Civil Aviation Training Organization Letterhead

Name of Centre

Address

Telephone, Fax, E-mail

Tel.:

Ref.: Date

Mr. Diego Martinez

Chief, Global Aviation Training (GAT)

Technical Cooperation Bureau

International Civil Aviation Organization

999 Robert-Bourassa Boulevard

Montreal, Quebec H3C 5H7

CANADA

 Dear Mr. Belayneh,

It is our pleasure to inform you that following the review of the TRAINAIR *PLUS* Programme our centre wishes to become an ICAO TRAINAIR *PLUS* Member. We confirm that we have read the TRAINAIR *PLUS* Operations Manual and agree to abide by the terms contained therein.

The centre was established in (year). We operate in (country). (Name) is the head of our training department. We have designated (name) as the focal point for the project.

We would welcome an on-site assessment on or about (date). We agree to pay the assessment fees of $(AMOUNT) USD prior to the on-site assessment of our organization and as soon as we receive the ICAO invoice. We also agree to reimburse ICAO for the travel and living expenses of the ICAO Assessor following the on-site assessment mission and upon receipt of the corresponding invoice.

Should you require any further information regarding this application you may contact me at your convenience.

Yours sincerely,

 Signature

Name,

Director of the Centre