



DECLARATION

(pursuant to Commission Regulation (EU) No 1178/2011)

Initial Declaration:
 Notification of Changes – (Please enter DTO reference number):

1 **Declared Training Organisation (DTO)**
Name:

2 **Principal Place of Business:**
Address:
Phone Number:
Email:

3 **Personnel:**
DTO HT
 Name:
 Contact Details:
DTO Representative:
 Name:
 Contact Details:
 Other (deputy HT etc.)

4 **Training Scope:**
 List of all Training Courses provided (full copy of training course(s) and (EU) PART-FCL compliance checklist must be attached to this declaration):
 Aeroplane:
 LAPL PPL SEP (Land) SEP (Sea) TMG
 Additional Ratings:
 Night Aerobatics Mountain Sailplane Banner towing

5 **Training aircraft and FSTDs:** List of aircraft used for the training:

Type	Registration

List of qualified FSTDs used for the training (if applicable, enclose copy of the qualification certificate(s)):



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Version No. 1

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DTO DECLARATION FORM

[in accordance with Regulation (EC) 1178/2011

6	Aerodrome(s) and the operating site(s) Contact details (address, phone, e-mail) of all aerodromes and operating sites used by the DTO to provide the training:
7	Date of intended commencement of training:
8	Application for approval of examiner standardisation courses and refresher seminars (Sailplanes and Balloons only) <input type="checkbox"/> The DTO hereby applies for approval of the above-mentioned training programme(s) for examiner courses for sailplanes or balloons in accordance with points DTO.GEN.110 (b) and DTO.GEN.230 (c) of Annex VIII (Part-DTO) to Regulation (EU) No 1178/2011.

STATEMENTS

9	<input type="checkbox"/> The DTO has developed a safety policy in accordance with Annex VIII (Part-DTO) of Regulation (EU) No 1178/2011, and in particular with point DTO.GEN.210(a)(1)(ii) thereof, and will apply that policy during all training activities covered by the declaration.
	<input type="checkbox"/> We confirm that all information contained in this declaration, including its annexes (if applicable), is complete and correct.
	<input type="checkbox"/> Any change in the operation that affects the information disclosed in this declaration will be notified to the Irish Aviation Authority.
	<input type="checkbox"/> The operator confirms that the information disclosed in this declaration is correct.
	<input type="checkbox"/> The DTO complies and will, during all training activities covered by the declaration, continue to comply with the essential requirements set out in Annex III to Regulation (EC) No 216/2008, as amended and with the requirements of Annex I (Part-FCL) and Annex VIII (Part-DTO) to Regulation (EU) No 1178/2011.
	Name: _____ and Signature of the representative of the DTO: _____ (in block) Date: _____
	Name: _____ and Signature of the head of training of the DTO: _____ (in block) Date: _____

ADDITIONAL COMPANY INFORMATION FOR IAA

Company Registration Office (CRO) No. (supply copy)	
Company Address	
Workplace Address (if different to above)	



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Appendix 1:

PAYMENT FORM

The fee for the processing of the initial Declaration is €150.00.
Subsequent changes the initial Declaration is €25.00.

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

I am paying by: -

CREDIT CARD **DEBIT CARD** **LASER** (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 _____

NOTE: On completion, please submit this Application Form to dto@iaa.ie
An automated reply will be issued confirming receipt only of the application.
For further queries please contact FOD Administration at fod@iaa.ie

END