



Form No. ECON.MAINT.F.062A
AMDT No. 2
Page No. 1 of 4
Issue Date: 27/05/2024

**APPLICATION FOR ONE OFF DIRECT APPROVAL
OF ON JOB TRAINING (OJT)**

Please complete the form in **BLOCK CAPITALS** having read the guidance notes attached to this form.

1. Applicant Details

Name of Applicant / Course Co-ordinator: Licence No.

Name of Applicant Organisation:

Address of Applicant Organisation:

.....

Contact Tel. No. Fax Number: E-Mail :

Course Title / Aircraft Type: Course No:

Category B1 B2

Location (OJT):

Start Date: End Date:

Name of person responsible for the course:

2. FACILITIES

Is access provided to appropriate facilities containing examples of the aircraft and/or engine type? Yes No

How many students enrolled for the course: Practical (max 15) _____

3. PERSONNEL REQUIREMENTS

Is there sufficiently experienced/qualified personnel to perform the supervision? Yes No

Name of Supervisors(s):

Name of Assessor:

Are copies of qualifications for supervisors attached? Yes No

4. OJT LOGBOOK

Is the draft logbook format in accordance with Part-66 Appendix III para 6? Yes No

Is the draft logbook task content in accordance with Part-66 Appendix II? Yes No

Has a compliance report been prepared? Yes No



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5. RECORDS

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| List of Students and copy of ID's (Passport) attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Copy of Organisation's Approval certificate attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Draft Logbook attached? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Draft Compliance report attached? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

6. AUDIT

An Audit of the On-Job Training maybe required by the IAA as part of the approval process.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is access available for the purpose of conducting the audit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will any findings be rectified in an acceptable manner prior to completion of the course? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. APPLICATION & DECLARATION

Course approval fee (see www.iaa.ie) Included

I confirm that the information contained in this application form is accurate and correct and on completion of the training, copies of all documents indicated above shall be sent to the Irish Aviation Authority.

Signed:Date:.....

Name (in block capitals):

Title:Organisation:.....

The completed application form together with the documents requested above should be sent to; Regulatory Performance and Personnel Licensing Department, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2.

Note: All applications shall be submitted a minimum of twenty eight days before approval is required.



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GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS

Guidance Notes

All sections of the application form must be completed by the applicant personally, any section not applicable should be marked N/A.

Please complete the application form in **BLOCK CAPITALS**

Details of where to send your application, including a checklist for the required supporting documentation can be found under 'Submission Instructions' at the end of this form.

In order for the IAA to process your application as quickly as possible, it is important that you complete the application form correctly. The application form applies to a number of different categories and ratings, so not all sections may be applicable to you. Please complete the form in conjunction with the following guidance notes.

Section 1 – Applicant Details

Please enter details of you own licence if you already hold one.

Please enter details of your current employer, including organisation Approval No.

Section 3 – Personnel Requirements

Supervisor's and Assessor's should hold a valid Part-145 authorisation including the type rating in the appropriate category for the type training to be delivered. Copies of licence and company authorisation should be submitted in support of application.

Section 7 – Application & Declaration

This section must be completed by the applicant after reviewing all information entered on the application form.



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PAYMENT FORM

I am paying by:-

MASTERCARD
 VISA
 LASER
 CHEQUE
 POSTAL ORDER
 OTHER _____
 (please specify)

- PLEASE DO NOT SEND CASH -

Please make cheques payable to 'Irish Aviation Authority'.

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. If you would prefer to give card details over the telephone, please call us on +353 1 603 1109 ensuring that you have all of the information required below to hand.

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 _____

For IAA use only

MASTERCARD
 VISA
 LASER
 CHEQUE
 POSTAL ORDER
 OTHER _____

Amount € _____

Received by: _____ Date: _____