

APPLICATION FOR PILOT SCHOOL CERTIFICATION

NAME OF SCHOOL	TELEPHONE NO.	ADDRESS OF PRINCIPAL BUSINESS OFFICE
LOCATION OF MAIN OPERATIONS BASE		LOCATION OF SATELLITE BASE(S)

APPLICATION IS HEREBY MADE FOR:

Issuance of a Pilot School Certificate and associated Operations Specifications to conduct the training courses identified below, and for the approval of these courses (*three copies of each course outline are attached*); also, examining authority is requested for the courses appropriately checked.

Renewal of a Pilot School Certificate and associated Operations Specifications currently numbered _____, which expires on _____ without changes to the currently approved course outlines, _____ with addition of course(s) identified below for which approval is requested (three copies of each course outline is attached), including request for examining authority for the course(s) appropriately checked; _____ with deletion of course(s) identified below from the curriculum.

Amending the current Pilot School Certificate and associated Operations Specifications numbered _____ which expires on _____ by adding the course(s) identified below for which approval is requested (three copies of each course outline are attached), including request for examining authority where appropriately checked; _____ for deletion of the course(s) identified below from the curriculum.

CHIEF INSTRUCTOR:

LIST OF AIRCRAFT:

MAKE	MODEL	REGISTRATION MARK
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (WE) certify that I am (we are) familiar with GACAR Part 5 & 141 of the GACA, and, to the best of my (our) knowledge, believe that my (our) school meets the requirements for certification as prescribed therein.

Signature

Title

ACCOUNTABLE EXECUTIVE(GACAR 5.25 a)

MANAGEMENT REPRESENTATIVE SMS (GACAR 5.25 e)

ACCOUNTABLE MANAGER GACAR 141.49(d)

Date: _____

FOR GACA USE ONLY

APPROVED- _____ a Provisional Pilot School Certificate _____ a Pilot School Certificate, either with _____ DISAPPROVED _____
 associated Operations Specifications bearing the number shown above is issued effective and which _____
 expires on _____
 Renewal _____ without amendments _____ with amendments

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
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INSTRUCTIONS TO THE APPLICANT:

Submit an original and one copy of this application, completed in full, along with the required number of attachments where specified on the face of this form, to the GACA SS&AT Office having jurisdiction over the area in which the school is located.

Signatures on the application should be as follows:

1. Application from a corporation should be signed by the president or such other officers as authorized by the corporation by-laws to sign for the corporation and certified to by the corporate secretary attesting to the authority of the individuals to sign such a document;
2. Application from a company, club, or association should be signed by the president or such other officer or director as authorized by the organization's by-laws, and attested to by the secretary.

IDENTIFICATION OF TRAINING COURSES (Continued)

NOTE: Where examining authority for a course is desired, place and "X" in the box adjacent to the course identification.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THE FOLLOWING SPACE FOR GACA USE ONLY

Recommendations of Inspector(s)

INSPECTORS' SIGNATURES AND DATES	FOR OPERATIONS	FOR AIRWORTHINEESS
	DATE	DATE