



APPLICATION FOR ANTR 147 APPROVAL

Application for: Grant ☐ Renewal ☐ Variation ☐

1. Registered Commercial Name of the Applicant

2. Trading name (if different):

3. Postal Address:

4. Address(es) requiring approval:

5. Contact Details

Name.: Position:.....

Tel.: Fax No.: e-mail address:

6. Scope of ANTR ANTR147 Basic Training Approval relevant to this application:

7. Scope of ANTR ANTR147 Type Training Approval relevant to this application:



8. Does the Organisation hold approval under ANTR-21 / ANTR-145 / ANTR-M If Yes, give details and attach relevant copies:	
9. No. of Employees – Total:	
10. Give details of all responsible persons & post holders and attach the Form-4:	
11. No. of Contract Employees – Total:	
12. Give details of Contract Employees and their duties / responsibilities:	
13. Name & Position of the Accountable Manager:	
14. Signature of the Accountable Manager:	15. Date of Application

Note 1: Address to send the application : Bahrain Civil Aviation Affairs, Aeronautical Licensing Directorate, P.O.Box 586, Kingdom of Bahrain. Tel: +(973) 17 32 1091, Fax: +(973) 17 32 1061 Email: Aerolicensing@caa.gov.bh Note 2: Fee: Refer to Schedule of Charges as per CAP-18