

JAA Administrative & Guidance Material
Section Five: Personnel Licensing Part 2: Procedures

CHAPTER 15: APPENDICES AND STANDARD DOCUMENTS

15.1 APPENDICES

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Appendix 1

(See Chapter 14 paragraph 14.1.1.1 g) and h))

Numbering system for:

- Authorised Medical Examiners (AME);
- Aeromedical Centres (AMC);
- Flight Examiner (FE);
- Type Rating Examiner (TRE)/Synthetic Flight Examiner (SFE);
- Class Rating Examiner (CRE);
- Instrument Rating Examiner (IRE);
- Flight Instructor Examiner (FIE);
- FTO;
- TRTO.

With reference to chapter 14, paragraph 14.1.1.1 g) and h) the following letter codes must be used as a prefix in the numbering of licences, examiners, training organisations and aeromedical centres from Authorities. First the initials of the Authority as indicated below, followed by the function (e.g. A/FE/...), then number of the numbering system used officially for this purpose within the Authority (e.g. the social security number or the tax number). An Authority may use only one numbering system, e.g. A (Austria)/ C(CPL)/xxx name. The numbering system used should be reported to the JAA Liaison Office - Licensing.

The letter codes to be used first are:

Austria	-	A
Belgium	-	B
Cyprus	-	CY
Czech Republic	-	CZ
Denmark	-	DK
Estonia	-	EST
Finland	-	FIN
Former Yugoslav Republic of Macedonia	-	FYROM
France	-	F
Germany	-	D
Greece	-	GR
Hungary	-	H
Iceland	-	IS
Ireland	-	IRL
Italy	-	I
Latvia	-	LVA
Luxembourg	-	L
Malta	-	M
Moldova	-	MD
Monaco	-	MC
Netherlands	-	NL
Norway	-	N
Poland	-	PL
Portugal	-	P
Romania	-	R
Slovak Republic	-	SK
Slovenia	-	SLO
Spain	-	E
Sweden	-	SE
Switzerland	-	CH
Turkey	-	TR
United Kingdom	-	UK

In case the examiner has several functions e.g. FE and CRE all the functions should be indicated on the list (e.g. NL/FE/... - NL/CRE/... - NL/TRE/...).

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Appendix 2

JAR-FCL Provisions for “approvals”

Withdrawn

Appendix 3

JAR-FCL Provisions ‘acceptable to’ or ‘accepted by’ the Authority

Withdrawn

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STANDARD DOCUMENT N° 150
(See Chapter 9)

Application form for registration for PPL instruction

a	Name and address under which the facility operates, i.e. Club, School, Group;
b	Name of Owner(s);
c	Date of intended commencement of operations;
d	Name, address and telephone number of FI's and qualifications;
e	(i) Name and address of aerodrome, if applicable, from which training operations are to be conducted; (ii) Name of aerodrome operator;
f	List of aircraft to be used, including any means of synthetic flight instruction (if applicable) to be used by the facility, stating: Class/Type of aeroplanes, Registration(s), Registered Owner(s), C of A Categories;
g	Type of training to be conducted by the facility: Theoretical instruction for PPL(A) / (H) Flight instruction for PPL(A) / (H) Night qualification Single-engine SPA Class ratings others (specify) (see JAR-FCL 1.115 or 2.115)
h	Details of aircraft insurance held;
i	State whether your facility intends to operate full or part time;
j	Any additional information the Authority may require;
k	A declaration below by the applicant that the information provided in (a) to (j) above is correct and that training will be conducted in accordance with JAR-FCL.
Date:	
Signature:	

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STANDARD DOCUMENT N°151

(See Chapter 9)

APPLICATION FORM FOR APPROVAL OF TRAINING ORGANISATIONS

N°	Question	Supplementary information
1.	Name and type of organisation under which the activity is to take place	address, fax number, Email, Internet URL
2.	Training courses offered	theory and/or flight training
3.	Name of Head of Training	type and number of licence full/part time
4.	Name of Chief Flight Instructor	as (3)
5.	Name of Chief Ground Instructor	as (3)
6.	Name of flight instructor(s), where applicable	as (3)
7.	Aerodrome(s) to be used	IFR approaches night flying air traffic control
8.	Flight operations accommodation	location, number and size of rooms
9.	Theoretical instruction facilities	location, number and size of rooms
10.	Description of training devices (as applicable)	flight simulators, FNPT I and II flight training devices others
11.	Description of aircraft	type of aircraft registration of aircraft IFR equipped

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N°	Question	Supplementary information
12.	Proposed administration and Manuals : (submit with application)	(a) course programmes (b) training records (c) operations manual (d) training manual
13.	Details of proposed quality control system/ quality system	

Note 1 : If answer to any of the above questions are incomplete, the applicant shall provide full details of alternative arrangements separately.

