KENYA CIVIL AVIATION AUTHORITY

FORM: AC-OPS040A

July 2008

PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)

Prospective ATO Pre-assessment Statement (PATOPS)
(To be completed by an applicant for an ATO Certificate)

Section 1A: Name and Key Personnel

4	Name and mailing address of company (include business name if different from company name).	**4**	Address of the principal (main) base where operations will be conducted.
4	Address of Satellite Location for the conduct of specific training.	**4**	Training Specifications requested at each Satellite Location:

5. Proposed Start-up Date:	6. Requested company identifier in order of preference. (1) (2) (3)

7. Management and Key Personnel.

Name (Surname/First/Middle Initial)			Proposed position in the ATO	Telephone & address (if different from company include country code)
Surname	First Name	MI		
			Accountable Manager	
			Chief Instructor	
			Quality Manager	

Section 1B: Proposed Courses of Instruction

8. Applicant intends to conduct: (Tick as required)

- ☐ Pilot Training with Level 1 Flight Training Specifications
- ☐ Pilot Training with Level 2 Flight Training Specifications
- ☐ Aircraft Maintenance Personnel Training
- ☐ Flight Operations Officer Training
- ☐ Air Traffic Services Training
- ☐ Cabin Crew Training
- ☐ Aviation Security Personnel Training
- ☐ Ground Services Personnel Training
- ☐ Material Handler Training
- ☐ _____Training* as an ATO (*Specify training)

Section 1C: Aircraft and Simulator Information (to be completed by Prospective Pilot Training ATO and

prospective Maintenance Training ATO).			
9. Aircraft Data (		Simulator Information	
		[Authority Assigned ID] :	
Aircraft Type (M/M/S).	Number of Aircraft Type	Make, model and series of aircraft being simulated	Qualification Level Assigned

SECTION 1D. Additional Information

10. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

11. Proposed Training (Aircraft and/or Simulator).

12. The statement and information contained on this form denotes an intention to apply for a Authority Certificate for the operation of an ATO.

Name and Title (Block Letters)	Signature	Date (dd/mm/yy).

SECTION 2: To Be Completed By Director Flight Safety Office.

Received by (Name and Office):	Date received (dd/mm/yy)
Assigned Project Manager:	
Date forwarded to Manager Flight Operations (dd/mm/yy).	For: ☐ Action ☐ Information only.
Remarks:	

SECTION 3. To be completed by the Office of the Manager Flight Operations

Received by:	Date (dd/mm/yy).
Pre-application Number:	Assigned Certification Number:

Assigned FOI:	Date:
Remarks:	