



**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.**

**b) A Company**

Registered Company Name (in full): .....  
Registered Company Number: .....  
Country of Company Registration: .....  
Registered Office Address: .....  
..... Postcode: .....  
Telephone: ..... E-mail: .....  
Trading Name: (if applicable) .....  
Trading Address (primary site): .....  
Country ..... 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.

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 or issued to, the applicant(s) named below.**

**c) An Unincorporated Association or other body**

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

Authorised Representative.....

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: .....  
Charity Number (if applicable): .....

**4. ADDRESS FOR CORRESPONDENCE (if different from above)**

Postal Address (if different from above): .....  
..... Postcode: .....

**5. PERSONNEL**

An operator must have a management organisation capable of exercising operational control and supervision over any flight operated under CAP 632. The information provided under this heading should give a clear picture of the chain of responsibility, appropriate to the size of the operation, for all major aspects of management. In addition, details of the accountable manager and nominated post holders are required.

**Accountable Manager**

Title: ..... Forename: ..... Surname: .....

Address: .....

Postcode: .....

Telephone: ..... Mobile Telephone: .....

Email: .....

If an initial application or a variation which involves a change in accountable manager, please submit with this form a completed CAA Form 4 (SRG2815A). Failure to supply CAA Form 4 may result in a delay to the declaration processing time.

Please list the names of the personnel in the nominated positions and pilots as listed in your OCM. Please list any nominated roles within your organisation.

Nominated Role	Name
Accountable Manager	
Chief Pilot	
Chief Instructor	
Continuing Airworthiness Co-ord.	

**6. OPERATIONS** *Please list the aircraft that will be operated within your organisation under CAP632*

Aircraft Type	Aircraft Registration	Main Operating Base	A8-23/24 maintenance organisation and A8/25 continuing maintenance organisation

**7. ACTIVITIES**

Are you intending to conduct commercial operations with the aircraft that consist of operations other than fully remunerated flight training in accordance with Appendix 1 of CAP632.

YES                      NO

Type of proposed commercial Activity:

**8. CONFIRMATION STATEMENT**

I, as the accountable manager, confirm the following:

With this application I have submitted the Organisational Control Manual (OCM) and other documents required as detailed in the Submission Instructions (section 11)

I have read and understood CAP632 and its requirements

All aircraft hold (or will hold) a valid Permit to Fly with a current Certificate of Validity or equivalent

All Pilots will hold a current pilots licence and medical (Class 1 or Class 2) and where applicable hold a current Aircraft Type Rating Exemption.

The management system, documentation, including the OCM, comply with the requirements of CAP 632 and all flights will be carried out in accordance with the provision of the OCM as required by CAP 632.

I will notify the UK CAA without delay of any changes in circumstances affecting compliance with CAP632 or the Air Navigation Order

Signed: .....

Name: ..... Date: .....

**9. CHARGES**

The charge(s) required as calculated in accordance with the CAA Scheme of Charges (published in CAA Official Record Series 5) ([www.caa.co.uk/ors5](http://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:

.....

If you want the CAA to quote a Purchase Order No. on your invoices, please provide the reference here:"

Purchase Order number:.....

**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 or cancelled by the applicant, the application fee less the cost of any work carried out by the CAA to that date, may be refunded. Please see the CAA Refunds Policy at [www.caa.co.uk/refunds](http://www.caa.co.uk/refunds) for more information.

**10. FINANCIAL DECLARATION**

I am applying to operate in accordance with CAP632

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](http://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.

I agree to pay the charges payable on application in accordance with the Scheme of Charges

Name of Applicant: .....

Signature of Applicant or

Signature of Authorised Representative ..... Date: .....

**11. SUBMISSION INSTRUCTIONS**

Please send the below documents to the GA Unit email below:

- Completed copy of this form
- PDF version of current OCM with attachment(s)
- Latest OCM checklist
- Copy of Maintenance Contract(s)
- Copy of Tech log and usage instructions (if not already included in the OCM)
- Accountable Manager - CAA Form 4

**General Aviation Unit**

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

[ga@caa.co.uk](mailto:ga@caa.co.uk)

<b>CAA USE ONLY</b>	<b>Applicant's name</b> .....	<b>Date of application</b> .....
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	Bank 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:.....		
<b>Legal Entity Details</b>		
<b>Company</b> – 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? .....		
<b>Individual</b> – Identification Document Details e.g. Passport/Driving Licence.		
Type of identification: .....		
Signature on ID checked against Form Signature: .....		Appropriately certified: .....

# 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.**