

Section 1D. To be completed by all applicants

**11. Additional information that provides a better understanding of the proposed operation or business
(Attach additional sheets, if necessary)**

12. Proposed Training (Aircraft and/or Simulator)

13. The statement and information contained on this form denotes an intent to apply for a GCAA certificate.

Type of Organisation:

Signature	Date (day/month/year)	Name	Title

Section 2. For Official Use Only

ASI Name & Number:	Date (day/month/year):
Pre-application Number:	Assigned Certification Number:

Remarks: