

# Application for Certification and/or Designation as an Air Navigation Service Provider (Regulation EU 550/2004)



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 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 imprisonment or both.

## 1. APPLICATION FOR: (Tick as appropriate)

Certification as an Air Navigational Service Provider (ANSP)

And/Or

Designation to provide an Air Navigation Service at a specific location  
(To apply for 'Designation' only you must already hold an ANSP certificate)

## 2. LOCATION WHERE DESIGNATION WILL APPLY

.....  
ICAO LOCATOR CODE (If allocated) .....

## 3. TYPE OF SERVICE IT IS INTENDED TO PROVIDE AT THE DESIGNATED LOCATION (Tick as appropriate)

Air Traffic Control (ATC)

Aerodrome Flight Information (FIS)

Meteorological METARS and TAFS (MET)

Meteorological local observations only (MET)

Communications (C)

Navigation (N)

Surveillance (S)



## 8. FEES

The fee(s) required as calculated in accordance with the CAA Aerodrome Licensing and Air Traffic Services Scheme of Charges (published in CAA Official Record Series 5, available at [www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)) are to be paid on application.

If applying for Certification and Designation and the number of air traffic controllers engaged in the provision of the services at the aerodrome is not known at time of application the Designation fee cannot be calculated. Therefore, only the certification fee needs to accompany this application. The Designation fee may be deferred but must be paid as soon as staffing levels are known and before any 'Letter of Designation' can be issued.

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

Total fees included are: £ .....

### IMPORTANT NOTES:

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.

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](http://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.

## 9. 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: .....

## 10. 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](mailto: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)
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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
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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 individual's CAA reference number followed by the application date (i.e. 123456A 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)
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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 credit card details by email. If sending this form electronically, please leave this section blank and we will call you to confirm your card details at the time.**