



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

PROSPECTIVE ATO PRE-ASSESSMENT STATEMENT (PATOPS)

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 TTCAA Certificate for the operation of an ATO.

Name and Title (Block Letters)

Signature

Date (YY/MM/DD).

SECTION 2. To Be Completed By The TTCAA Office.

Received by (Name and Office):

Date received (YY/MM/DD)

Date forwarded to Executive Manager Safety Regulations (YY/MM/DD).

For: Action Information only.

Remarks:

SECTION 3. To be completed by the Office of the Executive Manager Safety Regulations.

Received by:

Date (YY/MM/DD).

Pre-application Number:

Assigned Certification Number:

Assigned Project Manager:

Date:

Remarks: