Application for a Part – FOO/FD.OR Initial / Change Approval

Data Protection: *Personal data included in this application is processed by CAAT in accordance with Thailand's Personal Data Protection Act (PDPA) B.E. 2562 (2019) on the protection of personal data. It will be processed solely for the purposes of managing, reviewing, and following up on this application, without prejudice to possible transmission to authorized regulatory or auditing authorities if required by law. The Applicant has the right to access their personal data, to rectify any data that is inaccurate or incomplete, and to request the erasure or restriction of processing of their data under applicable provisions of the PDPA. Should the Applicant have any queries concerning the processing of their personal data, they may contact CAAT. The Applicant may also seek recourse by contacting Thailand's Personal Data Protection Committee for further assistance regarding their data protection rights.*

Type of Application

☐ Initial ☐ Renewal ☐ Amendment / Change ☐ Re-certification

As applicable, identify intended commencement of activity on *(DD-MMM-YYYY (C.E.), e.g. 04-JUL-2025.)*

1 Applicant

1.1 Applicant Data

1.1.1 Customer Number *(Registered EMPIC account)*	
1.1.2 Organisation Name *(ATO name that will be identified on ATO certificate)*	
1.1.3 Trade Name *(Company name that will be identified on invoicing documents)*	

1.1.4 Address *(Registered business address that will be identified on ATO certificate)*	No. ..... Building Name: ..... Street/Road: ..... Sub-district: ..... District: ..... Province: ..... Country: ..... Postal code: .....

1.1.5 Accountable Executive *(Responsible for this application)* *[Ref. FOO/FD.OR.010 Qualifications (7) (a)]*	Title	☐ Mr. ☐ Ms.
	Full name	
	Job title	
	Phone/Fax	
	Email	

1.2 Certificate Address *(To be printed onto the ATO certificate)*

☐ Same as Applicant Data in section 1.1 (→continue with section 1.3)

1.2.1 Applicant Name *(Can be left blank if same as 1.1.2 Organisation Name)*	☐ Same as in section 1.1.2 Organisation Name	☐ Other (please specify below)

1.2.2 Certificate Address *(Can be left blank if same as 1.1.4 Address)*	☐ Same as in section 1.1.4 Address	☐ Other (please specify below)
	No. ..... Building Name: ..... Street/Road: ..... Sub-district: ..... District: ..... Province: ..... Country: ..... Postal code:	

1.3 Training Sites *(List of sites where the training courses will be provided.)*

Please use **Annex I** to list all sites where training is to be provided.

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1.4 Billing Data

☐ Same as Applicant Data in section 1.1 (→continue with section 1.4.4)

1.4.1 Applicant Name *(Can be left blank if same as 1.1.3 Trade Name)*	☐ Same as in section 1.1.3 Trade Name	☐ Other (please specify below with supporting document) **Other name is allowed only in exceptional cases**
1.4.2 Billing Address *(Can be left blank if same as 1.1.4 Address)*	☐ Same as in section 1.1.4 Address	☐ Other (please specify below)
	No. ..... Building Name: ..... Street/Road: ..... Sub-district: ..... District: ..... Province: ..... Country: ..... Postal code:	

1.4.3 Financial Contact Person *(Can be left blank if same as 1.1.5 Accountable Executive)*	☐ Same as in section 1.1.5 Accountable Executive	☐ Other (please specify below)
	Title	☐Mr. ☐ Ms.
	Full name	
	Job title	
	Phone/Fax	

1.4.4 Financial Contact Email *(Invoice PDF copy will be issued to this email address.)*	

1.5 Certificate Delivery Data *(Can be left blank if same as 1.1 Applicant Data)*

☐ Same as Applicant Data in section 1.1	☐ Other (please specify below)

1.5.1 Organisation Name *(Certificate Delivery)*		
1.5.2 Delivery Address *(Certificate Delivery)*	No. ..... Building Name: ..... Street/Road: ..... Sub-district: ..... District: ..... Province: ..... Country: ..... Postal code:	

1.5.3 Contact Person *(Certificate Delivery)*	Title	☐Mr. ☐ Ms.
	Full name	
	Job title	
	Phone/Fax	
	Email	

2. Training course(s) offered

Refer to: Thailand Civil Aviation Regulation - Personnel Licensing Part Approved Flight Operations Officer/Flight Dispatcher Training Organisation (TCAR PEL Part – FOO/FD.OR), Chapter 2 Clause 23

(ข้อกำหนดของสำนักงานการบินพลเรือนแห่งประเทศไทย ฉบับที่ 76 ว่าด้วยการรับรองสถาบันฝึกอบรมด้านการอำนวยการบิน หมวด 2 ข้อ 23)

Please use **Annex II** to list all courses offered.

