



## 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: \_\_\_\_\_

12. Risk Management: If you do in aircraft training, prior to providing in aircraft training do you request Additional Insured (AI) status and Waiver of Subrogation (WOS) from insurer of the aircraft from the owner?  Yes  No

Do you have minimum Liability limit requirements, and if so, what are they? \_\_\_\_\_

Do you require hull coverage to be provided on the aircraft?  Yes  No

Do you require a certificate of insurance be sent to you providing that info?  Yes  No

## 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):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

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](http://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 Chairman, Brad Johnson ([bjohnson@oraero.com](mailto:bjohnson@oraero.com))

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