

This Supplement is to be completed by an applicant for the initial issue of an Aviation Training Institute Certificate for the training of Air Navigation Service personnel.

It should also be completed when there is a change that involves the use of any additional equipment or a change in the type or level of service provided.

**ANST1. Manufacturer, type, model or version of the equipment to be used in the certificated activities. (Note ANST1)**

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**ANST2. Is any of the equipment to be used for any other purpose?    YES    NO. If yes, give details. (Note ANST2)**

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**ANST3. Places at which the equipment is located, if different from the applicant's place of business. (Note ANST3)**

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**ANST4. Give the name of any Air Navigation Service organisation with which this training institution is associated. (Note ANST4)**

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**DECLARATION**

I declare that the information supplied by me in this application form is true, correct and complete.

**Signature:**

**Name (BLOCK LETTERS):**

**Position:**

**Date:**