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3. Head of Training (HT) *[Ref. FOO/FD.OR.010 Qualifications (7) (b)]*		
3.1 Name		
3.2 Licence Type *(as applicable)*		
3.3 Licence Number *(as applicable)*		
3.4 Type of Employment	☐ Full Time	☐ Part Time

4. Instructional Services Manager (ISM) *[Ref. FOO/FD.OR.010 Qualifications (7) (c)]*		
4.1 Name		
4.2 Licence Type *(as applicable)*		
4.3 Licence Number *(as applicable)*		
4.4 Type of Employment	☐ Full Time	☐ Part Time

5. Quality Manager (QM) *[Ref. FOO/FD.OR.010 Qualifications (7) (d)]*		
5.1 Name		
5.2 Licence Type *(as applicable)*		
5.3 Licence Number *(as applicable)*		
5.4 Type of Employment	☐ Full Time	☐ Part Time

6. Instructional Personnel *[Ref. FOO/FD.OR.010 Qualifications (7) (e)]*	
Please use **Annex III** to list all instructional personnel prepared to provide the training courses offered.	
6.1 Total number of instructors	

7. Theoretical Training Facilities
Please use **Annex IV** to list and describe all rooms used as theoretical instruction facilities.

8. Description of Training Devices
Please use **Annex V** to list and describe all training devices used to provide the training courses.

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9. Documents and manuals to be submitted with application (as applicable) *Refer to: Thailand Civil Aviation Regulation - Personnel Licensing Part Approved Flight Operations Officer/Flight Dispatcher Training Organisation (TCAR PEL Part – FOO/FD.OR), Chapter 1 Clause 6* *(ข้อกำหนดของสำนักงานการบินพลเรือนแห่งประเทศไทย ฉบับที่ 76 ว่าด้วยการรับรองสถาบันฝึกอบรมด้านการอำนวยการบิน หมวด 1 ข้อ 6)*	
☐ Name and Address of Applicant *[Refer to Page 1 of this application Form]*	Clause 6 (1)
☐ Intended commencement of act ivity *[Refer to Page 1 of this application Form]*	Clause 6 (2)
☐ Company Registration Documents *[certified by authorized person, issued no longer than 6 months]*	Clause 6 (3)
☐ A copy of the list of shareholders *[certified by authorized person]*	Clause 6 (4)
☐ Documents or evidence showing financial status to ensure sufficient capital for the business	Clause 6 (5)
☐ A copy of document showing ownership or possession rights or the rights to use the main base	Clause 6 (6)
☐ Post Holders' CV and training records *[AE, HT, ISM, QM, Instructional Personnel]*, as documented in OMM	Clause 6 (7)
☐ Documents or evidence showing detailed information regarding facilities and equipment that are appropriate and sufficient according to the size of the organisation and type of the training course(s) proposed for approval	Clause 6 (8)
☐ Documents showing the details of the training course(s) *[Course Manual]*	Clause 6 (9)
☐ Documents showing the type of the training course(s) *[Course Manual]*	Clause 6 (10)
☐ A Five-Year Business Plan *(as applicable)*	Clause 6 (11)
☐ Operation Management Manual (OMM)	Clause 6 (12)
☐ Training Manual (TM)	Clause 6 (13)
☐ Compliance Matrix (TCAR PEL Part – FOO/FD.OR Statement of Compliance Checklist)	Clause 6 (14)
☐ Other, please specify	Clause 6 (14)

10. Details of proposed compliance monitoring system (Compliance Matrix to Part – FOO/FD.OR)	
10.1 Detailed description of the compliance monitoring function of the management system	*Please enter the reference in your organisation's documentation*
10.2 List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organisation	*Please enter the reference in your organisation's documentation*
10.3 Means and methods establishing the internal audit process	*Please enter the reference in your organisation's documentation*
10.4 Means and methods establishing the feedback system of audit findings to the accountable executive	*Please enter the reference in your organisation's documentation*
10.5 Nominated person or group of persons, ultimately responsible to the accountable executive of ensuring that the organisation remains in compliance with the applicable requirements	*Please enter the reference in your organisation's documentation*
10.6 Means and methods making personnel aware of their responsibilities	*Please enter the reference in your organisation's documentation*
10.7 Procedure for amending the documentation	*Please enter the reference in your organisation's documentation*
10.8 Means and methods to ensure initial and continued compliance of contracted activities	*Please enter the reference in your organisation's documentation*

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11. Applicant's declaration and acceptance of the General Conditions and Terms of Payment

I declare that I have the legal capacity to submit this application to CAAT and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by CAAT in accordance with the CAAT's Rules and Regulations on the fees and charges levied by the Civil Aviation Authority of Thailand.

