



CIVIL AVIATION AUTHORITY OF MALAYSIA

APPLICATION FORM FOR APPROVED TRAINING ORGANIZATION – TYPE RATING TRAINING ORGANISATION (TRTO)

APPLICATION FOR TRAINING ORGANISATION / TRAINING SPECIFICATIONS
 INITIAL ISSUE* / RENEWAL / AMENDMENT*

1. Operator / Training Organisation name:	2. Sponsor*:
Operator and Trading Name (If any):	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
3. Principal Base of Training (*):	4. Extended/ Foreign Base of Training (*):
Facility Name:	Facility Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

5. Personnel Accepted /to be approved by the Authority* or point of contact *: Name & equivalent designation if other than describes: Name, Phone & email							
Position		Name		Phone		email	
Accountable Manager:							
Head of Training:							
Instructional Service Manager/ Chief Flight Instructor							
Chief Theoretical Knowledge Instructor							
Quality System Manager							
Maintenance Manager							
Safety Manager (if applicable)							
STD Contact/SIM Qualification *							
Others*: (with designation)							
6. Proposed Start Date:*							
7. Organization Structure (initial COA / Change organization):		Please attach a description of the applicant's business organization/ structure and names and contact numbers of those entities and individuals having a major financial interest (share holder).					
8. Financial Data (initial COA):		Please attach sufficient financial data to support the financial viability of your proposal and to ensure there are adequate funds for a specified period after commencement of the operation.					
9. Comments*: TRTO /Training specification change (brief of changes or in cover letter to amplify the detail)							
10. AIRCRAFT and or SIMULATOR details (for initial issue TRTO / Renewal / Amendment (not submitted previously))							
No	Aircraft/Simulator manufacturer (FTD)	Make Model Series	Aircraft Reg/ Sim ID	Level (Sim FTD)	MSN / Aircraft / Sim	Year Mfg	Sim Seat
	<i>Sample: Airbus/ Boeing</i>	<i>A320-214</i>	<i>AXB</i>	<i>A-D</i>	<i>2RUK</i>	<i>2010</i>	<i>5</i>
A.							
B.							

C.							
D.							
E.							
F.							
11. Descriptions of training		(Sample) A320	(Sample) B737	AC/SIM Type	AC/ SIM Type	REMARKS	
Only filled with (☒ tick mark) for the approval requested. Leave Blank ☐ for not requested item							
A.	Initial Type Rating Course	☐	☐	☐	☐		
B.	Additional Type Rating	☐	☐	☐	☐		
C.	MCC Course	☐	☐	☐	☐		
D.	MCC Course + Type Rating	☐	☐	☐	☐		
E.	ATP Check / Certificate	☐	☐	☐	☐		
F.	Proficiency / Recurrent Check	☐	☐	☐	☐		
G.	Takeoff Landing Currency (LC)	☐	☐	☐	☐		
H.	Instrument Currency (IC)	☐	☐	☐	☐		
I.	PIC Right Seat Qualification	☐	☐	☐	☐		
J.	SIC Initial Qualification	☐	☐	☐	☐		
K.	SIC Recurrent	☐	☐	☐	☐		
L.	SIC Upgrading to PIC	☐	☐	☐	☐		
M.	All Weather Operations	☐	☐	☐	☐		
N.	Differences Course Initial	☐	☐	☐	☐		
O.	Differences Course Recurrent	☐	☐	☐	☐		
P.	Maintenance Training	☐	☐	☐	☐		
Q.	Other	☐	☐	☐	☐		
12. Other Training:		Non CBT	CBT	13. Special Operations Training:		Non CBT	CBT
A.	ATP Ground Training (ATP GRD)	☐	☐	A.	AWO: LVO/LVTO	☐	☐
B.	MCC Ground Training (MCC GRD)	☐	☐	B.	ETOPS/EDTO	☐	☐
C.	Crew Resource Management (CRM)	☐	☐	C.	HUD/ HGS	☐	☐
D.	Winter Operations (COLD OPS)	☐	☐	D.	MNPS	☐	☐
E.	FSI/TRI Course	☐	☐	E.	PBN/RNP/ RNAV	☐	☐

F.	SEP (Cabin Crew Training)	<input type="checkbox"/>	<input type="checkbox"/>	F.	RVSM	<input type="checkbox"/>	<input type="checkbox"/>
G.		<input type="checkbox"/>	<input type="checkbox"/>	G.	TCAS	<input type="checkbox"/>	<input type="checkbox"/>
H.		<input type="checkbox"/>	<input type="checkbox"/>	H.	UPRT	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Compliance: I confirm that information in this application complies with the applicable regulations.							
Applicant's Signature:				Submission Date:			
Applicant's Name:							
Applicant's Designation:							
Note: See last page for filling instructions.							

