

# Approved Training Organisations Accountable Manager & Nominated Persons Submission

A separate submission form is required for each person being appointed or nominated.  
To be completed online and submitted to the UK CAA.



## FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for procuring the grant, issue, renewal or variation of any certificate, licence, 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 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:

Pilot Licence Number (if held):

## 3. Appointment (select applicable position)

Accountable Manager

ORA.GEN.210

## 4. Nomination (select applicable position)

Compliance Monitoring Manager

AMC1 ORA.GEN.200

Safety Manager

AMC1 ORA.GEN.200

Head of Training

ORA.ATO.110, ORA.ATO.210, AMC1/2 ORA.ATO.210

Deputy Head of Training (Different A/C Categories)

AMC1 ORA.ATO.110

Chief Flight Instructor

ORA.ATO.210, AMC1/2 ORA.ATO.210

Chief Theoretical Knowledge Instructor (ATO)

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. Submission 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 EU Regulation 2018/1139 (as amended), its Implementing Rules 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.*