PROSPECTIVE TRAINING ORGANIZATION
PRE-APPLICATION FORM (PAF)

INSTRUCTIONS: Print or type. Do not write in shaded areas, these are for SCAA use only. Submit original only to the Licensing and Certification Department or SCAA Authorized Person. If additional space is required, use an attachment.

A. ATCO TO INFORMATION:	
1.NAME OF ATCO TO APPLICANT OR HOLDER	2.PERMANENT ADDRESS
3.CENTRAL TELEPHONE & FAX NUMBERS	4.CITY STATE COUNTRY
5.LOCATION OF MAIN OPERATIONS BASE	6.LOCATION OF SATELLITE BASE(S)

B. APPLICATION FOR:

☐ 1. Issuance of an ATCO TO 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).

☐ 2. Amending the current ATCO TO Certificate and associated ratings.

(a) ☐ By adding the course(s) identified below for which approval is requested(three copies of each course curriculums are attached)

(b) ☐ By deleting the course(s) identified below from the curriculum.

ATCO TO Certificate #: Expiration Date:

C. Type of Training

1. ATCO Initial Training		
Type of Service	**Part of Service**	**Sub-part of Service**
☐ Basic Training	N/A	N/A
☐ Rating Training	☐ Aerodrome Control Visual (ADV)	N/A
	☐ Aerodrome Control Instrument (ADI)	☐ Air Control
		☐ Ground Movement Control (GMC)
		☐ Tower Control (TWR)
	☐ Approach Control Procedural (APP)	N/A
	☐ Approach Control Surveillance (APS)	☐ Precision Approach Radar (PAR)
		☐ Surveillance Radar Approach (SRA)
		☐ Terminal Control (TCL)
	☐ Area Control Procedural (ACP)	N/A
	☐ Area Control Surveillance (ACS)	☐ Terminal Control
1.1 Special Limitations / Conditions		

2. ATCO Unit Training	
Type of Service	☐ Transitional Training ☐ Pre-OJT Training ☐ On-the-job Training
2.2 Special Limitations / Conditions	

3. ATCO Continuation Training	
Type of Service	☐ Refresher Training ☐ Conversion Training
3.1 Special Limitations / Conditions	

4. OJTI Training	
4.1 Special Limitations / Conditions	

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5. Assessor training	
5.1 Special Limitations / Conditions	
6. Description of changes applied for under existing Approval Certificate	
6.1 Changes to the Organisation	
6.2 Changes to the Services	

D. EQUIPMENT REQUIRING SPECIAL APPROVAL:

LOCATION	EQUIPMENT DESCRIPTION	LOCATION	EQUIPMENT DESCRIPTION
	1.		3.
	2.		4.

If more space is needed, please attach additional page(s)

E. ADDITIONAL APPLICATION ATTACHMENTS:

If more space is needed, please attach additional page(s)

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 SCAA 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 licence.	**1. DATE**	**2. APPLICANT SIGNATURE:**
	3. PRINTED NAME AND TITLE OF APPLICANT:	

G. SCAA CERTIFICATION:

1. ☐ **APPROVED with the associated rating bearing the number shown above** Effective Date _____ Expires On:_____	**2.** ☐ **DISAPPROVED**
☐ without Amendments ☐ with Amendments ☐ Amendments **3. Signature of Approving Official** **4.Title**	**5. DATE**