|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C:\Users\bpatyi\AppData\Local\Temp\Temp1_TIM_cimeres_logo_EN-20220617T090746Z-001.zip\TIM_cimeres_logo_EN\JPG\TIM_cimeres_logo_FEKETE_EN.jpg | | **Application for national maintenance training or examination approval**  In accordance with Decree 13/2012 NFM | | |
|  | |  | | |
|  | **Organisational information** | | | |
|  | Registered name: |  | | |
| Trade name (if different): |  | | |
|  | Accountable manager: | | | |
|  | Registered office of an organisation: | | | |
| Postal code: | Country, city: | | |
| Public place: | Number: | | |
|  | Mailing address: |  | | |
| Postal code: | Country, city: | | |
| Public place: | Number: | | |
|  | Invoicing address: |  | | |
| Invoicing name: |  | | |
| Postal code: | Country, city: | | |
| Public place: | Number: | | |
|  | Telephone number: | Email: | | |
| Fax: | Home page: | | |
|  | **Application for approval of one training course or examination** ☐ | | | |
| Planned date of the training course: from     , to | | | |
| Planned date of the examination: | | | |
| I would like to conduct the training course or the examination at the following address: | | | |
|  | | | |
| Maximum number of students:       person | | | |
| Responsible person for the coordination and conduct of the training course or examination: | | | |
| Name: | Place and date of birth: | | |
| Telephone number: | E-mail address: | | |
|  | **Application for the initial issuance of a maintenance training organisation approval** ☐ | | | |
| **Application for a change of a maintenance training organisation approval** ☐ **(ref. no.: )** | | | |
| Sites of the organisation: | | | |
|  | | | |
|  | **I would like to apply for the approval of the following training course or examination:** | | | |
| **Activity** | | **Module/type** | **Category** |
| Basic knowledge training course ☐ | |  |  |
| Basic knowledge examination ☐ | |  |  |
| Type training and examination ☐ | |  |  |
| Type examination ☐ | |  |  |
|  | **I would like to apply for the approval of the following procedures:** | | | |
| LSZH Form MTO-3/ENG Rev.04 | | | |
|  | **Declaration by the applicant** | | | |
| I declare that the information provided on the form is correct at the time of submission of the application.  I understand that in the case of incompletely completed applications or incompletely attached documents, the authority requests incomplete data or documents with a deficiency notice.  When completing the application, I knew and understood the requirements of Part-66 and accordingly attached the necessary documents to the application.  I am aware that if false information is provided, the application may be rejected.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  dated  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  name signature | | | |
|  | **Procedural fee paid:** | | | |
|  | | | |
|  | **Notice to the Authority:** | | | |
|  | | | |

**Completion instructions**

|  |  |
| --- | --- |
| 1.4, 1.5 | The postal or invoicing address shall be provided only if it is different from the registered office. |
| 2. | Shall be completed when applying for approval of one training course or examination |
| 3. | Shall be completed when applying for initial issue or change of a maintenance training organisation approval. In the case of change only the organisational information and the changed fields shall be completed. |
| 4. | „Type training and examination” Shall be selected in the case the MTOM of the aircraft is greater than 5700 kg or at multiengine helicopters.  „Type examination” Shall be selected in the case the MTOM of the aircraft is equal or less than 5700 kg or at single engine helicopters.  „Module/type” in the case of basic knowledge training or examination the module shall be indicated according to appendix 3 of Decree 13/2012 NFM, in the case of type training or examination the relevant aircraft or engine type shall be indicated.  „Category” shall be completed according to 3. § and 17. § of Decree 13/2012 NFM. |
| 5. | The reference of the procedures to be approved shall be written here, or „n/a” if there are no procedures to be approved |
| 6. | Must be signed by the accountable manager. |