

# Application for Initial Approval of Training Organisations and Change to Course Approvals Under EASA Aircrew Regulation Annex VII - Part-ORA (Aeroplanes and Helicopters)



Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique Corporate No. (to be completed by SCAA)

1. APPLICANT TYPE			
Limited Liability Partnership	Complete Section 2. a)	Individual (Sole Traders)	Complete Section 2. b)
Limited Company	Complete Section 2. a)	Partnership	Complete Section 2. b)
		Private Clubs	Complete Section 2. b)

## 2. APPLICANT DETAILS (The Applicant is the person responsible for payment of SCAA charges)

### a) A Company

Registered Company Name (in full): .....

Registered Company Number: .....

Country of Company Registration:.....

Registered Office Address:.....

..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: .....

Trading Name: (if applicable):.....

Trading Address (primary site): .....

..... Postcode: .....

Website:.....

### Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the board to act on behalf of the Company, and who is deemed to be the Accountable Manager in respect of applications under EASA Aircrew Regulation Annex VII - Part-ORA.

Title: ..... Forename: ..... Surname: .....

Position in Company: .....

Telephone No: ..... E-mail:.....

If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

**This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.**

**or b) Individual (including sole traders and partnerships)**

Title: ..... Forename:..... Surname: .....

Address: .....

..... Postcode:.....

Telephone ..... Fax:.....

..... Postcode: .....

Telephone: ..... Fax:.....

E-mail: ..... Mobile: .....

Trading Name: (if applicable): .....

Website: .....

A photocopy of your valid Passport or valid photocard Driving Licence must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

In the case of a partnership, please complete details of all partners. Continued on a separate sheet  (if applicable)

**3. TRAINING ORGANISATION SCAA REFERENCE NUMBER**

**Not Applicable**

**4. APPLICATION** (NB: All Applications must be made a minimum of 12 weeks in advance of the commencement date given below.)

Type of Application: see below  Initial Approval  Change to Approval

Proposed Date Training to commence:		Total number of sites, to be approved:	
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**5a. ACCOMMODATION / FACILITIES (please tick relevant site and complete address field)**

Main Training Site Address (if not the address detailed in Part 2) <input type="checkbox"/>	..... ..... Postcode:..... Country: .....
or: Training Site Address (where a change to the Organisation approval is to include a new site or to include additional courses to an existing site). <input type="checkbox"/>	

- All Training Sites, should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any SCAA audit or forwarded for review when requested by the nominated inspector.
- A Floor Plan, including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site/facility.

Facilities	Location, Size, Number of Rooms, Maximum capacity
a) Details of Tenure of premises	
b) Lecture rooms/CBT Rooms	
c) Briefing cubicles	
d) Head of Training's office	
e) Chief Flight Instructor's office	
f) Chief Theoretical Knowledge Instructor's office	
g) Chief Synthetic Flight Instructor's office	
h) Flight Simulator Training Device bays	
i) Staff Room(s)	
j) Operations Room	
k) Flight Planning room(s)	
l) Student Rest Room(s)	

m) Lavatories Wash Room(s)	
n) Room(s) for administrative staff	
o) Library	
p) Examination room(s)	
q) Other amenities i.e. Syndicate rooms, laboratory etc.	

#### 5b. ADDITIONAL SITES / BASES

Complete Section 5f (please tick if completed)

#### 6. AERODROME PARTICULARS

Not Applicable

#### 7a. TRAINING COURSES REQUESTED: AEROPLANES AND HELICOPTERS

- **Site No. 1** will always be the Main / Primary Training site and the address and contact details for this site should be clearly identified in section 2 (or Section 5a if different to the addresses in Section 2)
- **New Site only (Variation to approval at 5a):** Please enter capital letter 'V' under Site Number column in tables below to reflect which courses are being requested for the new Site / Base (or where more than one new site being applied for, please enter V1 for first site variation, V2 for second site variation etc.).  
**N.B.** Res = Residential course, DL = Distance Learning course

