**DD/MM/YYYY**

**SIVIL HAVACILIK GENEL MUDURLUGUNE**

**To Turkish Directorate General of Civil Aviation**

**Gazi Mustafa Kemal Bulvari No:128/A 06570 Maltepe ANKARA / TURKIYE**

As an EASA Part-147 approved maintenance training organization, hereby it has been submitted to Turkish DGCA that application for initial approval / approval scope change / continuation of current approval / supplement document revision approval by us.

Necessary documents and information have been provided and we confirm that they are current and complete.

Sincerely yours,

Name & Signature

On behalf of the organization

**Applicant Information**

|  |
| --- |
| 1. **Applicant Name and Address**
 |
| *Registered name of applicant* |  |
| *Trading name (if different)* |  |
| *Postal Address* |  |

|  |
| --- |
| 1. **Approval Information**
 |
| *DGCA Approval Ref.* | TR.147F.XXX | *EASA Approval Ref. which is the basis of the DGCA approval* | EASA/NAA\*.147.XXX |

|  |
| --- |
| 1. **Addresses Requiring Approval**
 |
| *Principal Place of Business address* |  |
| *Training site(s) (if different from the Principal* *Place of Business)* |  |

|  |
| --- |
| 1. **Contact Information**
 |
| *Name* |  |
| *Telephone Number* |  |
| *E-mail address*  |  |

|  |
| --- |
| 1. **Proposed (\*) Accountable Manager Contact Details**
 |
| *Name* |  |
| *Telephone Number* |  |
| *E-mail address*  |  |

**Application Details**

|  |
| --- |
| 1. **Purpose of Application**
 |
| **☐** | 6.1. We apply for **Initial Approval** for the type ratings mentioned on the below approval scope table. |
| **☐** | 6.2. We apply for **Approval Scope Change** for the type ratings mentioned on the below approval scope table. |
| # | Subject | Filled by Applicant | Filled by SHGM |
| Provided | Remarks | Adequate | Remarks |
| Y | N | Y | N |
| 1 | An official cover letter describing the application |  |  |  |  |  |  |
| 2 | A letter of intention  |  |  |  |  |  |  |
| 3 | Copy of the EASA Part-147 Approval Certificate which to be the basis for the DGCA approval |  |  |  |  |  |  |
| Company MTOE and associated documents | 4 | EASA Part-147 MTOE |  |  |  |  |  |  |
| 5 | Procedures manual (as required) |  |  |  |  |  |  |
| 6 | Personnel list |  |  |  |  |  |  |
| 7 | Forms, TNA’s etc. |  |  |  |  |  |  |
| 8 | **DGCA supplement document** to EASA Part-147 MTOE, which specifies the differences between EASA Part-147 and SHY-147 approvals. |  |  |  |  |  |  |
| 9 | A manpower plan showing that the organization has sufficient staff. |  |  |  |  |  |  |
| Competent authority audits within the last surveillance period | 10 | Audit reports |  |  |  |  |  |  |
| 11 | Corrective action details |  |  |  |  |  |  |
| Quality audits within the last year | 12 | Quality audit plan |  |  |  |  |  |  |
| 13 | A sample audit report related to the application |  |  |  |  |  |  |
| 14 | Corrective action details |  |  |  |  |  |  |
| 15 | Bank Receipt confirming the fee have been paid |  |  |  |  |  |  |

|  |
| --- |
| **Scope of Approval** |
| **Basic Training (Quote the expected category to be added and / or deleted.)** |
| B1 | 🞏 TB1.1 | Aeroplanes Turbine |
| 🞏 TB1.2 | Aeroplanes Piston |
| 🞏 TB1.3 | Helicopters Turbine |
| 🞏 TB1.4 | Helicopters Piston |
| B2 | 🞏 TB2 | Avionics (The approval for the Basic B2 course/examination includes approval for B2L course/examination for all system ratings.) |
| B2L | 🞏 TB2L | Avionics (indicate system rating) |
| B3 | 🞏 TB3 | Piston-Engıne Non-Pressurized Aeroplanes 2000 Kg MTOM And Below |
| A | 🞏 TA.1 | Aeroplanes Turbine |
| 🞏 TA.2 | Aeroplanes Piston |
| 🞏 TA.3 | Helicopters Turbine |
| 🞏 TA.4 | Helicopters Piston |
| **Type/Task Training (Quote the expected aircraft type or category to be added and / or deleted.)** |
|

|  |  |
| --- | --- |
| Training Categories | Aircraft Type(s)): |
| 🞏 T1 Category B1  |   |
| 🞏 T2 Category B2  |   |
| 🞏 T3 Category A  |  |
| 🞏 T4 Category C  |  |

 |

|  |  |
| --- | --- |
| **☐** | 6.3. We apply for **Continuation of Approval** for our current DGCA approval. |
| # | Subject | Filled by Applicant | Filled by SHGM |
| Provided | Remarks | Adequate | Remarks |
| Y | N | Y | N |
| 1 | An official cover letter describing the application |  |  |  |  |  |  |
| 2 | A letter of intention  |  |  |  |  |  |  |
| 3 | Copy of the EASA Part-147 Approval Certificate which to be the basis for the DGCA approval |  |  |  |  |  |  |
| Company MTOE and associated documents | 4 | EASA Part-147 MTOE |  |  |  |  |  |  |
| 5 | Procedures manual (as required) |  |  |  |  |  |  |
| 6 | Personnel list |  |  |  |  |  |  |
| 7 | Forms, TNA’s etc. |  |  |  |  |  |  |
| 8 | A manpower plan showing that the organization has sufficient staff. |  |  |  |  |  |  |
| Competent authority audits within the last surveillance period | 9 | Audit reports |  |  |  |  |  |  |
| 10 | Corrective action details |  |  |  |  |  |  |
| Quality audits within the last year | 11 | Quality audit plan |  |  |  |  |  |  |
| 12 | A sample audit report related to the application |  |  |  |  |  |  |
| 13 | Corrective action details |  |  |  |  |  |  |
| 14 | Bank Receipt confirming the fee have been paid |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **☐** | 6.4. We apply for **Revision Approval of DGCA Supplement Document** of our current DGCA approval |
| # | Subject | Filled by Applicant | Filled by SHGM |
| Provided | Remarks | Adequate | Remarks |
| Y | N | Y | N |
| 1 | An official cover letter describing the application |  |  |  |  |  |  |
| 2 | **DGCA supplement document** to EASA Part-147 MTOE, which specifies the differences between EASA Part-147 and SHY-147 approvals. |  |  |  |  |  |  |
| Company MTOE and associated documents | 3 | EASA Part-147 MTOE |  |  |  |  |  |  |
| 4 | Procedures manual (as required) |  |  |  |  |  |  |
| 5 | Personnel list |  |  |  |  |  |  |
| 6 | Forms, TNA’s etc. |  |  |  |  |  |  |

|  |
| --- |
| **Applicant's Commitment:**We declare that the above information is complete and accurate. |
| On behalf of the Organization Name/Surname | Title | Sign | Date |
|  |  |  |  |

|  |
| --- |
| **SHGM’s Review:**Required documents iaw. SHT-147 Appendix-6 and SHGM Standard Services documentation, |
| **□** are included, found adequate. | **□** are not included, found inadequate. |
| Reviewer’s Name Surname-Title | Sign | Date |
|  |  |  |