



Application for Approval for the Use of Representative Training Devices

Instructions and advice for completing this Application Form:

1. Refer to Macao Aeronautical Circular AC/OPS/037 for detail of the application process.
2. Completed application form and supporting documents shall be submitted with a cover letter by post to the AACM. Incomplete application package will be rejected or cause delay to processing of the application.
3. Depending on the circumstances, the AACM may require the applicant to submit further information.
4. One application shall be made based on each training facility location, and one or more devices can be included in one application.
5. Renewal application shall be made pertaining all information of the exist approval. Application for variation is to be made in case of any change to the current approval.
6. Use separate A-4 paper to list out all the devices in case of insufficient space to attach to this form.
7. AACM may require for further information and/or supporting document(s) if necessary.

1. APPLICATION INFORMATION

Type of Application ⁵ (Tick the appropriate box)	<input type="checkbox"/> Initial application <input type="checkbox"/> Variation application <input type="checkbox"/> Renewal application
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1.1 For initial and variation application, please choose the appropriate type of devices below:

Training Device Type ⁶ (Tick the appropriate boxes)	<input type="checkbox"/> Cabin Training Device	1. Aircraft Type: Serial No.: 2. Aircraft Type: Serial No.: 3. Aircraft Type: Serial No.:
	<input type="checkbox"/> Emergency Exit Trainer	Aircraft Type: <input type="checkbox"/> Type I <input type="checkbox"/> Type III <input type="checkbox"/> Type C <input type="checkbox"/> Others :

Owner of the Device(s)

Location of the Facilities

1.2 For renewal application, please provide the following information according to your approval to be renewed (Renewal application shall be made based on the current approval without any change)

Current Authorization number :

Authorization expiry date:



2. APPLICANT DETAILS

Name of AOC Holder :

Address :

Focal point(s) - *Details of contact person(s) responsible for this application*

Contact Person (Block Letters) :

Company Title :	Department :
Tel: ()	E-mail :

3. SUPPORT DOCUMENTS SUBMITTED WITH THIS APPLICATION
 Note: - All support documents, unless otherwise specified, shall be submitted with this form.
 - Incomplete application package will be rejected or cause delay to processing of the application.

Item #		Applicant's Remarks	Office Use Only
A	Assessment report		
B	Application Fee		
C	Copy of approval or equivalent document of the device(s) issued by other authority; and/or technical evaluation report issued by competent entity (if available)		
D	Others (please specify): 1. 2. 3.		

5. Declaration

The undersigned declares that the information given in this application package is true and correct to the best of my knowledge and belief.

Name :

Company position :

Signature : Date :

Note: This part is to be completed by the accountable person of the operator.