

Application for Approval as a Rescue and Fire Fighting Service (RFFS) Approved Training Provider (ATP)



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.

FALSE REPRESENTATION STATEMENT

It is an offence under Article 231 of the Air Navigation Order 2009 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.

Please complete **either** section 1 a) or section 1 b). For all Companies registered at Companies House, please complete section 1 b) only.

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

1. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

a) Individual (including sole traders and partnerships)

Title: Forename: Surname:

Address:

Country Postcode:

Telephone: Mobile Telephone:

E-mail: Fax Number:

Trading Name: (if applicable)

Website address:

In the case of a partnership, please complete details of all partners. Continued on a separate sheet

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.

or b) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

Country: Postcode:

Telephone: Fax Number:

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:

E-mail: Telephone:

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.

2. APPLICATION FOR APPROVAL UNDER CIVIL AVIATION PUBLICATION (CAP) 699 STANDARDS FOR THE COMPETENCE OF RFFS PERSONNEL CHAPTER 2) – DETAILS

Please indicate the purpose of this application (*tick the appropriate option below*)

Initial Application to become an ATP (*please indicate below which Structured Learning Programme(s) (SLP) are to be included in the application*)

Add SLP(s) to existing ATP Certificate of Approval (*please indicate below which SLP(s) are to be added*)

Add Additional Site to existing ATP Certificate of Approval (*please indicate below which (SLPs) you propose to deliver at the additional site*)

SLP Applied For (*tick as appropriate*)

Lower Category Aerodrome Supervisor – Initial

Lower Category Aerodrome Supervisor – Revalidation

Firefighter – Initial

Firefighter – Revalidation

Firefighter – Bridging

Crew Commander Incident Command – Initial

Crew Commander Incident Command – Revalidation

RFFS Supervisor – Initial

RFFS Supervisor – Revalidation

Additional Site

If you are applying for an additional site approval please provide details below:

Name of additional site:

Location of additional site:

Tier of Approval Applied For (*tick as appropriate*)

Tier 3

Tier 4

NOTE: For definition of Tier 3 / Tier 4 see CAP 699 Chapter 2

3. CHARGES

The charge(s) required as calculated in accordance with the CAA Aerodrome Licensing and Aerodrome Air Traffic Services Regulation 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 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 for more information.

4. FINANCIAL DECLARATION

I am applying for Approval as a Rescue and Fire Fighting Service Approved Training Provider.

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:
(as shown in 1 a) or 1 b))

Signature of Applicant (named in 1 a)):

or Signature of Authorised Representative (named in 1 b)):

Date:

5. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments as listed below, to:
Aerodrome and Air Traffic Standards Division
CAA, Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

CAA USE ONLY	Applicant's name	Date of application
Department:		
Job No:		Contact Name:
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:
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:		Appropriately certified:

PAYMENT AUTHORISATION



Please complete this form online or in BLOCK CAPITALS using black or dark blue ink, before printing, signing and submitting as instructed on the associated Application Form.

PLEASE NOTE: One Payment Authorisation Form is required for each application.

1. 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)
<p>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.</p> <p>Cheques shall be made payable to 'Civil Aviation Authority'. Please write the CAA Application Form No. on the reverse of your cheque.</p> <p>National Westminster Bank plc Bloomsbury Parr's Branch PO Box 158 214 High Holborn London WC1V 7BX</p> <p style="text-align: right;">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</p> <p>Please supply the following information: Amount: £..... BACS/CHAPS Reference*:</p> <p>* When making a bank transfer please instruct your bankers to quote the CAA Application Form number followed by the application date in the description field (i.e. SRG XXXXddmmyyyy).</p> <p>Payer: Date of Transfer:</p>					
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: / 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 purposes