I, (name), on behalf of (name of training organisation) certify that all the above named persons are in compliance with JAR-FCL and that all the above information given is complete and correct. (Signature)

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STANDARD DOCUMENT N° 152

TRAINING ORGANISATION INSPECTION REPORT BY NAA

Date of inspection		Inspection Leader	
FTO/TRTO/sub-contracted facility name		Add. Inspectors	
Location		Other training organisation	
TO Ref. No.		Alternative base aerodrome	

APPROVED COURSE(S) INSPECTION FOR (Tick those relevant)

MODULAR	COURSE TITLE	INTEGRATED
	ATP	
	CPL/IR(A)/(H)	
	CPL(A)/(H)	
	IR	
	TR	
	CR	
	FI	
	MCC	
	SFI	

ITEMISED REPORT (INSPECTOR'S REPORT)

(To be completed in conjunction with the JAR-FCL relevant to the course(s) applied for)

2. APPROVED COURSE FLIGHT STAFFING

The staffing arrangements have been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 10-18 and App. 2 para 11-15.	Satisfactory	Unsatisfactory
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3. APPROVED COURSE GROUND STAFFING

The staffing arrangements have been checked in accordance with the requirements of JAR-FCL 1.055/2.055 App. 1a para 19-20 and App. 2 para 16.	Satisfactory	Unsatisfactory
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4. AERODROME(S)

The aerodromes have been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 27.	Satisfactory	Unsatisfactory
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5. DOCUMENTATION & PUBLICATIONS/OPERATIONS INFORMATION

The documentation and publication related to the courses updating system training and operations manuals have been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 31 - 33 and App. 2 para 25-27.	Satisfactory	Unsatisfactory
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6. TRAINING RECORDS AND LOG BOOKS

The training and log books (instructor and student) have been checked in accordance with the requirements in JAR-FCL 1.055/2.055 App. 1a para 21-23 and App. 2 para 18-20.	Satisfactory	Unsatisfactory
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7. SAMPLING CROSS REFERENCE OF RECORDS

Cross refer Flight Authorisation Sheets, Student applications, Training Records & Progress reports, Student and Instructor Log books and aircraft documentation (see No. 17 & 18)

Course	Date	A/C Type/Sim	A/C Reg	T/O	Land	Student	Instructor	Satis.	Unsatis.

8. INSTRUCTIONAL STANDARDS

The following lectures were sampled in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 31-33 and App. 2 para 16.	Satisfactory	Unsatisfactory
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9. COURSE MATERIAL

The course material and aids have been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 31-33 and App.2 para 21 and 25 to 27.	Satisfactory	Unsatisfactory
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10. TRAINING PROGRAMME

The training programme has been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 24 and App. 2 para 21.	Satisfactory	Unsatisfactory
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11. GROUND SCHOOL ACCOMMODATION

The accommodation has been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 29.	Satisfactory	Unsatisfactory
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12. ADMINISTRATION

The ground training administration arrangements have been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 3 and 10 and para 21-23, and App. 2 para 11 and para 18-20.	Satisfactory	Unsatisfactory
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13. APPROVED COURSE AIRCRAFT

TYPE	NUMBER	TYPE	NUMBER

14. AIRCRAFT SAMPLED (check to include documentation)

A/C Reg: have been checked in accordance with the inspection check list and the requirements in JAR-FCL 1.055/2.055 App. 1a para 25 and 26 and App. 2 para 22.	Satisfactory	Unsatisfactory
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15. OPERATIONAL ACCOMMODATION

The accommodation has been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 28 and App. 2 para 23.	Satisfactory	Unsatisfactory
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16. TRAINING EQUIPMENT

The training equipment has been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App.1a para 25 and App. 2 para 22.	Satisfactory	Unsatisfactory
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17. OPERATIONS MANUAL

The Operations Manual has been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 31 and 33 and App. 2 para 25 and 27.	Satisfactory	Unsatisfactory
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18. TRAINING MANUAL

The Training Manual has been checked in accordance with the requirements laid down in JAR-FCL 1.055/2.055 App. 1a para 31 and 32 and App. 2 para 25 and 26.	Satisfactory	Unsatisfactory
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19. STD (including qualification, approval & maintenance)

The STD operation has been checked in accordance with the requirements in JAR-FCL 1.005/2.005(a)(4), and JAR-STD.	Satisfactory	Unsatisfactory
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20. QUALITY SYSTEM

The Quality System has been checked in accordance with the requirements in JAR-FCL 1.055/2.055 App. 1a para 3 and App. 2 para 3	Satisfactory	Unsatisfactory
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21. Note 1) Where it has not been possible to carry out a check item, this shall be stated with reasons.

