

Application for Certification as an Air Traffic Control Officer Training Organisation (Regulation EU 2015/340)



Please complete this form online (preferred method) and submit as instructed. Alternatively, print, then complete in **BLOCK CAPITALS** using black or dark blue ink.

FALSE REPRESENTATION STATEMENT It is an offence under the Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICATION FOR: (Tick as appropriate)

Certification as an Initial Training Organisation (ITO).
(To provide basic and rating training, leading to the grant of a student air traffic controllers licence).

Or

Certification as a Training Organisation (TO).
(To provide unit training leading to the grant of an air traffic controller's licence, the issue of rating endorsements and continuation training).

Or

To provide unit training leading to the grant of an air traffic controller's licence, the issue of rating endorsements and continuation training at an additional location.
(Applies only to holders of a Training Organisation certificate).

Enter Additional Location
.....

2. APPLYING ORGANISATION DETAILS (Complete a) or b) as applicable)

a) Registered Company Name in Full and Companies House Registration Number.
.....

b) Name of Unincorporated Association or Other Body.
.....

3. ORGANISATION CONTACT DETAILS

Office Address

.....

.....

Telephone E mail

4. PERSONNEL CONTACT DETAILS

a) FOCAL POINT FOR COMMUNICATION WITH THE CAA

Title Forename Surname

Telephone E mail

b) ACCOUNTABLE MANAGER

Title Forename Surname

Telephone E mail

5. REGULATION 2015/340 DECLARATION OF COMPLIANCE

The organisation shown in section 2 will comply with the applicable requirements of Regulation (EU) 2015/340.

ACCOUNTABLE MANAGER

Signature Date

6.FEES

The fees for application for Certification as a Training Organisation to provide unit training are included in the fee for Certification as an ANSP.

The fee(s) required for an application for Certification as an Initial Training Organisation, as calculated in accordance with the CAA Personnel Licensing Scheme of Charges (published in CAA Official Record Series 5, available at www.caa.co.uk/ors5) are to be paid on application.

NB: This application will not be processed until the applicable fees have been received.

Total fees included are: £

IMPORTANT NOTES:

If a Member or employee of the CAA is required to travel overseas in respect of this application you are advised to read the CAA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.

In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by the CAA on behalf of the applicant up to the point of cancellation. Please see the CAA Refunds Policy at www.caa.co.uk/refunds for more information.

Where sufficient funds remain from the original application fee, this charge will be deducted from any refund made in respect of the application following cancellation.

7. DECLARATION

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate. I enclose any charges payable on application in accordance with the Scheme of Charges. I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Changes.

Name of Applicant:

Signature of Applicant: Date:

8. SUBMISSION INSTRUCTIONS

When you have completed this form, please send it to: Airspace, ATM and Aerodromes Safety and Airspace Regulation Group Aviation House Gatwick Airport South West Sussex RH6 0YR Email: anspcertification@caa.co.uk

Payment Authorisation

This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink



1. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

Application for:..... Dated:

Original Applicant's Name:

Application Submission Number (ASN):.....or, Application form number (i.e SRGxxxx)

Registered Company or Trading Name: (if applicable)

Contact Telephone Number:

2. PAYMENT DETAILS

a) Payment type (please tick your chosen method of payment).

Visa
 Mastercard
 Debit Card
 Cheque/Banker's Draft
 Bank Transfer
 Cash (max.£1000)

The maximum single transaction using a Visa/Mastercard or Debit Card is limited to £25,000.

We do not accept American Express, Diners Club or JCB cards. **Cash payments** will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.

Cheques shall be made payable to '**Civil Aviation Authority**'. Please write the CAA Application Form No. on the reverse of your cheque.

National Westminster Bank plc
 Bloomsbury Parr's Branch PO
 Box 158
 214 High Holborn
 London
 WC1V 7BX

Account Name: Civil Aviation Authority
 Account Number: 36029769
 Sort Code: 60-30-06
 Swift Code: NWBK GB 2L
 IBAN: GB90 NWBK 6030 0636 0297 69

Please supply the following information:

Amount: £..... BACS/CHAPS/ASN Reference*:

* When making a bank transfer please instruct your bankers to quote, i) in relation to an offline application, the CAA Application Form number followed by the application date (i.e. SRGXXXX ddmmyyyy) or ii) in relation to an online application, the Automatic Submission Number (ASN) (i.e. CAI-123).

Payer: Payers Email: Date of Transfer:

b) Card Details (for payment by Credit/Debit Card)

Card number:

Expiry date: / Security Code (last 3 digits on signature strip on reverse of card)

Debit cards only: Start date: /	Amount: £.....
Issue No: (if applicable)	

Name (as written on card):
 (BLOCK CAPS)

Full postal address of card holder:
 Postcode:.....

Card holder's signature:

Please tick box if paying with Company Card Company Name:

Do not send your credit/debit card details by email. Email is inherently insecure and hence it is not possible to guarantee the security of card details sent this way.