澳門特別行政區
REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU

民航局
AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

Application for MAR-147 MTOA (AACM Form 12)

1.1 Name and Address (registered (business) name and legal seat of the company)	AACM MTOA N°	
	(Company) Name	
	Trading Name	(If different)
	Address	
1.2 Contact Person (responsible for this application)	Title	
	Surname	
	First name	
	Job title	
	Phone / Fax	
	Email	
1.3 (Proposed*) Accountable Manager (*The term "proposed" only remains applicable until the application has been approved.)	Title	
	Surname	
	First name	
	Job title / Position	
	Phone / Fax	
	Email	

Important Note: An approval may be granted to an organisation which may be either a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation.

1.4 Date of Certificate of Incorporation	(dd/mm/yyyy)

2.1 Number of staff (as of the date of application)		
	Employees	**Contractors**
Main Facility		
Additional Facility 1		
Additional Facility 2		
Total number of staff :		

2.2 Address(es) requiring approval			
2.2.1 Principle Location (please leave blank if same as 1.1)	Address		
	Activities of this facility		
2.2.2 Additional Facility/Site (if applicable)	Address 1:		Address 2:
	Activities of this facility:		Activities of this facility:

3.1 Application Type	☐Issue		
	☐ **Variation**	☐ Approval of additional course(s) ☐ Removal of course(s) ☐ Approval of additional facilities ☐ Removal of facilities ☐ Increase number of staff ☐ Decrease number of staff ☐ Change of Company name	☐ Change of address ☐ Change of Accountable Manager ☐ Change of Management Personnel ☐ Approval of MTOE procedure for off-site training course delivery ☐ Approval of change (other than above): _____
	☐ **Renewal**		
3.2 Scope of MAR-147 Approval relevant to this application			

3.3 Type Training Course(s) - List of training courses relevant to this application

Course # 01	**Course Description**		
Course Type		**CAT**	**T/P**	**Action required**

Course Type		**CAT**		**T/P**	**Action required**
☐ Type training course		☐ A	☐ B1	☐ Theoretical	☐ Approval of Course
☐ Differences course	☐ Avionics only	☐ B2	☐ B1 + B2	☐ Practical	☐ Removal of Course
☐ Engine only	☐ Airframe only		☐ C	☐ Theoretical + Practical	

Course # 02	**Course Description**		

Course Type		**CAT**		**T/P**	**Action required**
☐ Type training course		☐ A	☐ B1	☐ Theoretical	☐ Approval of Course
☐ Differences course	☐ Avionics only	☐ B2	☐ B1 + B2	☐ Practical	☐ Removal of Course
☐ Engine only	☐ Airframe only		☐ C	☐ Theoretical + Practical	

3.4 Basic Training Course(s) - List of training courses relevant to <u>this</u> application.

Course #
01

Course Type	CAT			Action required
☐ Basic Course	☐ B1.1 (aeroplanes turbine)	☐ A1	☐ B1.4 + B2 (combined)	☐ Approval of Course
☐ Bridging Course	☐ B1.2 (aeroplanes piston)	☐ A2	☐ B1.3 + B2 (combined)	☐ Removal of Course
	☐ B1.3 (helicopters turbine)	☐ A3	☐ B1.1 + B1.2 (combined)	
	☐ B1.4 (helicopters piston)	☐ A4	☐ B1.3 + B1.4 (combined)	
	☐ B1.1 vs. B1.2 (bridging)	☐ B2 (avionics)	☐ B1.1 + B2 (combined)	
	☐ B1.3 vs. B1.4 (bridging)	☐ B3	☐ B1.2 + B2 (combined)	
	☐ Other : _____			

Course #
02

Course Type	CAT			Action required
☐ Basic Course	☐ B1.1 (aeroplanes turbine)	☐ A1	☐ B1.4 + B2 (combined)	☐ Approval of Course
☐ Bridging Course	☐ B1.2 (aeroplanes piston)	☐ A2	☐ B1.3 + B2 (combined)	☐ Removal of Course
	☐ B1.3 (helicopters turbine)	☐ A3	☐ B1.1 + B1.2 (combined)	
	☐ B1.4 (helicopters piston)	☐ A4	☐ B1.3 + B1.4 (combined)	
	☐ B1.1 vs. B1.2 (bridging)	☐ B2 (avionics)	☐ B1.1 + B2 (combined)	
	☐ B1.3 vs. B1.4 (bridging)	☐ B3	☐ B1.2 + B2 (combined)	
	☐ Other : _____			

3.5 MTOE Off-site training/ examination procedure	☐ Yes ☐ No

3.6 Does the organisation hold any AACM approval?	**AACM AOC Approval N°**	(if applicable)
	MAR 145 Approval N°	(if applicable)

4. Applicant's declaration

I declare that I have the legal capacity to submit this application to AACM and that all information provided in this application form is correct and complete.

