

In the name of God

FARSCO TRAINING CENTER

IR.147.12



FORM 3 – TE002

PHOTO

Application for Type Aircraft Training

1- Application for: (✓)

<input type="checkbox"/> B1.1 (Aero planes Turbine)	Required Code:
<input type="checkbox"/> B2 (Avionics)	Course Name:

مخصوص شرکت در دوره

2- Applicant

Surname: -----	نام خانوادگی: -----
First name: -----	نام: -----
Nationality: -----	سن: -----
Date of birth: - - . - - . 19 - - (d d . m m . 19 y y)	تاریخ تولد: ۱۳ - - / - - / - -
Place of birth (town & country): -----	کد ملی: -----
Permanent address: ----- ----- -----	آدرس دائمی: ----- ----- -----
Postal code: [] [] [] [] [] [] [] [] [] []	E-mail: : -----
Telephone Number: -----	Alternative Telephone Number: -----
Experience on Aircraft & Aircraft Components (Duration & Company): ----- -----	
Any previous CAO.IR licence held (Specify):-----	
I confirm that the information contained in this form was correct at the time of application. (I understand that any incorrect information could disqualify me from holding a type Aircraft Training). Name of applicant in CAPITAL letter: ----- Signature: ----- Date: -----	

3- For FARSCO Use Only

1- <input type="checkbox"/> Pay 50% of the Beginning of the Course Date: ----- Price ----- Signature: -----	2- <input type="checkbox"/> Pay a Second 50% before the Start of the Practical Course Date: ----- Price ----- Signature: -----
3- <input type="checkbox"/> Does it have The Authority to Issue a Certificate? Result: ----- Date: ----- Price ----- Training Manager Signature: -----	
1 - Deputy of Financial:	2 - Deputy of Quality Assurance:
3 - Deputy of Business Planning:	4 - Accountable Manager: