

AVIATION MAINTENANCE TECHNICIAN SCHOOL CERTIFICATE AND RATINGS APPLICATION

INSTRUCTIONS: Type or print in ink. Submit original and two copies of this form (complete this side ONLY) and two copies of all attachments to General Authority of Civil Aviation, Safety & Economic Regulation Office.

1. NAME OF SCHOOL	2. TELEPHONE NO.
3. ADDRESS (Number, street, city & ZIP Code)	4. TRAINING DIRECTOR

5. APPLICATION SUBMITTED FOR (Check as applicable)		6. RATING(S) APPLIED FOR AND TOTAL HOURS PER COURSE		7. MAXIMUM NO. OF STUDENTS ENROLLED AT ANY ONE TIME	
		RATINGS	TOTAL HOURS	DAY	EVENING
ORIGINAL CERTIFICATE		AIRFRAME (A)			
CHANGE IN RATING (Specify)		POWERPLANT (P)			
CHANGE IN OWNERSHIP (Specify)		A&P			
CHANGE IN LOCATION, FACILITIES, AND EQUIPMENT (Specify)		7A. MAXIMUM TOTAL SCHOOL ENROLLMENT			
CHANGE IN ENROLLMENT (Specify)					
OTHER (Specify)		8. SCHOOL STATUS (Check as applicable)			
		PUBLIC	PRIVATE	NON-PROFIT	
		9. SCHOOL LOCATION (Check as applicable)			
		ON AIRPORT	IN CITY	IN SUBURBS	

10. COURSE CHARACTERISTICS																				
RATINGS	HOURS PER WEEK		WEEKS PER COURSE		INSTRUCTION HOURS PER		ENROLLMENT PERIODS PER YEAR FOR		ENTRANCE REQUIREMENTS											
	DAY	EVENING	DAY	EVENING	DAY	EVENING	DAY	EVENING	PHYSICAL				SCHOLASTIC							
									YES	NO	YES	NO	YES	NO	YES	NO				
AIRFRAME (A)																				
POWERPLANT (P)																				
A & P																				

11. ATTACHMENTS (Check applicable items)	
A. PROPOSED CURRICULUM	E. LIST OF REQUIRED PRACTICAL PROJECTS
B. LIST OF FACILITIES AND EQUIPMENT TO BE USED	F. SCHEDULE OF REQUIRED TESTS
C. PHOTOGRAPHS OF FACILITIES	G. COPY OF STUDENT RECORD SYSTEM
D. LIST OF INSTRUCTORS- NAMES, CERTIFICATE NOS., TYPE, AND RATINGS HELD, AND SUBJECTS TO BE TAUGHT	H. OTHER (Specify)

12. APPLICANT'S CERTIFICATION	
NAME OF OWNER (Include name(s) of individual owner, all partners, or corporation name giving State and date of incorporation)	

I hereby certify that I have been authorized by the school identified in item 1 to make this application and that statements and attachment hereto are true and correct to the best of my knowledge.

DATE	TITLE	AUTHORIZED SIGNATURE
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13. CERTIFICATION ACTION (FOR GACA USE ONLY)						
ACTION	CERTIFICATE NO. ASSIGNED	RATINGS	INDICATE RATING(S) ISSUED		APPROVED MAXIMUM ENROLLMENT FOR	
			DAY	EVENING	DAY	EVENING
APPROVED		AIRFRAME (A)				
DISAPPROVED	GACA FORM 8310-4 FORWARDED ON	POWERPLANT (P)				
		A&P				

REMARKS

14. DATE CERTIFICATE ISSUED	15. OFFICE IDENTIFICATION	16. ISSUING OFFICIAL'S SIGNATURE
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AVIATION MAINTENANCE TECHNICIAN SCHOOL INSPECTION REPORT (FOR GACA USE ONLY)

INSTRUCTIONS: The items listed below are applicable to certification inspection and/or to surveillance. Complete each item. If an item is not applicable indicate entry as "NA".

1. NAME OF SCHOOL				2. CERTIFICATE NO.				3. TYPE OF INSPECTION AND DATE						
								SESSION		SURVEILLANCE		CERTIFICATION		
								DAY						
EVENING														
4. SCHOOL CHARACTERISTICS														
SESSION	a. PRESENT ENROLLMENT			b. TOTAL NUMBER OF INSTRUCTORS		c. MAXIMUM HRS. TRAINING PER WEEK PER STUDENT <i>(Exclusive of lunch or rest periods)</i>			d. RATINGS APPLIED FOR OR NOW IN EFFECT			e. DATE OF APPROVAL FOR CURRICULUM NOW IN USE		
	AIRFRAME	POWER-PLANT	A&P	CERTIFICATED	NONCERTIFICATED	AIR-FRAME	POWER PLANT	A&P	AIR-FRAME	POWER PLANT	A&P	AIR-FRAME	POWER PLANT	A&P
DAY														
EVENING														
5. How many students were graduated during the previous 12 months?								AIRFRAME (A)		POWERPLANT (P)		A&P		
6. Instructor/student ratio.				a. Classroom				1 to		1 to		1 to		
				b. Shop				1 to		1 to		1 to		
7. Number of hours in approved curriculum.								Hrs.		Hrs.		Hrs.		
8. Is certificate current and properly displayed?												YES	NO	
9. Does the curriculum in use meet the requirements of GACAR 147?														
10. Is the approved curriculum actually being followed?														
11. Do facilities and equipment continue to meet the certification requirements of GACAR 147?														
12. Are necessary materials, tools, and equipment available and serviceable for training?														
13. Is there a sufficient number of qualified instructors?														
14. Has there been any change in instructor or administrative personnel since the last inspection? <i>(If "YES," explain in Remarks)</i>														
15. Is classroom and shop space suitable for courses given and number of students?														
16. Are the instructional aids <i>(mockups, projectors, charts, films, etc.)</i> current, specifically applicable to the curriculum, and sufficient for all phases of training?														
17. Are there sufficient copies of GACARs/FAR's. Manufacturer's instructions, etc.?														
18. Have proper safety measures been taken to insure protection of students operating hazardous equipment including facilities for running Engines?														
19. Are student records current and do they reflect:														
a. Daily actual hour's students have been in class?														
b. Progress through courses in the curriculum including accomplishment of laboratory and shop projects?														
c. Grades for all courses including quizzes, tests, and practical projects?														
20. REMARKS AND ITEMS TO FOLLOW UP ON NEXT INSPECTION <i>(Use additional sheets if more space is needed)</i>														
21. INSPECTION RESULTS				22. OFFICE IDENTIFICATION				23. INSPECTOR'S NAME and SIGNATURE						
SATISFACTORY														
UNSATISFACTORY														
OTHER														