Note 2) Any item(s) marked unsatisfactory shall have an explanation attached to this report.

Note 3) The report, when completed, shall be retained by the NAA and produced for the LIST-teams when required.

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STANDARD DOCUMENT N° 153

(Name of NAA)

Member of the Joint Aviation Authorities

Approval Certificate

This certificate is issued to:

Whose business address is:

Number:

upon finding that its organisation complies in all respects with the Joint Aviation Requirements JAR-FCL relating to the establishment of a Training Organisation and is empowered to operate an approved (enter words Flight Training Organisation or Type Rating Training Organisation) for the following courses:

This certificate, unless cancelled, suspended, or revoked, shall continue in effect until (enter date 12 months after first issue, 36 months after second and further issues)

Date of issue:

Signature:

For the National Aviation Authority:

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STANDARD DOCUMENT N°154
(see Chapter 9)

APPLICATION FORM FOR APPROVAL OF A TYPE/CLASS RATING TRAINING PROGRAMME

MULTI PILOT	SINGLE PILOT	AEROPLANE	HELICOPTER	VFR	IFR	CLASS RATING	TYPE RATING
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Delete as applicable

PART A TO BE COMPLETED BY THE APPLICANT (IN CAPITAL LETTERS)

APPLICANT: FTO/ TRTO/OPERATOR/MANUFACTURER/SUBCONTRACTED FACILITY/INDIVIDUAL TRI
Delete as applicable

NAME:

ADDRESS:

STATE:

Tel:..... Fax:.....

LICENCES AND RATINGS HELD (For individual TRI only):
.....
.....

APPROVAL No.....(FTO/TRTO) LICENCE No.....(for TRI)

1. SUMMARY OF TRAINEES pre-requisite entry conditions:
.....

2. CONTENT OF TRAINING COURSES

GROUND TRAINING (..... hrs) CHECK (..... hrs) LOCATION
..... ORGANISATION OR INSTRUCTOR RESPONSIBLE

STD TRAINING (..... hrs) CHECK (..... hrs)
LOCATION.....
ORGANISATION OR INSTRUCTOR RESPONSIBLE.....

AIRCRAFT FLYING TRAINING (..... hrs) CHECK (..... hrs) AIRPORT

3. STD TYPE: MANUFACTURER:
OPERATOR: APPROVAL/RENEWAL DATE:.....

4. AIRCRAFT TYPE: REGISTRATION No: OPERATOR:

5. FACILITIES..... PROVIDED BY..... ORGANISATION:

<p>I further certify that the..... class/type rating training course defined above shall be conducted under my responsibility according to the requirements contained in the training programme registered by application form referenced..... Date: .../.../..... Signature of Applicant:</p>
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PART B CERTIFICATE OF APPROVAL OF THE AUTHORITY

This is to certify that the above specified class/type rating training programme has been approved for the conduct under the responsibility of the above referred applicant.

Observations (if applicable) :.....

Approval date and n° :

Renewal date and n° :

Date and Location:

Signature/Seal/Stamp of issuing authority:

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STANDARD DOCUMENT N°155 (a)

The following information shall be provided by a State of Licence Issue to another Member State, to enable licence holders to transfer their State of licence issue. The information may be provided in the format shown or by any suitable media.

INFORMATION FORM FOR THE TRANSFER OF A LICENCE

Item	ICAO Ax. 1	Description
1	(i)	State of licence issue
2	(ii)	Title of licence
3	(iii)	Serial number of licence
4	(iv)	Full name of holder
5	(v)	Address of holder
6	(vi)	Date of birth
7	(vi)	Nationality of holder
8	(viii)	Issuing Authority
9	(x)	Date of issue
10	(xii)	Ratings held Valid until
11	(xiii)	Remarks, i.e., special endorsements relating to limitations and endorsements for privileges
12		Past or pending enforcement action Yes/No

Signed and stamped by licensing authority certifying information.