

Application for Initial Approval, Change to Approval or Remote Site Approval Under EC Regulation 1321/2014 Annex IV Part-147



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.

Please read attached Guidance Note on page 5 before completing this form.

FALSE REPRESENTATION STATEMENT
 It is an offence under the UK 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, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT TYPE			
Limited Liability Partnership	Complete Section 2. a)	Public Educational Establishment	Complete Section 2. b)
Limited Company	Complete Section 2. a)	University/College	Complete Section 2. c)
Charity	Complete Section 2. b)	Individual (Sole Traders)	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)	Partnership	Nominated Representative to
Trust	Complete Section 2. b)	Private Clubs	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 deemed to be the Accountable Manager in respect of applications under EC Regulation 2042/2003 Annex IV Part-147.

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 a person authorised by the body named above to act on behalf of it, and who is deemed to be the Accountable Manager in respect of applications under EC Regulation 2042/2003 Annex IV Part-147.

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 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. TRAINING ORGANISATION CAA REFERENCE NUMBER

UK/147-.....

- Applications must be made a minimum of 30 working days in advance of proposed training for Remote Site applications.
- For initial 147 applications or other changes to 147 approvals, excepting remote site applications, applications must be received 12 weeks in advance of proposed training date.

4. APPLICATION

Application for: Initial 147 Approval Change to Current 147 Approval Remote Site

- **Initial Approval:** this should be ticked where an application is for Initial approval by a new applicant organisation.
- **Change to Approval:** this should be ticked where the application is for one or more courses/sites to be added to the current approval held by the organisation.
- **Remote Site:** this should be ticked where the application is to add a site temporarily to the current approval.

1a) Basic Training 2a) Type Training 3) New Site (not Remote site)
1b) Basic Exam 2b) Type Practical Training

Please tick all that apply in respect of this application at the current approved sites, or for a new site application.

Does the organisation also hold approval under any of the following? Part 21 Part 145 Part M

Proposed Date Training to commence: (new courses, including Remote site)	Proposed Date Training to be Completed: (Remote Site Applications only)
---	--

5. ACCOMMODATION (please tick which applies and complete the address in respect of the site ticked)	
All Training Sites, including Remote 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.	
a. Add Main Site	b. Change Main Site
Main Training Site Address	
c. Add Additional Site	d. Delete Additional Site
Additional Training Site Address or Remote Site Address	

6a. APPLICATION FOR BASIC TRAINING COURSES AND / OR EXAMINATIONS (please tick all relevant courses and complete all appropriate details)						
Class	Rating		Limitations (tick course applicable)	Add Course	Delete Course	Proposed No: of Students
				(Tick as applicable)		
Basic	B1	TB1.1	Aeroplanes Turbine			
		TB1.2	Aeroplanes Piston			
		TB1.3	Helicopters Turbine			
		TB1.4	Helicopters Piston			
	B2	TB2	Avionics			
	B2L	TB2L	Avionics (General Aviation)			
	B3	TB3	Piston-Engine Non-Pressurised Aeroplanes 2000Kg MTOM and below			
	A	TA.1	Aeroplanes Turbine			
		TA.2	Aeroplanes Piston			
		TA.3	Helicopters Turbine			
		TA.4	Helicopters Piston			
	L	TL	Sailplanes, Balloons and Airships			

6b. APPLICATION FOR TYPE TRAINING COURSES AND / OR EXAMINATIONS (please tick all relevant courses and complete all appropriate details)							
Class	Rating		Limitations (please complete for the applicable course)		Add Rating	Delete Rating	Proposed No: of Students
					(Tick as applicable)		
Type / Task	C	T4	State Aircraft Type and Engine:				
	B1	T1	State Aircraft Type and Engine:				
	B2	T2	State Aircraft Type and Engine:				
	A	T3	State Aircraft Type and Engine:				

7. MANAGEMENT STRUCTURE		
Position / Post	Name (Surname first)	Licence Number
Accountable Manager		
Training Manager		
Quality Manager		
147 Examiner		
147 Examiner		
147 Examiner		
<ul style="list-style-type: none"> Please complete in full for all initial applications and changes to approval Form SRG1705 (www.caa.co.uk/SRG1705) should additionally be forwarded to CAA for approval of key post-holders and any changes to such positions / posts. 		

8. CHARGES

The charge(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 charges have been received.

Total charges included are: £

Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

.....

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 charge, this charge will be deducted from any refund made in respect of the application following cancellation.

9. 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 in accordance with the Scheme of Charges (www.caa.co.uk/ors5).
- 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, Authorised Representative
or Accountable Manager (named in 2 a), b) or c):

Date:

10. SUBMISSION INSTRUCTIONS

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

Licensing and Training Standards - Approvals
CAA, Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

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

Applicable Charge/Fee

SRG1019

Form SRG1705 (number of Key Post Holder Nominations)

Maintenance Training Organisation Exposition (inc Quality System)

Training Needs Analysis (per course)

Training Notes

Sample of Exams

Copy of Certificate of Incorporation (initial applications)

Proof of authority to sign application form, (where not a Director or Company Secretary).

Photocopy of PHOTO ID
(Passport or Photocard Driving Licence for Individuals)

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.

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: