



APPLICATION FOR APPROVED TRAINING ORGANIZATION CERTIFICATE

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

A. ATO INFORMATION:				
1. NAME OF ATO APPLICANT OR HOLDER		2. PERMANENT ADDRESS (Street or PO Box Number)		
3. TELEPHONE AND FAX		4. CITY	STATE/PROVINCE	MAIL CODE COUNTRY
5. LOCATION OF MAIN OPERATIONS BASE			6. LOCATION OF SATELLITE BASE(S)	

B. APPLICATION IS HEREBY MADE FOR:				
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3				
<input type="checkbox"/> 1. Issuance of a ATO Certificate and associated ratings to conduct the training courses identified below, and for the approval of these courses (three copies of each course curriculums are attached).				
<input type="checkbox"/> 2. Renewal of existing ATO Certificate and associated ratings.			ATO Certificate #: _____ Expiration Date: _____	
(a) <input type="checkbox"/> Without changes to the currently approved course outline. (b) <input type="checkbox"/> With addition of course(s) identified below for which approval is requested (three copies of each course curriculums are attached). (c) <input type="checkbox"/> With deletion of course(s) identified below from the curriculum.				
<input type="checkbox"/> 3. Amending the current ATO Certificate and associated ratings.				
			ATO Certificate #: _____ Expiration Date: _____	
(a) <input type="checkbox"/> By adding the course(s) identified below for which approval is requested (three copies of each course curriculums are attached). (b) <input type="checkbox"/> By deleting the course(s) identified below from the curriculum.				

C. IDENTIFICATION OF TRAINING COURSES:										
ADD	+DLE	DELETE	COURSE TITLE				ADD	+DLE	DELETE	COURSE TITLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. _____
<i>If more space is needed, please attach additional page(s).</i>										

D. EQUIPMENT REQUIRING SPECIAL APPROVAL:						
FTSD LEVEL	LOCATION	EQUIPMENT DESCRIPTION		FTSD LEVEL	LOCATION	EQUIPMENT DESCRIPTION
		1. _____				5. _____
		2. _____				6. _____
		3. _____				7. _____
		4. _____				8. _____
<i>If more space is needed, please attach additional page(s).</i>						

E. ADDITIONAL APPLICATION ATTACHMENTS:		
<input type="checkbox"/> 1. ATO Training & Procedures Manual	<input type="checkbox"/> 4. Proposed Student & Staff Records	<input type="checkbox"/> 7. Management Resumes
<input type="checkbox"/> 2. Conformance Report	<input type="checkbox"/> 5. Proposed Graduation Certificate	<input type="checkbox"/> 8. Instructor Resumes and their courses.
<input type="checkbox"/> 3. Facility Description & Layout	<input type="checkbox"/> 6. Proposed Transcript Record	<input type="checkbox"/> 9. Quality Assurance System
<i>If more space is needed, please attach additional page(s).</i>		

F. APPLICANT'S CERTIFICATION— I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any CAAV certificate to me.		
A person shall not with intent to deceive, or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...	1. DATE	2. APPLICANT SIGNATURE:
	3. PRINTED NAME AND TITLE OF APPLICANT:	

G. CAAV CERTIFICATION:		
1. <input type="checkbox"/> APPROVED with the associated ratings bearing the number shown above. Effective Date: _____ Expires On: _____		2. <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> Renewal <input type="checkbox"/> without Amendments <input type="checkbox"/> with Amendments <input type="checkbox"/> Amendments		
3. Signature of Approving Official		5. Date
4. Title		
Control Number: _____		



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(This instruction page shall be removed before applying)

Completion Instructions for Form 513B Application for Approved Training Organization Certificate

A1	Enter name of ATO holder.	C1-10	<ul style="list-style-type: none"> - List training courses; - Check applicable boxes for adding course, applying for DLE or deleting course. - Attach copy of course curriculums.
A2	Enter permanent street address.	C	- Attach additional page of training course information to application if more space is needed.
A3	Enter phone number and fax number.	D1-6	<ul style="list-style-type: none"> - List equipment requiring special approval (if applicable) - Enter FTSD level, if equipment is at location other than main operations base, enter city where located. Attach additional page of equipment requiring special approval to application if more space is needed)
A4	Enter city, state, mail code, and country of permanent address.		
A5	Enter location of main operations base.	E1-9	Check appropriate box(es) for included attachments to application.
A6	Enter location(s) of satellite operation(s) base.	E	Attach additional page of attachments to application if more space is needed.
B	Check appropriate ATO level being applied for.	F1	Enter date application signed.
B1	Check if applying for a new ATO certificate.	F2	Applicant's signature.
B2	<ul style="list-style-type: none"> - Check if applying for renewal of an existing ATO certificate - Enter ATO certificate number and expiration date - Check a, b or c as appropriate. 	F3	Print applicant's name and title.
		G	FOR CAAV USE ONLY:
		G1	<ul style="list-style-type: none"> - Check if approved - Check appropriate box together with approval
B3	<ul style="list-style-type: none"> - Check if requesting amendment to a current ATO certificate - Enter ATO certificate number and expiration date - Check a or b as appropriate. 	G2	Check if not approved
		G3	Signed by FSSD Director of Duputy Director
		G4	Enter title of appored person
		G5	Enter date of approval (DD/MM/YYYY)