



Proc. No. FOD.CCTO.F.623c  
AMDT No: 1  
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Issue Date: 01/03/2016

SAFETY REGULATION DIVISION  
POLICY AND PROCEDURES

**Title: Application Form for the Approval/Continuation of Approval of a Cabin Crew Training Organisation (CCTO):**

**Responsibility:** Assistant Director, Flight Operations Department; Manager, Airline Standards.

### 1. Applicant Organisation Details

Organisation name .....

Address .....

.....

Telephone number .....

Email address ..... Website .....

Owner's address (if different from above) .....

.....

Company Registration Office (CRO) Number .....

### 2. Additional Training Sites

Name .....

Address.....

.....

Name .....

Address .....

.....

### 3. Application

I am applying for:

Initial Approval Application

Continuation of Approval Application





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#### 6. Accommodation at Base

Type	Location, size, number, capacity
Details of Tenure of premises	
Classrooms	
Other accommodation	
Staff rooms	
Rest/Break rooms	
Toilets/showers etc...	
Practical Training Facilities to be used (aircraft mock ups, Fire Training Facilities etc...)	

The information above may be further expanded in the notes section at the end of this application form.



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7. External Facilities /Subcontracted Services	
Facility	Description

**8. Intended Training specified**

Description of intended training activity (scale and proportion)

Date of intended commencement of activity:

**9. Declaration of Applicant**

I declare that the information provided on this form is correct.

I will notify the Authority of all changes to the information provided.

Signature..... Date.....

Name (block capitals)..... Position.....



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### Notes / Additional Information

### 10. Checklist

Please find below a checklist for your assistance with regard to submission of your application to us. Items missing will delay your application.

- |                                    |                          |                               |                          |
|------------------------------------|--------------------------|-------------------------------|--------------------------|
| Payment form (if applicable)       | <input type="checkbox"/> | Training Manual               | <input type="checkbox"/> |
| Operations Manual                  | <input type="checkbox"/> | Compliance Monitoring Manual  | <input type="checkbox"/> |
| Samples of exams                   | <input type="checkbox"/> | Safety Risk Management Manual | <input type="checkbox"/> |
| Samples of Instructor course notes | <input type="checkbox"/> |                               |                          |



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CVs, references and qualifications for the following personnel:

- Accountable Manager
- Head of Training
- Deputy Head of Training
- CCTO Chief Instructor
- Compliance Monitoring Manager
- Safety Manager
- Instructors
- Head of Administration
- Additional / Other Personnel

## 11. PAYMENT FORM

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) Order](#).

I am paying by:-

CREDIT CARD  DEBIT CARD

(please specify)

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction.

Name of Card holder (as stated on the card) \_\_\_\_\_

Card Number

Valid from:   /   Expiry Date   /

Security Code (last 3 digits on signature strip on reverse of card)

Address of Card holder, if different from applicant \_\_\_\_\_