

Application to add or remove, temporary or permanent Line Stations (Line Maintenance Facilities) to/from an approval.



Not required for Occasional Line Maintenance (less than ten consecutive days).

Please complete this form electronically (preferred method) then print, sign 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.

1a. Applicant Details - An Individual (including sole traders and partnerships)

Title: Forename: Surname:

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

Town of birth: Country of birth:

Permanent Address:

Country Postcode:

Telephone: Mobile telephone:

E-mail:

Trading Name: (if applicable)

Website address:

A certified copy of your Passport, EAA/EU National Identity Card or Full Photographic Driving Licence must accompany your application as proof of identification if this is your FIRST application.

In the case of a partnership, please provide complete details of all partners in Box 8.

1b. Applicant Details - A Registered 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:

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.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are 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 registered under the Company number provided on this form.

1.c Applicant Details - An Unincorporated Association or other body

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

Authorised Representative of Unincorporated Association or other body

This application is to be signed by a person or persons authorised by the body named above to act on behalf of it. This should normally be a member or members of the managing committee of the association or other body. Evidence of the authorisation to act on behalf of the association or body should be provided with the application.

Title: Forename: Surname:
Position in Company:
Telephone No: E-mail:
Charity Number (if applicable):

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

2. Line Stations to be added or removed (copy and attach this page for more than three changes)

CAA Approval Number: Bilateral Approval Number(s):
Add a Line Station (Please complete section 3) Temporary Permanent Remove a Line Station
Line Station airport: Line Station country:
Is your Bilateral Approval applicable at this location? Yes No Bilateral country:

CAA Approval Number: Bilateral Approval Number(s):
Add a Line Station (Please complete section 3) Temporary Permanent Remove a Line Station
Line Station airport: Line Station country:
Is your Bilateral Approval applicable at this location? Yes No Bilateral country:

CAA Approval Number: Bilateral Approval Number(s):
Add a Line Station (Please complete section 3) Temporary Permanent Remove a Line Station
Line Station airport: Line Station country:
Is your Bilateral Approval applicable at this location? Yes No Bilateral country:

Please provide a copy of your updated Exposition with Line Stations added or removed as required for approval.

3. Details of Line Stations to be added (copy and attach this page for more than three Line Stations)

Line Station address:

Total number of aircraft per week: of which, overnight stops per week:

Scope of work (aircraft types supported):

Limitations (levels of maintenance):

Total number of staff: of which, number of A certifiers: B1 certifiers: B2 certifiers:

Names of all UK/EU operators supported:

.....

Names of all other non-EU operators supported:

.....

Independent audit reference number:

Line Station address:

Total number of aircraft per week: of which, overnight stops per week:

Scope of work (aircraft types supported):

Limitations (levels of maintenance):

Total number of staff: of which, number of A certifiers: B1 certifiers: B2 certifiers:

Names of all UK/EU operators supported:

.....

Names of all other non-EU operators supported:

.....

Independent audit reference number:

Line Station address:

Total number of aircraft per week: of which, overnight stops per week:

Scope of work (aircraft types supported):

Limitations (levels of maintenance):

Total number of staff: of which, number of A certifiers: B1 certifiers: B2 certifiers:

Names of all UK/EU operators supported:

.....

Names of all other non-EU operators supported:

.....

Independent audit reference number:

Please attach a copy of the independent audit (with corrective actions for any findings) for each Line Station added.

4. Technical Declaration

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate and a true statement of all Line Maintenance Facilities under the CAA approval as detailed in the attached Exposition as referenced below:

Exposition reference: Exposition issue/revision/date:

I declare that each Line Maintenance Facility has the necessary staff, tooling, equipment and maintenance data as required to support the scope and scale of work at each location.

I understand that the CAA may conduct sample checks at the location(s) of each Line Maintenance Facility.

Name of person holding technical responsibility:

Position of person holding technical responsibility:

Signature of person holding technical responsibility:

Date:

The information submitted will be stored on a database and is restricted to authorised persons in accordance with the Data Protection Act 1998.

5. Financial Declaration

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

I enclosed the charges payable on application in accordance with the CAA Airworthiness Scheme of Charges.

I agree to pay any additional charges which may become payable in respect of this application under the scheme of charges.

Overseas Visits: If a Member or employee of the CAA is required to travel overseas in respect of this application, all expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.

Name of Applicant (named in 1):

Position of Applicant (named in 1):

Signature of Applicant (named in 1):

Or Signature of Authorised Representative (named in 1):

Date:

The information submitted will be stored on a database and is restricted to authorised persons in accordance with the Data Protection Act 1998.

6. Submission Instructions

When you have completed this Form, please send it together with the appropriate fee to:

Approvals and Certification
Shared Service Centre
Aviation House
Gatwick Airport South
West Sussex
RH6 OYR

Email: apply@caa.co.uk

7. Fees

The fee(s) required are as calculated in accordance with the CAA Airworthiness Scheme of Charges (published in CAA Official Record Series 5) 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:

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 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 charges 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.

8. Additional Information (if required)

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 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)

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.