APPLICATION GUIDE AND REQUIREMENT:

A. Application for TRTO

1. Cover letter describing the intention such as initial renewal or amendment
2. For INITIAL ISSUE or RENEWAL of TRTO all item must be filled.
3. For TRAINING SPECIFICATIONS, only affected training or changes or additional to be filled.

B. Initial (fill all) or Amendment (fill *):

1. Operator / TRTO Name *: Attach contract / Trade license along with application of security clearances online
2. Sponsor*: Attach Legal / contract / Board resolutions
3. Principal Base of Training (*): attach contract with local authority / Municipality
4. Extended/ Foreign Base of Training (*): attach contract with applicable organisation
5. Personnel Accepted (NPH Nominated Post Holder) / to be approved by the Authority (*): Attach contract & CV, for individual area the applicable requirement shall be attach / reflected:
 - a. Accountable Manager: Attach CV reflecting previous experience
 - b. Head of Training: attach TRI/TRE certificate or equivalent, CV shall contain AC type and flight hours and previous managerial experience / letter of previous employment
 - c. Instructional Service Manager/Chief Flight Instructor: attach TRI/TRE certificate or equivalent, CV shall contain AC type and flight hours and previous managerial experience / letter of previous employment
 - d. Chief Theoretical Knowledge Instructor: attach CV reflecting aircraft type or other supporting documents
 - e. Quality System Manager: attach CV reflecting Quality area, Audit training and previous experience / letter of previous employment
 - f. Maintenance Manager: attach CV reflecting aircraft type or other supporting documents
 - g. Safety Manager: attach CV reflecting supporting documents
 - h. STD / SIM qualification: Details point of contact of personnel responsible for Simulator Qualifications

6. Proposed Start Date: fill proposed starting date or expected expiry date (if renewed)
7. Organization Structure for initial TRTO/ *Change organization): attach a description of the applicant's business organization contact and include individuals having a major financial interest (share holder).
8. Financial Data (*initial/Renewal of TRTO): Please attach sufficient financial data to support the financial viability of your proposal and to ensure there are adequate funds.
9. Comments (*): TRTO/Training specifications change (brief of changes or in cover letter to amplify the detail) Statement of Compliance: I confirm that information in this application complies with the applicable regulations.
10. Aircraft or Simulator Details:
AC/Simulator Manufacturer: entry only aircraft model, unless for Instrument training device, AC /SIM ID: enter Aircraft Registration or Simulator ID, SIM Level, (A to D, AG to DG, A-D Interim, etc), MSN: Manufacture Serial Number, Year of Manufacture, Number of seat (include observer seat for simulator seat), MCTOM: Maximum Certified Takeoff weight / Mass, lease yes or no if the equipment is purchased.
11. Description of Training: Fill each training when applicable simulator is to be used in this training / check
12. Other training
 - a. ATP: For additional of aircraft attach application for RVSM Height Monitoring Program
 - b. MCC: For Initial MNPS and addition of aircraft, submit MNPS supporting document OMA & OMD
 - c. CRM: Attach EFB approval indicating Class &Type
 - d. WINTER OPS: Cold weather operations
 - e. TRI/TRE/SFI/SFE: Type Rating /Simulator Instructor / Examiner
 - f. Blank: Fill in as required or other not listed
13. Special Operations Training:
 - a. AWO (LVO / LVTO): All Weather Operations (Low Visibility Operations / Low Visibility Take Off)
 - b. ETOPS: ETOPS Training
 - c. HUD/ HGS: Head Up Display/Guidance training
 - d. MNPS: Minimum Navigation Performance Specifications Training
 - e. PBN/RNP/ RNAV: Performance Based Navigation Training
 - f. RVSM: Reduced Vertical Separation Minima Training
 - g. TCAS: Traffic Collision Avoidance System Training
 - h. UPRT: UPSET Preventive and Recovery Training

For initial approval, attach relevant Training and Procedures Manuals, Quality systems & Training schemes.

Amendment to an approved course or operations/training manual: submit applicable Training records, authorization sheets, technical logs, lectures, study notes and briefings and any other relevant material. Have to be submitted on initial or amended additional training.

CAAM USE	
REMARKS:	
Signature:	Date:
Accepted by FOI:	
REMARKS:	
Signature:	Date:
Director of Flight Operations:	

FOR CAAM OFFICIAL USE ONLY

FOI Name _____

ACCEPT: _____

REJECT: _____

FOI Signature: _____

Date: _____

Application Fee:	
Receipt No:	
Cheque/P.O.:	
Initial:	
Date:	