



**CIVIL AVIATION
DEPARTMENT OF
BARBADOS**

DCA ATO- 002

**FOR ACCOUNTING DEPARTMENT
USE ONLY:**

Date : _____

Receipt No: _____

Cheque/PO. – \$ _____ ¢

Signature and Stamp _____

PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS) (ATO-002)

INSTRUCTIONS FOR COMPLETION OF FORM DCA ATO- 002

1. When completing the application form, the applicant should make payment to the Account's Department, Ministry of International Transport. The application form should then be submitted to the Civil Aviation Personnel Licensing office for assessment together with ATO Forms 005 and 011.
2. The applicant must place a **tick** in the boxes applicable.
3. This application must complete along with ATO Forms 005 and 011 before submission.
4. **Section 1A.** Name and Key Personnel.
5. **Section 1B.** Proposed Courses of Instruction (Tick as required)
6. **Section 1C.** Aircraft and Simulator Information (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO).
7. **Section 1D.** Additional Information (Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).
 - A. **Name and Title.** Block Letters
 - B. **Signature.** The way you normally sign your name.
 - C. **Date.** The date you sign the application.
8. **Section 2.** To be completed by the BCAD Office.
9. **Section 3.** To be completed by the BCAD Office.
10. It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, of this certificate. Any person so doing renders him/herself liable on summary conviction to a fine or to imprisonment or both.
11. If the applicant has any questions or queries regarding the completion of this application form or any other BCAD application form please contact the BCAD for assistance before submission.

PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS) (ATO-002)

Prospective ATO Pre-assessment Statement (PATOPS) (To be completed by an applicant for an ATO Certificate)				
Section 1A. Name and Key Personnel				
1. Name and mailing address of company (include business name if different from company name).			2. Address of the principal (main) base where operations will be conducted.	
3. Address of Satellite Location for the conduct of specific training.			4. Training Specifications requested at each Satellite Location:	
5. Proposed Start-up Date:		6. Requested company identifier in order of preference. (1) (2) (3)		
7. Management and Key Personnel.				
Name (Surname/First/Middle Initial)			Proposed position in the ATO	Telephone & address (if different from company include country code)
Surname	First Name	MI		
			Accountable Manager	
			Chief Instructor	
			Quality Manager	

Section 1B. Proposed Courses of Instruction

8. Applicant intends to conduct: (Tick as required)

- Pilot Training with Level 1 Flight Training Specifications
- Pilot Training with Level 2 Flight Training Specifications
- Aircraft Maintenance Personnel Training
- Flight Operations Officer Training
- Air Traffic Services Training
- Cabin Crew Training
- Aviation Security Personnel Training
- Ground Services Personnel Training
- Material Handler Training

- _____ Training* as an ATO (*Specify training)

Section 1C. Aircraft and Simulator Information (to be completed by Prospective Pilot Training ATO and prospective Maintenance Training ATO).

9. Aircraft Data (For Locally registered aircraft, please provide a copy of the lease agreement).

Simulator Information

[BCAD Assigned ID] :

Aircraft Type (M/M/S).	Number of Aircraft Type	Make, model and series of aircraft being simulated	Qualification Level Assigned

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SECTION 1D. Additional Information		
10. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).		
11. Proposed Training (Aircraft and/or Simulator).		
12. The statement and information contained on this form denotes an intention to apply for a BCAD Certificate for the operation of an ATO.		
Name and Title (Block Letters)	Signature	Date (YY/MM/DD).
SECTION 2. To Be Completed By The BCAD Office.		
Received by (Name and Office):		Date received (YY/MM/DD)
Date forwarded to Assigned Inspector or project Manager (YY/MM/DD).		For: <input type="checkbox"/> Action <input type="checkbox"/> Information only.
Remarks:		
SECTION 3. To be completed by the Office of the BCAD.		
Received by:		Date (YY/MM/DD).
Pre-application Number:	Assigned Certification Number:	
Assigned Project Manager:		Date:
Remarks:		