



# APPROVAL OF FLYING / TYPE RATING TRAINING ORGANISATION AND PROFESSIONAL COURSES AND / OR REGISTRATION TO CONDUCT TRAINING FOR A PRIVATE PILOT LICENCE – APPLICATION

Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance.

1a. ORGANISATION DETAILS (tick appropriate box(es))	
Type of Training Organisation: FTO TRI	O RTF
Approval No.(if known)	
Organisation Name	
Address	
	Postcode
Telephone Number	Fax Number
E-mail address	Web site
Owner's Address (if different from above)	
	Postcode
1b. ADDITIONAL TRAINING SITES	
For additional Training Sites different to the above address, please	efer to Appendix A at back of this form.
2. APPLICATION (tick appropriate box(es))	
I am applying for:	
Initial Renewal Variation	
3. OWNERSHIP CATEGORY (tick appropriate box(es))	
Private Club Limited Company	Company Reg. No
Other Educational Establishment	
4. CAD USE ONLY (*delete as appropriate)	
Date	Enclosures
Receipt No.	
*Cheque/TT/Cash/ MRF/\$	

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5. TYPES OF TRAINING		
Course (*delete as appropriate)	Tick	Maximum student number capacity
Multi Crew Pilot Licence (A)		
ATPL (A) Integrated		
ATPL (A) Modular Theoretical Knowledge (Residential (R)* / Distance Learning (DL)*)		
ATPL (H) Integrated		
ATPL (H) Modular Theoretical Knowledge (R* / DL* / Interim*)		
CPL (A) / IR Integrated		
CPL (A) Integrated		
CPL (H) / IR Integrated		
CPL (H) Integrated		
CPL (A) Modular (Flight Instruction)		
CPL (A) Modular Theoretical Knowledge (R* / DL*)		
CPL (H) Modular (Flight Instruction)		
CPL (H) Modular Theoretical Knowledge (R* / DL* / Interim*)		
IR (A) Modular (Flight* / Synthetic Flight Instruction*)		
IR (H) Modular (Flight* / Synthetic Flight Instruction*)		
IR(A) & (H) Modular Theoretical Knowledge (R* / DL*)		
Multi Crew Co-operation (A) Modular		
Multi Crew Co-operation Instructor (A)		
Multi Crew Co-operation (H) Modular		
Multi Crew Co-operation Instructor (H)		
HPA Modular Theoretical Knowledge (R* / DL*)		
Single Pilot Multi Engine (H) Modular Pre-Entry Theoretical Knowledge		
FI Restricted (A) (inc.* / exc.* Associated Ratings) (please specify ratings)		
Class Rating Instructor (A) (please specify ratings)		
Instrument Rating Instructor (A)		
MPL (A) Instructor's Training Course		
FI Restricted (H) (inc. Associated Ratings)		
Type Rating Instructor (H) (please specify types)		
Instrument Rating Instructor (H)		
Single Pilot Multi Engine Piston Class Rating (Landplane)		
Private Pilot Licence (A) (Landplane)		
Private Pilot Licence (A) Theoretical Knowledge		
Single Engine Piston Class Rating (Seaplane)		
Private Pilot Licence (H)		
Private Pilot Licence (H) Theoretical Knowledge		
Aircraft Types (TRTO only):		
	With MC	cc
Single Pilot	With Diff	ferences