Course Name	Tick if Req.	Please tick Aeroplane or Helicopter etc. (where not already specified)	Site No. (see above)	Max. No. Students
Class Rating: Single Pilot Multi Engine Piston		Aeroplane		
MCC (Modular)		A <input type="checkbox"/> H <input type="checkbox"/>		
MCC combined with Type Rating(s) (see Part 7f)				
Class / Type specific courses (see Part 7f)				
Other (Please specify)				

#### 7b. TRAINING COURSES REQUESTED: FLIGHT TEST RATING COURSES

Not Applicable

#### 7c. TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER INSTRUCTOR COURSES

Course Name	Tick if Required	Please tick Aeroplane or Helicopter (where not already specified)	Site No. (See 7a)	Maximum No. Students
Class Rating Instructor SE		Aeroplane		
Class Rating Instructor ME				
Instrument Rating Instructor		A <input type="checkbox"/> H <input type="checkbox"/>		
Multi Crew Co-operation Instructor		A <input type="checkbox"/> H <input type="checkbox"/>		
Mountain Rating Instructor		Aeroplane		
Class / Type Rating Single Pilot Aeroplane		Seaplane		
Other (please specify):				

Instructor Courses continued: (type or class specific)	Tick if Required	Type and Category (state Aircraft or FSTD where appropriate & note comment below)	Site No. (See 7a)	Maximum No. Students
Type Rating Instructor SPA				
Type Rating Instructor MPA				
Type Rating Instructor (H)				
Synthetic Flight Instructor				
Other (please specify)				
<ul style="list-style-type: none"> <li>Please use the EASA aeroplane and helicopter lists in respect of Class/ Type / Variant/Series etc.</li> </ul> <a href="http://www.easa.eu.int/certification/flight-standards/OEB-general-typeratings-list-licence-endorsement-list.php">www.easa.eu.int/certification/flight-standards/OEB-general-typeratings-list-licence-endorsement-list.php</a>				

#### 7d. TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER EXAMINER COURSES

Examiner Courses continued (type or class specific)	Tick if Required	Type /Class (please specify)	Site No. (See 7a)	Maximum No. Students
TRE (A)				
TRE(H) SP ME				
TRE (H) MP ME				
TRE(H) SP to MP upgrade				
<ul style="list-style-type: none"> <li>Please use the EASA aeroplane and helicopter lists in respect of Class/ Type / Variant/Series etc.</li> </ul> <a href="http://www.easa.eu.int/certification/flight-standards/OEB-general-typeratings-list-licence-endorsement-list.php">www.easa.eu.int/certification/flight-standards/OEB-general-typeratings-list-licence-endorsement-list.php</a>				

#### 7e. TRAINING COURSES REQUESTED: ASSESSOR OF LANGUAGE PROFICIENCY IN ENGLISH

Course Name	Tick if Required	Site No. (See 7a)	Maximum No. Students
Assessor of Language Proficiency in English			

**7f. TRAINING COURSES REQUESTED: CLASS / TYPE RATING SPECIFIC COURSES**

(where insufficient space to complete all bases and types, please photocopy this page and complete, clearly annotating number of pages)

- Please use the EASA aeroplane and helicopter lists in respect of Class / Type / Variant / Series etc. ([www.easa.eu.int/certification/flight-standards/OEB-general-typeratings-list-licence-endorsement-list.php](http://www.easa.eu.int/certification/flight-standards/OEB-general-typeratings-list-licence-endorsement-list.php))
- Please complete information requested, ticking where relevant.

**NB: Appendix A does not need to be completed where only Class and Type rating courses are to be conducted, as this form will suffice, providing Floor Plans with Dimensions and relevant details of the purpose of rooms, etc. are submitted for each site)**

Full Name & Address of Site, Base &/or Location of Course (including Postcode and Telephone number)	Class/Type/ Variants	Single - Pilot	Multi-Pilot	With Combined MCC	With ZFTT	Differences course		CCQ/STAR course		Maximum No. Students
						From	To	From	To	
1.										
2.										
3.										
4.										

