Application for the approval as Language Testing Body (LTB)

Application for the approval as Language Testing Body (LTB) according to Civil Aircrew Notice FCL 7



Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

Type of application

1

Application for the approval as Language Testing Body (LTB) according to Civil Aircrew Notice FCL 7.

2 Applicant							
Name							
Street		Place	Postal	Country			
Telephone		E-Mail					
3 Head of LAB							
Title	First Name	Last Name					
Telephone		E-Mail					
4 Qua	lity and Compliance Manager (QCM)						
Title	First Name	Last Name					
Telephone		E-Mail					
	tion Language Proficiency Test						
Name of Av	iation Language Proficiency Test						
6 Lang	guage Proficiency Linguistic Expert 1 (LPLE1)						
Title	First Name	Last Name					
Telephone		E-Mail					
7 1							
	guage Proficiency Linguistic Expert 2 (LPLE2)	Last Name					
Title	First Name	Last Name					
Telephone		E-Mail					
8 Language Proficiency Linguistic Expert 3 (LPLE3)							
Title	First Name	Last Name					
Telephone		E-Mail					

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9 Language Proficiency Examiners (LPEs)

List of LPEs active within the LAB

Name



	Name	LPE Number
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10	Attachments (Please attach, if not specified differently, copies of the listed documents to t	the application)

- CV of Head of LAB, QCM, LPLE1, LPLE2, LPLE3
- Certificates of Head of LAB, QCM, LPLE1, LPLE2, LPLE3
- · Philosophy for the establishment of an LAB

11	Signature of Applicant						
Place		Date	Name in capital letters	Signature			