



Application for Certification of Ground Handling Approved Training Provider

1 APPLICANT		
1.1	Organisation	<i>Insert name of organisation</i>
1.2	Address	<i>Insert correspondence address</i>
1.3	Contact Person/ Principal	<i>Name of officer</i>
1.4	Telephone	
1.5	Facsimile	
1.6	Email	
1.7	Location	<i>List location(s) of training location(s)</i>
2 TRAINING SCOPE		
2.1	Mandatory Training Syllabus:	
	2.1.1	<i>Insert name</i>
	2.1.2	<i>Insert name</i>
	2.1.3	<i>Insert name</i>
	2.1.4	<i>Insert name</i>
	2.1.5	<i>Insert name</i>
2.2	Functional Training Syllabus <i>(Please make attachment if required):</i>	
	2.2.1	<i>Insert name</i>
	2.2.2	<i>Insert name</i>
	2.2.3	<i>Insert name</i>
	2.2.4	<i>Insert name</i>
	2.2.5	<i>Insert name</i>
3. HUMAN RESOURCE <i>(Please attach list of names)</i>		
3.1	Instructors	<i>Insert name</i>
3.2	Administrative personnel	<i>Insert name</i>
3.3	Training Assistants	<i>Insert name</i>
3.4	Others	<i>Insert name</i>
4 Signature		
Date	Stamp of Principal	Signature