

APPLICATION FOR PART-147 INITIAL / CHANGE OF APPROVAL (Form 12)	
Registered Name & Address of Applicant: Trading Name (if different): Addresses Requiring Approval: Tel No.:Fax No.: E-Mail:	
Scope of Part-147 Approval Relevant to This Initial */ Change of * Application (See other side for training course designators to be used): Basic Training: Type Training: Provide reference to other approvals: Does the organisation hold approval under Part 21 / Part 145 / Part M * Cross out whichever is not applicable	
Name & Position of Accountable Manager: Signature of Accountable Manager: Date of Application:	Space for official use