

Application for a Night Rating (Aeroplanes/Airships/Balloons/ Helicopters)



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 No. (to be completed by CAA)

Please read attached Guidance Notes before completing this form.

European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015).

If your medical records are not held by the UK CAA, your application will be rejected.

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 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. APPLICANT DETAILS

(The Applicant is responsible for payment of CAA charges)
To be completed by the Applicant

CAA Personal reference number (if known):

Title: Forename(s): Surname:

Date of birth (dd/mm/yyyy): Nationality:

Town of birth: Country of birth:

Permanent Address:

..... Postcode:

Telephone: Mobile telephone:

E-mail:

A certified copy of your valid Passport or Full EU Photographic Driving Licence (see Guidance Note 1) must accompany your application as proof of identification.

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

.....

..... Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the United Kingdom. European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

4. PARTICULARS OF LICENCES HELD (UK National/Part-FCL/ICAO)			To be completed by the Applicant
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD							To be FULLY completed by the Applicant
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence.							
Rating or Certificate held	Single Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only	

6. FLYING EXPERIENCE					To be completed by the Applicant and ATO
	Qualifying flight experience				CAA use only
	Aeroplanes	Airships	Balloons	Helicopters	
Dual Instruction at Night					
Dual Cross-Country Instruction at Night of at least 50km (27nm)					
Dual Cross-Country Instruction at Night					
Dual instruction in instrument flying (minimum 10 hours)					
Total experience as Pilot of Helicopters (after PPL (H) licence issue)					
Experience as Pilot-in-Command of Helicopters (after PPL (H) licence issue)					
Cross-country flight time as Pilot of Helicopters (after PPL (H) licence issue)					
Take-Offs and Landings completed as PIC					
Total Hours at Night					

7. NIGHT RATING COURSE CERTIFICATE (AEROPLANE/AIRSHIP/BALLOON/HELICOPTERS) To be completed by ATO

I certify that (name) has satisfactorily completed a course of training for:
 Night Rating (A) Night Rating (H) Night Rating (As)
 Night Rating (B) in accordance with Part-FCL and the details of the Night Rating course are in section 4.
 Date course started: Date course completed:
 Approved Training Organisation (ATO): ATO Approved No.:
 Competent Authority issuing Approval:
 Name of Head of Training.....

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

8. DECLARATION OF APPLICANT (tick as appropriate) To be completed by the Applicant

I declare that the information provided on this form is correct.
 I agree to receive:
 Flight Crew Safety material from the CAA only or Safety material from authorised sources
 I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

9. CAA USE ONLY

Date of Issue	Enclosures
Checked by	
Loaded by	Despatch/collection details
Signed by	

10. COURIER CHARGES

Note to all customers: All original documents submitted by the customer and CAA issued documents, will be returned by secure courier and are subject to the appropriate charge as detailed on our website; please click attached link "[Courier Charge](#)". The courier charge will be added to the relevant charge as per the Personnel Licensing [Scheme of Charges](#) and payable with application.

Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to re-issue the CAA documents, 15 working days after the original date of despatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by normal postal service.

If you wish to opt out of document return by secure courier, please tick box.

Please note: The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.

11. 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 Application:** 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.

12. 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:

Signature of Applicant: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

13. SUBMISSION INSTRUCTIONS

Please send your completed application and supporting documentation (see Guidance Notes) to the following address:

Licensing and Training Standards, Licensing Department
Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

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 <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> . Appropriately certified: <input type="checkbox"/>		

PLEASE ENTER PAYMENT DETAILS ON FOLLOWING PAGE

14. 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 1126ddmmyyyy).

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: /

Issue No: (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.

Application for a Night Rating (Aeroplanes/Airships/Balloons/Helicopters) – GUIDANCE NOTES

Having a clear application form and logbook(s) will enable L&TS to issue licences and ratings more efficiently, with less risk of errors or rejections with subsequent delays to your application.

Please note that failure to submit a correctly completed application form with the required supporting documents will lead to the formal rejection of your application. In this instance we will issue you with a 30 day notice to meet the outstanding requirements. Failure to meet this deadline will result in your application being cancelled and a fee for assessment and refund will be deducted as per the scheme of charges and our CAA refund policy.

IMPORTANT INFORMATION

In order to exercise the privileges of a Pilot licence where the operations of the aircraft require the use of radio communications equipment, the individual must hold a valid Flight Radiotelephony Operator’s Licence. Such a licence will only be granted if the applicant holds a Language Proficiency Certificate in English in accordance with FCL.055 and Appendix 2 of Part-FCL prior to licence application. Should you not hold a valid Language Proficiency in English your application will be rejected.

GUIDANCE NOTE 1: Certifiers of ID and Licenses

The following people can act as 'certifiers':

- Head of Approved Training Organisation.

Instructions for the certifier of your ID document are as follows:

1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
2. Insert signature and date.
3. Certifier’s name must be printed in block capitals.
4. Must include position or capacity, e.g. Head of Approved Training Organisation.

GUIDANCE NOTE 2: Supporting documentation required with the application

Licence Application	Original flying logbooks	Certified copy of your license to include Certificate of Revalidation pages	Copy of Part-FCL Medical Certificate (Class 1 or 2)	Original third country ICAO Licence and Medical or certified copy by ATO	Copy of Part-ORA Approved Training Organisations (ATO) Approval certificate (if ATO is not approved by the UK CAA)
Night Rating	✓	✓	✓	✓	✓