



Flight Training Facility Application

Name of Applicant: _____ Date: _____

Located at: _____

Point of Contact: _____

Phone number: _____ Email Address: _____

Recognition is requested as a Flight Training Facility for training in the type and model aircraft listed below (please be specific):

Make/Model	Initial Training	Recurrent Training
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional page if necessary.

Organization and Management

- Operational Responsible Officer
 - Time in Position _____
 - Previous Experience _____
- Other Training Locations _____
- Website Address _____
- Part 142 Approved Yes No Certificate Number: _____
- FAA/Industry Standards (FITS) Compliant? Yes No
- When was last Safety Audit conducted? _____
By whom was it conducted? _____
- Have you been approved as a training facility by any other insurance carriers? Yes No

If so, please list them as well as for what (i.e. AIG Initial and recurrent training Citation 525)

: _____

Are there any restrictions: _____

8. Do you have an operations manual? Yes No

9. Do you have written guidelines for:

a. Instructor Qualifications: Yes No

b. Do you do background checks? Yes No

c. Student Training Syllabus: Yes No

d. Instructor Training Syllabus: Yes No

e. Other: _____

Please provide copies of any of the above with this survey for our review.

10. Do you carry liability insurance coverage for negligent instruction? Yes No

If so, from whom? _____ Limits of Liability? _____

11. FSDO oversight POC: _____ phone number: _____

Staff

1. What are your hiring qualifications for instructors? (i.e. Total Time, ME time, turbine time, make/model time, etc) _____

2. Is the training conducted by full-time professional instructors? Yes No

3. How many instructors do you have? _____

4. What is the average tenure with your facility for your instructors? _____

5. Is the training conducted by Certified Flight/Ground Instructors? Yes No

6. How many instructors are Designated Examiners? _____

7. Do the instructors receive proficiency training annually? Yes No

8. Where is instructor training conducted and by whom? _____

Flight and Ground Training Offered

1. Are instructors full time or part time? _____

2. Manufacturers approval for training in type? Yes No

3. Formal syllabus used? Yes No

4. Both ground and flight training conducted? Yes No

5. Audio/Visual training aids used? Yes No

6. Crew training conducted? Yes No

7. Certificates of completion issued? Yes No

8. Where is training conducted? _____

9. All ground school conducted by certified instructors? Yes No

10. Does your organization utilize simulators, Basic Aviation Training Devices (BATD's), or advanced aviation training devices (AATD's)? Yes No If so, please list (include

certification

level): _____

11. Cockpit procedure trainers used? Yes No If so, please list type and certification level:

12. Are school owned aircraft used for training? Yes No

13. System mock-ups used for ground training? Yes No

14. Typical Class size? _____

15. Have you, your instructors or your organization ever been involved with any aircraft incident or accident? If so, please explain each (attach additional info as necessary):

Please include with this completed application any items specifically requested above plus pilot history forms for each pilot and any other information you feel is pertinent. Blank pilot history forms can be found on our website at www.oldrepublicaerospace.com under the resources tab, applications section.

Please forward the completed application and survey along with pilot history forms and additional pertinent info to:

Old Republic Aerospace, Inc.

Attn: Flight Training Committee c/o John "JT" Helms

1990 Vaughn Road, Suite 350

Kennesaw, GA 30144

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