I acknowledge that I have read and understood the General Conditions and Terms of Payment according to relevant CAAT's Rules and Regulations and agree to abide by them. I declare to be aware that inspection fees, certificate fees, as well as all relevant applicable charges must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.

I, the undersigned, on behalf of the applicant identified in 1.1.2 above certify that all the above-named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.

.....	.....	.....
Date	Full Name of Accountable Executive	Signature

This application and the additional document shall be submitted to CAAT via **Email.**

For application, further information or inquiry, please contact E-mail: **pel_to@caat.or.th**

Annex I: Training Sites (ref. 1.3) **List of sites where the training courses will be provided** Please enter the full address details for each training site.	
1.	
2.	
3.	
4.	
5.	

Insert additional lines if necessary

Application for a Part – FOO/FD.OR Initial / Change Approval

Annex II: Training Courses (ref. 2.)

List of training courses to be provided

Please enter the course name/identification/ Course FOO/FD Reference No. and select the type(s) of training. The check box shall be marked with "X" or "✓".

No.	Course Name	Course FOO/FD Reference No.	Type of Training	
			Theory	Practical
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐

Insert additional lines if necessary

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Annex III: Instructional Personnel (ref. 6.)

List of flight instructors employed to provide the training courses offered

Please enter the name of the instructor, the type of Licence, the type of instructor, privilege and employment type. The check box shall be marked with "X" or "✓".

No.	Instructor Name	Licence Number *(as applicable)*	Type of Instructor		Employment	
			Theory	Practical	Full Time	Part Time
1.			☐	☐	☐	☐
2.			☐	☐	☐	☐
3.			☐	☐	☐	☐
4.			☐	☐	☐	☐
5.			☐	☐	☐	☐
6.			☐	☐	☐	☐
7.			☐	☐	☐	☐
8.			☐	☐	☐	☐
9.			☐	☐	☐	☐
10.			☐	☐	☐	☐
11.			☐	☐	☐	☐
12.			☐	☐	☐	☐
13.			☐	☐	☐	☐
14.			☐	☐	☐	☐
15.			☐	☐	☐	☐
16.			☐	☐	☐	☐
17.			☐	☐	☐	☐
18.			☐	☐	☐	☐
19.			☐	☐	☐	☐
20.			☐	☐	☐	☐

Insert additional lines if necessary

Annex IV: Theoretical Training Facilities (ref. 7.)

List of all rooms used as theoretical training facilities
Please enter the location, number of rooms and size.

No.	Location	Number	Size (Length x Width)
1.			00,00 m x 00,00 m
2.			00,00 m x 00,00 m
3.			00,00 m x 00,00 m
4.			00,00 m x 00,00 m
5.			00,00 m x 00,00 m
6.			00,00 m x 00,00 m
7.			00,00 m x 00,00 m
8.			00,00 m x 00,00 m
9.			00,00 m x 00,00 m
10.			00,00 m x 00,00 m
11.			00,00 m x 00,00 m
12.			00,00 m x 00,00 m
13.			00,00 m x 00,00 m
14.			00,00 m x 00,00 m
15.			00,00 m x 00,00 m
16.			00,00 m x 00,00 m
17.			00,00 m x 00,00 m
18.			00,00 m x 00,00 m
19.			00,00 m x 00,00 m
20.			00,00 m x 00,00 m

Insert additional lines if necessary

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Annex V: Training Devices (ref. 8.)

List of all training devices used to provide training courses

Please identify description and location of the device. The check box shall be marked with "X" or "✓".

No.	Training Devices		Applicable Training Course (e.g. FOOR)
	Description	Location	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Insert additional lines if necessary

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Completion Instructions:

(Ref. CAAT-PEL-RDMSP Record-Keeping and Document Management System Procedure)

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for a Part – FOO/FD.OR Initial / Change Approval.

1. Each check box shall be marked using either "X" or "✓" as appropriate.
2. The form may be filled in either by writing or printing, in a clearly legible manner. All fields/items shall be completed. In fields/items for which there is no answer or is not applicable, mark a horizontal straight line or enter “N/A” or shaded with a reason.
3. The full name of the relevant person shall be indicated in BLOCK CAPITAL LETTERS, e.g. JOHN DOE. The date, where necessary, shall be indicated in DD-MMM-YYYY (C.E.), e.g. 04-JUL-2025.

Type of Application: Please specify type of application from (1) Initial, (2) Renewal, (3) Amendment / Change, (4) Replacement, or (5) Re-certification	
Chapter 1: Applicant	
1.1	**Applicant Data**
1.1.1	**Customer Number:** If known, please enter your **Registered EMPIC account customer number**. This number follows the pattern of 4-degit (e.g. 9999) and can be found on your EMPIC account registration acceptance email received from the system.
1.1.2	**Organisation Name:** Please enter the full **name of the ATO that will be identified on ATO certificate**.
1.1.3	**Trade Name:** If applicable also enter the Trade Name, Doing-business-as and the Company registration number. *(Company name that will be identified on invoicing documents)*
1.1.4	**Address:** Please enter the **registered business address that will be identified on ATO certificate.**
1.1.5	**Accountable Executive:** The name and contact details specified in this section are those of the person responsible for the application.
1.2	**Certificate Address** *(To be printed onto the ATO certificate) (Can be left blank if same as 1.1 Applicant Data)*
1.2.1	**Applicant Name:** Please enter the full **name of the ATO that will be identified on ATO certificate**.
1.2.2	**Certificate Address:** Please enter the **registered business address that will be identified on ATO certificate.**
1.3	**Training Sites** *(List of sites where the training courses will be provided.)*
1.3	**Training sites:** all sites where training submitted to approval is provided such as the **main site** where the major part of the training is conducted **and any satellite site** located in a different place where other facilities are available and used for training. Typically training sites located in different cities or countries are to be indicated separately. Sites not declared in the application form will not be inspected and will not be part of the terms of approval of the organisation. Once an approval has been issued, including sites not declared in the application form will require the organisation to apply for a change to the terms of the approval already issued.
1.4	**Billing Data** *(If same as 1.1 Applicant Data >> go to 1.4.4 Financial Contact Email)*
1.4.1	**Applicant Name: Company name** that will be identified on **invoicing documents** CAAT will issue. *(Can be left blank if same as 1.1.3 Trade Name)*
1.4.2	**Billing Address:** The **address** specified in this section will be printed on the **invoicing documents** CAAT will issue. *(Can be left blank if same as 1.1.4 Address)*
1.4.3	**Financial Contact Person:** The name and contact details specified in this section are those of the **person that will be contacted** for all issue connected with the CAAT **invoicing documents**. (e.g. accounts payable clerk) *(Can be left blank if same as 1.1.5 Accountable Executive)*
1.4.4	**Financial Contact Email:** The **email** specified will be used to provide you with an advance PDF copy of the CAAT **invoicing documents.**
1.5	**Certificate Delivery Data** *(For Certificate Delivery) (Can be left blank if same as 1.1 Applicant Data)*
1.5.1	**Organisation Name:** The **(company) name** specified in this section is where CAAT will **send the original certificate**/approval.
1.5.2	**Delivery Address:** The **address** specified in this section is where CAAT will **send the original certificate**/approval.
1.5.3	**Contact Person:** The **contact person** of this section is the person the approval will be sent to.

Chapter 2: Training course(s) offered	
2.	Please list in Annex II all Part-FOO/FD courses the FOO/FD training organisation intends to provide under the scope of the CAAT Part- FOO/FD.OR approval sought. This list of courses must match the lists in the manuals of the organisation
Chapter 3: Head of Training (HT)	
3.	Please enter the name, license type, license number *(as applicable)* and type of employment of the Head of Training (HT).
Chapter 4: Instructional Services Manager (ISM)	
4.	Please enter the name, license type, license number *(as applicable)* and type of employment of the Instructional Services Manager (ISM).
Chapter 5: Quality Manager (QM)	
5.	Please enter the name, license type, license number *(as applicable)* and type of employment of the Quality Manager (QM).
Chapter 6: Instructional Personnel	
6.	Please list in Annex III all Instructional Personnel involved in the delivery of courses listed in Annex II. This list of Instructional Personnel shall match the lists in the manuals of the organisation.
Chapter 7: Theoretical Training Facilities	
7.	Please list in Annex IV all Theoretical Training Facilities that the organisation intends to use to provide the courses listed in Annex II. This list of Theoretical Training Facilities shall match the lists in the manuals of the organisation.

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Chapter 8: Description of Training Devices	
8.	Please list in Annex V all Training Devices that the organisation intends to use to provide the courses listed in Annex II. The organisation's manuals shall clearly identify the use of each Training Devices for the delivery of each course provided as listed in Annex II of this form. This list of Training Devices shall match the lists in the manuals of the organisation.
Chapter 9: Documents and manuals to be submitted with application *(as applicable)*	
9.	Tick each relevant check box to indicate if the document is joined to the application form.
Chapter 10: Details of proposed compliance monitoring system (Compliance Matrix to Part – FOO/FD.OR)	
10.	For each item listed (**10.1 to 10.8**), provide the reference of the documented evidence available in the organisation's manuals or controlled documentation.
Chapter 11: Applicant's declaration and acceptance of the General Conditions and Terms of Payment	
11.	Please make sure that the accountable executive signs the application form.

Note: *If answers to any of the questions are incomplete, the applicant should provide full details of alternative arrangements separately.*