



PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)

(To be completed by an applicant for an ATO Certificate)

Please mark as applicable:

- APPLICATION FOR THE ISSUE OF AN ATO CERTIFICATE/SPECIFICATIONS
- APPLICATION FOR THE AMENDMENT OF AN ATO CERTIFICATE/SPECIFICATIONS
- APPLICATION FOR THE RENEWAL OF AN ATO CERTIFICATE/SPECIFICATIONS

SECTION 1: ATO INFORMATION

1. Name of ATO	2. Postal address of the ATO:
3. Address of the principal (main) base where operations will be conducted.	4. Address of Satellite Location for the conduct of specific training.
5. Approved training requested at each Satellite Location:	6. Proposed Start-up Date:
7. Email address:	8. Telephone Numbers:

SECTION 2: MANAGEMENT PERSONNEL

Name		Proposed position in the ATO	Telephone & address (if different from company include country code)
Surname	First Name		

SECTION 3: PROPOSED COURSES OF INSTRUCTION

Applicant intends to conduct: (Tick as required)

- Pilot Training – PPL Ground Flight
- Pilot Training – CPL Ground Flight
- Pilot Training – ATPL Ground Flight
- Aircraft Maintenance Engineers Training
- Flight Operations Officers Training
- Air Traffic Controllers Training

SECTION 4: AIRCRAFT INFORMATION

Registration	Make/Model	Owned/Leased	Registration	Make/Model	Owned/Leased

SECTION 5: SIMULATOR INFORMATION		
1. Authority Assigned identification number:		
2. Make, model and series of aircraft being simulated		
3. Letter of Approval Expiry:		
SECTION 6: ADDITIONAL INFORMATION		
1. Proposed AMO to be used (Provide copies of AMO agreements, AMO Certificates and AMO SOP's)		
2. For Amendments of ATO certificate and/or training specification, provide additional information leading to the amendment request:		
3. For Renewal of ATO certificate and training specification attach the following: <input type="checkbox"/> Proof of Payment <input type="checkbox"/> Current List of Aircraft being Operated <input type="checkbox"/> Current List Of Instructors(Flight Crew Training/ATC/FOO/AMEL)		
4. 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/yyyy).
SECTION 7: TO BE COMPLETED BY THE INSPECTOR		
Received By:	Date (dd/mm/yyyy)	
Remarks:		

SECTION 8: TO BE COMPLETED BY MPEL	
Received By:	Date (dd/mm/yyyy)
Remarks:	
SECTION 9: TO BE COMPLETED BY DASSR (FOR INITIAL APPLICATION ONLY)	
Received By:	Date (dd/mm/yyyy)
Remarks:	