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6. MANAGEMENT STRUCTURE (as app	propriate to the	course(s) offered	) (see Guidance)			
Post	Full/Part- time		Name	CAD Ref.	Licence(s)	held
Head of Training						
Deputy Head of Training (TRTO only)	)					
Chief Flying Instructor						
Chief Ground Instructor						
Chief Synthetic Flight Instructor						
Quality Manager						
				1		
7. CUSTODIAN OF MCAR-FCL EXAMIN  A Ground Examiner authorisation t						
for the organisation at Section 1. It For completion by one of the persons I nominate the below sponsored Grouthis organisation.  Name  Signature  For completion by nominee I accept full responsibility for all examu UK CAA Standards Document 11.	listed at Section at Section III at	on 6.  be the Custodi	an of MCAR-FCL PPL  CAD Personal referer  Date	nce number		
Signature			Date			
8. INSTRUCTING STAFF (as appropriate	te to the course(	s) offered, pleas	e continue on a separate	sheet if requi	red) (see Guidance)	
a) Flight Instructors / Type Rating Ins	structors / Exam	niners				
Name I	Full/Part-time	CAD Ref.	Name		Full/Part-time	CAD Ref.
b) Theoretical Knowledge Instructors	<u> </u>					
Name I	Full/Part-time	CAD Ref.	Name		Full/Part-time	CAD Ref.
a) Comethodia Elimba Inadamatana / Multi	Crow Co. on or	ation Instructors	/ Compthatia Training Inc			
c) Synthetic Flight Instructors / Multi  Name	Full/Part-time	CAD Ref.		structors	Full/Part-time	CAD Ref.
Name	-uii/Part-tiine	CAD Rei.	Name		ruii/rart-tiille	CAD Rei.
d) Supervising Flight Instructors (for	d) Supervising Flight Instructors (for PPL Instruction only)					
	PPL Instruction	only)				
Name I	PPL Instruction Full/Part-time	CAD Ref.	Name		Full/Part-time	CAD Ref.
Name I			Name		Full/Part-time	CAD Ref.

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a) Details of Tenure of premises						
b) Lecture rooms / CBT rooms						
c) Briefing cubicle	es					
d) Head of Trainin	g's office					
e) Chief Flying Ins	structor's office					
f) Chief Ground In	nstructor's office					
g) Chief Synthetic	Flight Instructor's of	fice				
h) STD Bays						
i) Staff room(s)						
j) Operation roon	n(s)					
k) Flight Planning	room(s)					
I) Student Rest ro	oom(s)					
m) Lavatories / Wa	ash room(s)					
n) Room(s) for ad	ministrative staff					
o) Other amenities	S					
10. AERODROME P	ARTICULARS (*delete	as appropriate) (see Guidance	)			
a) Name of aerodrome and ICAO Designator						
b) Type of licence						
c) Hours of opera	ition					
d) Night flying permitted					Yes	* / No*
e) Air Traffic Service(s) provided						
f) Navigation Aids (not required for FI Restricted courses)						
g) Availability and scope of Meteorology Information (Regulation and			d Display)			
i) Airways entry p	point (not required fo	r FI Restricted courses)				
11. AIRCRAFT USE	D FOR TRAINING					
Please annotate w	rith * those IFR equip	pped and with ** those to be u	sed for spinni	ng exei	rcises	
Туре	Registration	Expiry date of Approval for Skill Test use (if applicable)	Туре		Registration	Expiry date of Approval for Skill Test use (if applicable)

9. ACCOMMODATION (dimensioned & annotated architects/builders plans should be submitted to support the descriptions required below)