I confirm that I understand the requirements of AC/PEL/014 MAR-147 and AC/AW/004 MAR-1 AP10 before completing this form.

Date/Location	Name of proposed* Accountable Manager	Signature of proposed* Accountable Manager

Important Note: AACM cannot accept applications without signature. Please make sure that you sign the application.

# - Field Name	Completion Instructions
1.1 Name and Address	**AACM MAR-147 Ref:** please enter your AACM AMTO approval number. If you do not hold a MAR-147 approval, enter "Not applicable". Please enter the full **name of the company** as it appears on the Business Registration or similar legal document stating name and seat of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. Please enter the address of the registered office as it appears on the Business Registration or similar legal document. First time applicants need to submit a copy of the company's **Business Registration** or similar legal document stating name and seat of the company together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.
1.2 Contact Person	The name and contact details specified in this section are those of the person responsible for the application.
1.3 (Proposed*) Accountable Manager	Please enter the full details of the (proposed) Accountable Manager. The term "proposed" only remains applicable until the application has been approved.
1.4 Date of Certificate of Incorporation	Please provide the date as on the Certificate of Incorporation/Business Registration/Commercial Registration of the company
2.1 Number of staff	Please count the number of staff employed by the organisation in order to comply with MAR-147 and the number of contracted staff associated with the proposed approval. Indicate for each facility under approval the number of employees and contractors. Add additional rows if necessary. **The staffs to be declared include:** a) The managers (i.e. Accountable Manager, Training Manager, Examination Manager, Quality Manager etc.) b) The instructional staffs (instructors, examiners, practical assessors, as applicable) c) A reasonable amount of staffs necessary to administrate, support and monitor the training activity (management of training material, management of training rooms & workshops, administration of Certificates of Recognition, Quality Assurance auditors, etc.) Contracted staffs, such as staffs from MAR-145 AMOs or instructors from other organisations, must be declared. Part-time employees must also be declared.
2.2 Address(es) requiring approval	Please list all facilities/sites requiring AACM approval under this application. **Activities of this facility:** Please provide a short description of the training & examination activities to be conducted at the address, for example "this address will be used to conduct the practical elements of the type training" or "this address will be used to teach the modules 1 to 6 of the Basic training". This will allow AACM to differentiate between additional sites and "extensions" to an existing main-site.
3.1 Application Type	Please indicate the application type by ticking the appropriate box. In case of applications for change, please indicate the type of change. Multiple selection is possible. If option "Approval of change (other than above)" is selected, please describe the type of change.
3.2 Scope of MAR-147 Approval relevant to <u>this</u> application	Please describe the scope of the application. In case of application for change, **only indicate the relevant change**.
3.3 Type Training Courses + 3.4 Basic Training Courses	Please list all training courses relevant to the application. Indicate for each course details such as the course name, the type of course (e.g. Type Rating, differences training) etc…, and whether you wish to add the course or remove it from the scope of approval. In case of applications for change only indicate the course(s) that are changing (additional course(s) and removed course(s)). <u>Note 1</u>: please describe the course content (<u>box "Course description"</u>) using the following format: <table><tr><th>Course Type</th><th>Course Description Format</th><th>Example</th></tr><tr><td>"type training"</td><td>airframe X (engine X)</td><td>Airbus A319/A320 (CFM56)</td></tr><tr><td>"differences" training</td><td>airframe 1 (engine 1) vs. airframe 2 (engine 2)</td><td>Airbus A330 (PW 4000) vs. Airbus A340 (CFM 56)</td></tr><tr><td>"engine-only" course Note: same principle applies for "avionics-only" or "airframe-only" courses</td><td>engine X</td><td>CFM56</td></tr></table> <u>Note 2</u>: for Basic Training, "bridging courses" refers to courses tailored for the addition of a category [i.e. from B1.1 to B2] or of a sub-category [i.e. from B1.3 to B1.4] to an existing MAR-66 Licence. <u>Note 3</u>: "combined" courses refers to those trainings that include training material relevant to more than 1 licence category in a <u>same</u> course [i.e. A320 (CFM 56) cat (B1+B2)] or [Basic Course cat. (B1.1 + B2)]. **Failure to comply with the above format may generate delays in processing your application.**
3.5 MTOE Off-site training/ examination procedure	Please indicate if the MTOE paragraph 2.8 and/or 2.16 include a procedure for the delivery of training or examinations at location not listed in MTOE paragraph 1.6. <u>Please check Yes or No as applicable</u>.
3.6 Does the organisation hold approval under AACM?	If the organisation holds further AACM approval(s), please indicate the MAR-145 and/or AOC approval number.