|  |  |
| --- | --- |
| 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 | Training organisation certificate applicationAccording to Appendix 11 of Decree 53/2016 NFM |
|  |  |
|  | **Organisation information** |  |
|  | Registered name: |  |
| Trade name (if different):  |  |
|  | Accountable manager: |
|  | Principal place of business of the organisation: |
| Postal code:  | Country, city:  |
| Street:  | Number:  |
|  | Mailing address: |
| Postal code:  | Country, city:  |
| Street:  | Number:  |
|  | Invoicing address: |
| Invoicing name:  |  |
| Postal code:  | Country, city:  |
| Street:  | Number:  |
|  | Telephone number: | Email:  |
| Fax:  | Home page: |
|  | Certificate number (in case of change): |
|  | **Application for a training organisational certificate** |
|  | ☐ initial | ☐ change |
|  | In the event of a change, a brief description of the changes: |
|  | Training courses: |
|  | Head of Training (HT)Name: Place of birth, time: Type and number of licence: Full-time or part-time:  |
|  | Instructors: |
|  | Airports: |
|  | Training facilities (operation room, theoretical classroom, etc.):  |
|  | Flight simulation training devices (FSTDs): |
|  | Training aircraft: |
|  | Manuals: |
|  | **Declaration by the applicant** |
| In accordance with the above data, Article 11 of Decree 53/2016 NFM, I ask the authority to issue a training organisation certificate to my organisation, to amend my previous training organisation certificate or to approve the planned change in my training organisation.I declare that the information provided in the above points is correct and I undertake to carry out the training in accordance with the requirements set out in the relevant legislation.I understand that in the case of incompletely completed requests or incompletely attached documents, the authority will request incomplete data or documents with a deficiency notice.When filling out the application, I knew and understood the relevant requirements of Decree 53/2016 NFM and I attached the necessary documents to the application accordingly.I am aware that if false information is provided, the application may be rejected.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date |
|  | **Procedural fee paid** |   |
|  |
|  | **Notice to the Authority** |
|  |

**Completion instructions**

|  |  |
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| 1.4, 1.5 | The postal or invoicing address shall be provided only if it is different from the registered office. |
| 2.1 | In the event of an amendment, only the parts that are affected by the change shall be filled in in the application form. |
| 2.3 | When listing courses, use names and abbreviations i.a.w Decree 53/2016 NFM and list all courses to be approved. |
| 2.5 | Provide a reference to the list of instructors in the manuals, which includes at least the following: name, address, telephone number, type and number of licence, and which trainings he or she instructing. |
| 2.6 | Provide a reference to the list of airports in the manuals, which includes at least the name, address, identification code, name of the airport operator and in which training it will be used. |
| 2.7 | Provide a reference to the description of educational facilities in the manuals, which includes at least the following: name, address, description of the facilities, owned or rented, and in which training it will be used. |
| 2.8 | Provide a reference to the list of used training devices (FSTDs) in the manuals, which includes at least the following: name of the training device, the reference number of qualification certificate, location, and in which training it will be used. |
| 2.9 | Provide a reference to the list of training aircraft in manuals, which includes at least the following: type of aircraft, registration mark, the category of airworthiness certificate, its registered owner, insurance details, operator, and in which training it will be used. |
| 2.10 | List the attached manuals by title (training manual, operating manual) |
| 3. | Must be signed by the accountable manager. |