Location, size, number of rooms / max. capacity

Type

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12a. SYNTHETIC FLIG	HT TRAINING					
Manufacturer	Operator	Serial Number / Approval Number	Level (FNPT 1, FNPT 2, BITD or Simulator ABCD)	Aircraft represented (FNPT only)	Number of hours	Number of sessions
Refer to Appendix A						
12 CROUND INSTRU	CTION EQUIDMENT /*do	loto as appropriato)				
	CTION EQUIPMENT (*de					
	uipment e.g. model aird instruments, taped patt					
Availability of Refere	ence Publications (see	Guidance)	Electronic format* /	hard copy*		
14. PAYMENT METHO	DDS					
Refer to MCAR 187						
15. DECLARATION OF	F APPLICANT					
I declare that the info	ormation provided on th	nis form is correct and the	hat all the above name	d persons are in comp	liance with M	CAR-FCL.
I will notify the Author	ority of all changes to th	ne information provided.				
Signature			Date			
Name (block capitals	s)		Position			
46 CURMICCION INC.	FRUCTIONS					
16. SUBMISSION INST				antina farra Diagona	-4- 414 34	
will delay your applic		stance with regard to su t to:	ibmission of your appil	cation form. Please no	ote that items	missing
Civil Aviation Depart	ment, 7 <sup>th</sup> floor, PA Con	nplex, Hilaalee Magu, M	/lale' 20307, Republic o	of Maldives		
17. CHECKLIST						
Please find below a application.	checklist for your assis	tance with regard to sul	bmission of your applic	ation form to us. Item	s missing will	delay your
Payment		Course	Completion Certificate	including sample sigr	nature(s)*	
Appendix A (if releva	ant)	Course	Notes*			
Evidence of sufficien	nt funding	Progres	ss Tests/Exams*			
Operations Manual*		Sample	es of two Qualifying Ex	ams (TRTO/MEP only)	*	
Training Manual*		Person	nel form(s) CAD Form	1180 and CV if relevan	nt	
Quality Manual*		Examin	er authorisation form(s	s) CAD Form 1128 (if r	elevant (Secti	on 7)
* not required for applications for renewal unless changed since previous submission						

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# **APPENDIX A**

1b. ORGANISATION DETAILS (Additional Training Sites)		
Training address	Aircraft Types (TRTO only)	
Use additional sheets if required		

12b.FLYING TRAINING – TRTO	ONLY				
Aircraft Variant	Operator	Flying Training hours	Number of Landings	Associated Differences Training	Duration

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### **GUIDANCE**

## **General Guidance**

The following Standards Documents are currently available and should be used for guidance purposes. All Standards Documents can be downloaded, free of charge, at www.caa.co.uk\fclstandards.

Standards Document 11	Criteria for Registration of a Flying Training Organisation offering UK PPL Training with a JAA State
Standards Document 34	Criteria for Approval of a Type Rating Training Organisation
Standards Document 35	Criteria for Approval of a Flying Training Organisation offering Integrated ATPL and CPL/IR courses
Standards Document 36	Criteria for Approval of a Flying Training Organisation offering Modular ATPL and CPL/IR including MEP courses
Standards Document 37	Criteria for Approval of a Flying Training Organisation offering FI(R) / IRI / TRI / MCCI courses
Standards Document 38	Criteria for Approval of a Flying Training Organisation offering Modular Theoretical Knowledge courses
Standards Document 39	Criteria for Approval of a Flying Training Organisation offering UK PPL Training outside a JAA State

The CAD will endeavour to publish a list of names and addresses of all approved training facilities and will publish, no less than annually, names and addresses of all Registered Training Facilities.

#### Section 1

- 1) Information provided will be used for the publication of Registered Training Facilities.
- 2) Additional Training sites should be listed at Appendix A, please use additional pages if required.

- 3) Reserved
- 4) Reserved

#### Section 6

For new personnel listed please provide application CAD From 1180 and full CVs for each – for key personnel only.

#### Section 7

Reserved

#### Section 8

For new personnel listed please provide application CAD From 1180 and full CVs for each - for key personnel only.

#### Section 10

Where an organisation intends using an alternative aerodrome or intends entering into arrangements with other organisations, details of said aerodrome(s) or organisations shall be provided (as applicable) on additional CAD 1175 application form(s).

If outside UK, include copy of pages from AIP.

#### Section 13

On separate sheet please supply list with version number.

## Section 17

Operations Manual. If TRTO attached to an AOC Operator do not send Ops Part D, not relevant.

# FOR REGISTERED TRAINING FACILITIES ONLY

You only need complete the following sections of the form:

Section 1, 1b (if applicable), 2, 3, 5, 6 (where applicable\*), 7 (for TK), 8a & d, 9a, 10, 11, 12a (if listed must be Approved), 15.

\* Not necessary for Nominated Personnel, but please provide if convenient.

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