

# DIRECTORATE OF AIRSPACE POLICY

## APPLICATION FOR APPROVAL OF AN INDIVIDUAL AS AN INSTRUMENT FLIGHT PROCEDURE DESIGNER IN ACCORDANCE WITH THE AIR NAVIGATION ORDER AND SECTION 2 OF CAP 785



Please complete this form online or in BLOCK CAPITALS using black or dark blue ink; print; sign; and submit as instructed.

CAA use only

### SECTION 1: APPLICANT(S)

Surname: ..... Forename(s): .....

Passport Number: .....

Address: .....  
..... Postcode: .....

Partnership Name (if applicable): .....  
*(For approvals connected with partnerships, application forms for each individual wishing to become an APD must be submitted.)*

Trading Name of Business (if applicable): .....

Address of Business (if different from above): .....  
..... Postcode: .....

Tel. Number: ..... Fax Number: .....

E-mail: .....

Website address (if applicable): .....

### SECTION 2: DECLARATION

I apply for the approval specified above and enclose £..... and agree to pay any additional fees as set out in Official Record Series 5 (CAA Scheme of Charges) Instrument Flight Procedures ([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)).

Name: .....

Signed: ..... Date: .....

### SECTION 3: PAYMENT

Work will not start until this form has been completed, signed and the fee received.

Please make your payment in accordance with the CAA Scheme of Charges/Instrument Flight Procedures ([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)).

Payment details to be completed on attached form FCS 1500.

### SECTION 4: SUBMISSION INSTRUCTIONS

Return the completed form, associated form FCS 1500 and any accompanying documentation indicated in Section 6, by post to:

Airspace Policy, Shared Service Centre  
Civil Aviation Authority  
Aviation House  
Gatwick Airport  
RH6 0YR

**SECTION 5: PROFESSIONAL DETAILS**

Basic PANS-OPS Training Provider: .....

Date attended: ..... Tutor: .....

Advanced PANS-OPS Training Provider: .....

Date attended: ..... Tutor: .....

Other relevant training (continue on separate sheet if required)

1.....

2.....

3.....

4.....

5.....

6.....

7.....

Aviation Experience (if any)

Qualification: ..... Date gained: .....

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**SECTION 6: ACCOMPANYING DOCUMENTATION**

Proof of Qualifications (Certificates etc.):

Copy of QMS:

Evidence of recent designs:

List of references:

# 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.**

**CAA use only**

Date Instructed: .....

Received by: .....

Application Reference No: .....

Cash Sheet Reference No: .....

Nominal Code: .....

Enclosures: .....

The sum of £ ..... has been received. Name: ..... Date:.....

Job Number: ..... CAA Account Number.....

Department: .....

If payment is received by cheque attach a copy to this application form.