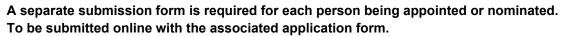
Approved Training Organisations Accountable Manager & Nominated Persons Submission





FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document. This offence is punishable on summary conviction by a fine, and on conviction on indictment with an unlimited fine or imprisonment or both.

1 Details of Overenisation		
1. Details of Organisation		
Name of Organisation:		
Organisation's ATO Approval Reference:		
2. Details of Person Being Appointed or Nominated		
Title: Forename(s):	Surname:	
Telephone:	Mobile:	
Email address:		
Ettidii dudiess.	: Pilot Licence Number (if held):	
3. Appointment (select applicable position)		
Accountable Manager	ORA.GEN.210	
4. Nomination (select applicable position)		
Compliance Monitoring Manager	UK AMC1 ORA.GEN.200	
Safety Manager	UK AMC1 ORA.GEN.200	
Head of Training	UK ORA.ATO.110, UK ORA.ATO.210, UK AMC1/2 ORA.ATO.210	
Deputy Head of Training (Different A/C Categories)	UK AMC1 ORA.ATO.110	
Chief Flight Instructor	UK ORA.ATO.210, AMC1/2 ORA.ATO.210	
Chief Theoretical Knowledge Instructor (ATO)	UK ORA.ATO.210, AMC1 ORA.ATO.210	
5. Any Other Appointed or Nominated Positions Held Currently		
6. Training & Qualifications Relevant to the Selected Position/s		

7. Work Experience Relevant to the Selected Position(s)	
8. Declaration	
Note: This submission must be authorised and signed by the Accountable Manager responsible for all the selected Nominated Positions, or a Company Director for the appointment of an Accountable Manager.	
I hereby certify that the appointment or nomination of the above-named person to the selected position/s complies with the requirements of The UK Aircrew Regulation (as amended), and Acceptable Means of Compliance and that all the supporting information provided is complete and correct.	
Signature of Director or Accountable Manager	Date
Name of Director or Accountable Manager	Position

Please note: This submission will be evaluated for compliance with the applicable regulations via desktop audit. Its acceptance or rejection will be confirmed by email, which will contain the associated audit Oversight Report.