nov. LV 1053 Latvija;*
- **or** sent by e-mail: caa@caa.gov.lv

Please note:

- for application sent by mail the date of submission will be the date of receipt;
- all documents sent by e-mail shall be in pdf format and include all the signatures where appropriate.

Abbreviations used in Application form:

IFR: instrument flight rules, **FFS:** full flight simulator, **FNPT:** flight and navigation procedures trainer, **FTD:** flight training device, **BITD:** basic instrument training device, **ATC** Air Traffic Control.

INTENTIONALLY BLANK