



Appendix 2  
CTAP Endorsement Training School Programme

## Notice of Change

<b>NAME OF INSTITUTION:</b>
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1. CONTACT INFORMATION <i>(indicate only the information which is to be changed)</i>			
Name of Institution:			
Address:			
City:	State/Region:	Postal Code:	
Country:	E-mail:		
Telephone:	Fax:		
Contact Person:			
Title:	E-mail:		
Telephone:	Fax:		

2. INSTRUCTORS			
<b><i>No longer employed with the Institution</i></b>	<b>Newly employed by the Institution for IATA's approval</b>		
	(Please attach documents)	Résumé	Certification
Name:	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	City:                      Country		
Name:	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	City:                      Country		
Name:	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	City:                      Country		
Name:	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	City:                      Country		

3. ADDITIONAL BRANCHES (LOCATIONS)			
Contact:		Contact:	
Address		Address	
City:	Country:	City:	Country:
E- mail:		E- mail:	
Tel.:	Fax.:	Tel.:	Fax.:

I hereby declare that all of the above information is accurate and has in no way been misrepresented.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date