

Application for Approval to Conduct On the Job Training (OJT) within a Foreign Organisation Approval (In Accordance with the Requirements of Part-66 Appendix III)

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



Unique Corporate No. (to be completed by CAA)

Please read the Guidance Notes before completing the technical sections of this form.

1. APPLICANT TYPE			
Public Limited Company	Complete Section 2. a)	Public Educational Establishment University/College	Complete Section 2. b)
Limited Company	Complete Section 2. a)		
Charity	Complete Section 2. b)	Individual (Sole Traders)	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)	Partnership	Complete Section 2. c)
Trust	Complete Section 2. b)	Private Clubs	Nominated Representative to Complete Section 2. c)

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

a) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

..... Postcode:

Telephone: Fax:

E-mail:

Trading Name: (if applicable)

Trading Address (primary site):

..... Postcode:

Website address:

Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the board to act on behalf of the Company, and who is thereby deemed to be the Accountable Manager.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

or b) An Unincorporated Association or other body

Name of Unincorporated Association or other body:
Address:
..... Postcode:
Telephone: Fax:
E-mail: Mobile Telephone:
Website address:

Authorised Representative

This application is to be signed by either a Director or Company Secretary or a person authorised by the board to act on behalf of the Company, and who is thereby deemed to be the Accountable Manager.

Title: Forename: Surname:
Position:
Charity Number (if applicable):

or c) Individual (including sole traders and partnerships)

Title: Forename: Surname:
Address:
..... Postcode:
Telephone: Fax:
E-mail: Mobile Telephone:
Trading Name: (if applicable)
Website address:

A photocopy of your valid Passport / National Identity Card or valid photocard Driving Licence must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

In the case of a partnership, please complete details of all partners. Continued on a separate sheet

3. APPLICATION

Maintenance Organisation CAA Reference Number: EASA.145

- 145 Organisation Number required for Practical Training applications.

Proposed Date Training to commence:

NB: Applications must be made a minimum of 6 weeks in advance.

4. APPLICATION FOR TRAINING & ASSESSMENTS (please complete all appropriate details, tick as applicable)

Type / Task	Rating	Airframe	Engine
	B1		
	B2		

5. ACCOMMODATION (please complete the address in respect of the application above)**1. Main Training Site Address** (if not the address detailed in Part 1)

.....
 Postcode:..... Country:

Telephone Number:

2. Training Site Address

.....
 Postcode:..... Country:.....

Telephone Number:

- All training sites should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated surveyor.

6a. MANAGEMENT STRUCTURE

Position/Post	Name	Licence Number
Accountable Manager		
Maintenance Manager		
Quality Manager		

- Please complete in full for all applications.

6b. APPROVED ASSESSOR

Position/Post	Name	Licence Number / Approval Number
Assessor /		
Assessor /		
Assessor /		

- Please complete in full for all applications.

7. FEES

The fee(s) required as calculated in accordance with the CAA Personnel Licensing Scheme of Charges (published in CAA Official record Series 5) www.caa.co.uk/ors5 to be paid on application are enclosed herewith.

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

Total fees included are: £

IMPORTANT NOTES:

- **Additional Charges:** Where the cost of the CAA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.
- **Overseas Visits:** 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.
- **Withdrawal / Cancellation of Approval:** 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.

8. FINANCIAL DECLARATION

- I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.
- I enclose the charges payable on application as noted in Section 7 of this application form.
- I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

Name of Applicant:
(as shown in 2 a), 2 b) or 2 c))

Signature of Applicant (named in 2 c):

or Signature of Accountable Manager (named in 2 a) or 2 b)):

Date:

FALSE REPRESENTATION STATEMENT

It is an offence 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. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

9. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments as listed below, to:

Applications & Approvals
CAA, Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

- For an individual applicant, please provide proof of ID (suitably certified copy of Passport or Driving Licence - see Guidance Note 1).
- If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, please enclose proof of that authority.
- NB. No applications will be progressed until all the relevant items on the checklist have been submitted.

Checklist for submission (All applicants): Please tick or complete, as requested, those items being enclosed.

Fee	<input type="checkbox"/>
Completed SRG	<input type="checkbox"/>
Copy of Internal Audit	<input type="checkbox"/>
Certified true copy of approved OJT Logbook	<input type="checkbox"/>
Certified true copy of the Compliance Report	<input type="checkbox"/>
Nomination of Practical Assessors (and copy of authorisation)	<input type="checkbox"/>
Photocopy of PHOTO ID	<input type="checkbox"/>
(Passport or Photocard Driving Licence for Individuals/Sole Traders)	

Guidance Note 1

Section 2: Applicant Details

- **Registered Company Name and Number:** this is the legal name and reference number of the company as registered with Companies House or as detailed on the Company Certificate of Incorporation.
- **Trading Name and Address:** Where the company uses a name other than the above for trading / instructional purposes, this name should be annotated accordingly and the main base for training should also be detailed.
- **Authorised Representative of the Company:** The Accountable Manager of the company may wish to delegate responsibility for the completion of application forms to another Director of the company or to the designated Head of Training. Details of the nominee should be completed and relevant correspondence verifying this agreement should be forwarded from the Accountable Manager.

• Please refer to the relevant Standards Document, for appropriate information/guidance, available via www.caa.co.uk/fclstandards

CAA USE ONLY Applicant's name Date of application

Department: Contact Name:

Job No: Folio No: CAA Account Number:.....

Nominal Code: Cost Centre: Date received.

If payment is received by cheque, attach a copy to this application form.

The sum of £ has been received by: Date:

Amount paid by:	Cheque	Cash	Card	Electronic Transfer*
	£	£	£	£

* Receipt of Electronic Transfer to be verified by Treasury.

Cheque drawn against account of:

Bank Account No: Sort Code:

Is this part of a Company payment? Yes No If Yes - Total amount paid:£

Amount to be deducted from NATS account: £

Enclosures: FedEx paid Yes/No Loaded by: Signed/Despatched:

Legal Entity Details

Company – Date of incorporation of Company:

If declaration is signed on behalf of a Company:

is declaration signed by a Director or Company Secretary?

if not, then does signatory have authority to sign?

Individual – Identification Document Details e.g. Passport/Driving Licence.

Type of identification:

Signature on ID checked against Form Signature: . Appropriately certified:

PLEASE ENTER PAYMENT DETAILS ON FOLLOWING PAGE

10. PAYMENT DETAILS

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

Visa	Mastercard	Debit Card	Cheque/Banker's Draft	Electronic Transfer	Cash (max. £200)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We do not accept American Express, Diners Club or JCB cards. Please do not send cash by post.

b) Bank Details (for payment by Cheque/Banker's Draft)

Cheques or Postal Orders should be made payable to '**Civil Aviation Authority**'.

Please write the CAA Application Form No. on the reverse of your cheque.

Please note that any refund applicable will be paid directly to the bank account stated below by BACS transfer.

Name in which Bank Account held:

Account Number: Sort Code:

If overseas: IBAN Number: Swift Code:

c) CAA Bank Account Details (if paying by Electronic Transfer)

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 Reference*:

* When making an electronic transfer please instruct your bankers to quote the CAA Application Form number followed by the application date in the description field (i.e. SRG 1013ddmmyyy).

Payer: Date of Transfer:

d) 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: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Issue No: <input type="text"/> (if applicable)

Amount: £.....

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:

This information is provided at the applicant's risk and will be used by the CAA for this payment only and will not be used for any other purpose.