|  |
| --- |
| **PERSONNEL LICENSING DEPARTMENT**  **CHECKLIST FOR AIR TRAFFIC CONTROL TRAINING ORGANISATION APPLICATION DOCUMENT ASSESSMENT** |
| **Name of Organisation: Date:** |
| **Applicant Use Only** |
| **This compliance check form has been prepared by:**  ***Signature***  **Name – Last-Name** |
| **Date performed: DD MMM YYYY** |
| **Official Use Only** |
| **Verification Result:** **🞏 Accept 🞏 Reject** |
| **This compliance check form has been verified by:**  ***Signature***  **Name – Last Name** |
| **Date performed: DD MMM YYYY** |
| **Instructions**   1. Applicant is to conduct a self-assessment as part of its compliance check by providing manual references into the ‘Compliance checked by applicant’. 2. Each check list item shall be assessed and given a result either **‘Satisfactory-(S)’ or ‘Unsatisfactory-(U)’** by marking “X” 3. **‘Satisfactory’** shall be given if the applicant is able to provide valid contents and details that comply with the requirements. 4. **‘Unsatisfactory’** shall be given if the applicant is comply with the requirement. |

| No | Requirement | Compliance checked by applicant | | Remarks | CAAT Officials Use Only | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | No |  | S | U | Remark(s) | |
| 1 | Copy of certification or the evidence of being juristic person that shall have showing list of |  |  |  |  |  |  |  |
| * Name |  |  |  |  |  |  | |
| * Fund |  |  |  |  |  |  | |
| * Intention |  |  |  |  |  |  | |
| * Company Address |  |  |  |  |  |  | |
| * The present authorized person to bind the juristic person (with the certification of the authorized person provide legal certifications for not more than six months from the date of issuing the certificate or evidence)   Note : In the event that the applicant is a part  Government agencies, state enterprises, local government organizations or other government organizations that are legal entities to attach A copy of the government officer ID card according to the law governing government officials or the appointment order Also served as the head of that department. |  |  |  |  |  |  | |
| 2 | Documents showing the main locations used in training and copy of documents showing ownership possessory right or rights to use in the main place used in training |  |  |  |  |  |  | |
| 3 | financial status |  |  |  |  |  |  | |
| 4 | Document about to be ATCTO |  |  |  |  |  |  |  |
| * Organizational structure and the responsibilities of each personnel |  |  |  |  |  |  | |
| * Name and qualification of the person who is proposed to be the accountable manager of the ATCTO |  |  |  |  |  |  | |
| * Qualifications of executive officers and training Personnel |  |  |  |  |  |  | |
| * Details of facilities and equipment used in training such as lecture room and training room |  |  |  |  |  |  | |
| * Number and details of the Air traffic control simulator device |  |  |  |  |  |  | |
| * Details of the operation plan of the ATCTO requesting certification (Business Plan) |  |  |  |  |  |  | |
| * Details of the location of the main base used in the training and list of agencies or various airports that will be used to train air traffic control |  |  |  |  |  |  | |
|  |  |  |  |  |
| 5 | * Draft training manual and method Conduct training (Training and Procedures Manual) for requesting Approval |  |  |  |  |  |  | |
|  |  |  |  |  |