**8. TRAINING AIRCRAFT**

Not Applicable

**9. SYNTHETIC FLIGHT TRAINING**

- Where there is insufficient space to complete all Flight Simulation Training Devices, please continue on Appendix No. B; tick box if additional  sheet is attached.
- Please mark as N/A any items that do not apply to your application

Course FSTD used on	Base	Manufacturer	Operator (where different to applicant)	Serial No./ Approval No.	Level (i.e. FNPT1, FNPT2, BITD or Simulator A,B,C,D)	Aircraft Represented (FNPT only)	Number of Hours of FSTD Training	Number of Sessions

**10. GROUND INSTRUCTION EQUIPMENT**

- Please mark as N/A any items that do not apply to your application

Types of training equipment available e.g. model aircraft, overhead projector, sectioned instruments, audio/recording equipment	
Availability of reference publications	Electronic format <input type="checkbox"/> Hard copy <input type="checkbox"/>

**11. STAFFING AND INSTRUCTION**

(where there is insufficient space to complete all instructors, please photocopy the form and submit the additional pages,  clearly annotating number of pages)

- Please tick or indicate all/which courses the individuals will be instructing on.

Post / Position	Last name	First name	SCAA Ref No. (or licence or authorisation held & state of licence issue)	Base/Site	Full / Part time (indicate FT or PT)	Ground Instructor	CPL Flight Instructor	IR Flight Instructor	Type Rating Instructor (TRI- Powered Lift) (specify type)	MCC Instructor (MCCI)	PPL/ LAPL Instructor	Other Instructor (please specify)
Accountable Manager *												
Head of Training *												
Deputy Head of Training *												
Chief Flight Instructor *												
Chief Theoretical Knowledge Instructor *												
Quality Manager*												
SMS Manager *												
Chief/Principal Tutor *												

- An Instructor/Subject Coverage List should additionally be forwarded for Theoretical Knowledge Course Instructors.

## 12. PAYMENT METHODS

Please complete form SR\1187. You may also wish to refer to our Fees Schedule which can be found on our web site at [www.scaa.sc](http://www.scaa.sc) under Safety Regulation, then Legislation then Fees Schedule.

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable and subject to prosecution under the current applicable regulations.

## 13. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments as listed below, to:

Flight Operations Inspectorate

Safety Regulation

Seychelles Civil Aviation Authority

P.O Box 181

Victoria

Seychelles

**Checklist for submission (All applicants):** Please tick or complete, as requested those items being enclosed.

Applicable Charge/Fee	<input type="checkbox"/>
FORM SR 2116	<input type="checkbox"/>
Floor Plan and Photos (per site)	<input type="checkbox"/>
Number of pages, for Class and Type rating courses (marked 7f)	<input type="checkbox"/>
Number of Appendix A pages completed for each Additional Site (except for Class / Type Rating training bases)	<input type="checkbox"/>
Instructor / Subject Coverage List	<input type="checkbox"/>
Number of Staffing and Instruction pages	<input type="checkbox"/>
Operations Manual (inc. Checklist)	<input type="checkbox"/>
Training Manual, in separate sections per course (inc. Checklist)	<input type="checkbox"/>
Safety Management System Manual (inc Quality Compliance System & Checklist)	<input type="checkbox"/>
Number of copies of FSTD Qualification Certificates	<input type="checkbox"/>
Letter of Agreement from Airport Manager for Training Operations to commence	<input type="checkbox"/>
Photocopy of PHOTO ID (Passport or Photocard Driving Licence for Individuals)	<input type="checkbox"/>



**Appendix B: SYNTHETIC FLIGHT TRAINING / DEVICES****Continuation sheet for Section 9**

(please complete details of all Flight Simulation Training Devices; this form should be photocopied multiple times where necessary and annotated to state number of pages in respect of Appendix B)

<b>Course FSTD used on</b>	<b>Base</b>	<b>Manufacturer</b>	<b>Operator (where not the applicant)</b>	<b>Serial No./ Approval No.</b>	<b>Level (i.e. FNPT1, FNPT2, BITD or Simulator</b>	<b>Number of hours of FSTD training</b>	<b>Number of sessions</b>