

9. Aircraft Data:		Simulator Information	
		[Authority Assigned ID]:	
Aircraft Type.	Number of Aircraft	Make, model and series of aircraft being simulated	Qualification level Assigned
SECTION 1D. Additional Information			
10. Additional information that provides a better understanding of the proposed operation or business (Attached additional sheets, if necessary).			
11. Proposed Training (Aircraft and / or Simulator)			
12. The statement and information contained on this form denotes an intention to apply for an Authority Certificate for the operation of an ATO.			
Name and Title (Block Letters)	Signature	Date (dd/mm/yy)	
SECTION 2. To be completed By Director of Flight Safety Standards Office.			
Received by (Name and Office):		Date received (dd/mm/yyyy)	
Assigned Project Manager:			
Date forwarded to the Personnel Licensing Manager Inspectorate (dd/mm/yyyy)		For: Action. Information only.	
Remarks:			
SECTION 3. To be completed by the Personnel Licensing Manager			
Received by:		Date (dd/mm/yy)	
Pre-application Number:	Assigned Certification Number:		

Assigned PLI	Date:
Remarks:	