

## APPLICATION FOR DIRECT APPROVAL OF TYPE COURSES CONDUCTED BY ORGANIZATIONS NOT HOLDING KCASR1 PART-147 APPROVAL

(Please complete the form in BLOCK CAPITALS)

1. ORGANIZATION DETAILS
Organisation Name: ..... Address: ..... ..... ..... DGCA Approval Reference: ..... Telephone Number.....Mobile Number..... E-mail.....Fax Number..... Name of applicant: ..... Designation/Position: ..... Telephone Number.....Mobile Number..... E-mail.....Fax Number.....
2. COURSE DETAILS
1 Aircraft type and engine installed: ..... 2 Part 66 Categories covered:    CAT B1 <input type="checkbox"/> CAT B2 <input type="checkbox"/> 3 Course Provider: ..... Address: ..... ..... Approval Reference: ..... Approving Authority: ..... 4 Course location: ..... 5 Course Start date: ..... End Date: ..... Instructional Hours: ..... 6 Number of Phases: ..... Number of Examinations: ..... 7 Name of the Instructor /Facilitator: .....

**3. DOCUMENTS: Please attach a copy of the following documents with the application**

No	Document	Remarks (if not attached )
01	Covering letter signed by accountable/quality manager	
02	Copy of approval certificate of training provider	
03	Remote site approval for the training	
04	Training needs analysis	
05	Course plan/syllabus (TNA) and timetable with dates of aircraft visits and phase examinations	
06	Copy of training course material	
07	Details of facilities with location map of proposed training site	
08	Copy of facilitator's/instructor's CV and evidence of his/her acceptance to the original authority and his/her association with the training provider	
09	Copy of course certificate	
10	Copy of a formal agreement with the entity providing the facility where the course to be conducted.	
11	Receipt for applicable licensing fee	

**4. REMARKS/COMMENTS: (Please use the space below to provide any other information support of your application)**

**5. DECLARATION**

I hereby declare and certify that all the information that I have furnished on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation / suspension of approval.

Name .....Position.....

Company.....Approval Reference.....

Mobile Number.....E-mail.....

Signature.....Date.....

### 6. DELIVERY & PAYMENT INSTRUCTIONS:

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:  
**Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.**  
**Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: [safety@dgca.gov.kw](mailto:safety@dgca.gov.kw)**

*Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees*

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
<b>Name of Bank</b>	CENTRAL BANK OF KUWAIT
<b>Branch</b>	KUWAIT
<b>Account Name</b>	DIRECTORATE GENERAL OF CIVIL AVIATION
<b>Account Number</b>	11023041
<b>IBAN Number</b>	KW 17 CB KU 0000000000000011023041
<b>Bank Code/ Sort Code/ Swift Code</b>	CBKUKWKW
<b>Currency of Payment</b>	KWD

### FOR OFFICIAL USE ONLY (DGCA/ASD)

Date of Receipt:

Remarks:

Application    Accepted:                       Rejected:                       Pending:                       Approved:

**Name and Signature of  
DGCA/ASD Inspector:**

**Date:**

**Head of Personnel Licensing  
Name & Signature:**

**Date:**