

Application for Initial Accreditation or Variation to Accreditation as an Assessor of Language Proficiency in English under EASA Aircrew Regulation Part-FCL.055 and AMC1 FCL.055(n)



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.

Unique Corporate No. (to be completed by CAA)

Please read attached Guidance Note on page 6 before completing this form.

1. APPLICANT TYPE

Limited Liability Partnership	Complete Section 2. a)	Public Educational Establishment University/College	Complete Section 2. b)
Limited Company	Complete Section 2. a)	Individual (Sole Traders)	Complete Section 2. c)
Charity	Complete Section 2. b)	Partnership	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)	Private Clubs	Nominated Representative to Complete Section 2. c)
Trust	Complete Section 2. b)		

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

a) A 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:

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, and who is deemed to be the Accountable Manager in respect of applications under EASA Aircrew Regulation Part-FCL.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are a 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 Name as registered under the Company Number provided on this form.

or b) An Unincorporated Association or other body

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

Authorised Representative

This application is to be signed by a person authorised by the body named above to act on behalf of it, and who is deemed to be the Accountable Manager in respect of applications under EASA Aircrew Regulation Part-FCL.

Title: Forename: Surname:
Position:
Charity Number (if applicable):

or c) Individual (including sole traders and partnerships)

Title: Forename: Surname:
Address:
..... Postcode:
Telephone: Fax:
E-mail: Mobile Telephone:
Trading Name: (if applicable)
Website address:

A photocopy of your valid Passport or valid photocard Driving Licence must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

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

3. TRAINING ORGANISATION CAA REFERENCE NUMBER (if held)

ATO-	FTO-	TRTO-	OCP-
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4. APPLICATION

(NB: All Applications must be made a minimum of 12 weeks in advance of the commencement date given below.)

Type of Application: see below Initial Approval Change to Approval

- **Initial Approval:** this should be ticked where an application is for 'Initial' accreditation under EASA Aircrew Part-FCL from 8th April 2012 for new applicants.
- **Change to Approval:** to be ticked when the application is for this course or additional sites for this course, to be accredited under EASA Aircrew Regulation Part-FCL and added to an existing JAR-FCL training organisation approval, whilst in the EASA transition period, or to an organisation already approved under EASA Aircrew Regulation Annex VII Part-ORA or alternately to an organisation already accredited in conjunction with EASA Aircrew Regulation Part-FCL.

Proposed Date Training to commence:		Total number of sites, to be approved:	
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5. TRAINING COURSES REQUESTED: ASSESSOR OF AVIATION ENGLISH TRAINING COURSE

Course	Tick if Required	Maximum Number of Students
Assessor of Aviation English Training Course		

6a. ACCOMMODATION / FACILITIES (please tick relevant site and complete address field)

Main Training Site Address (if not the address detailed in Part 2) <input type="checkbox"/>
or: Training Site Address (where a change to the Organisation approval to include a new site) <input type="checkbox"/>	Postcode: Country:

6b. ACCOMMODATION / FACILITIES (continued)

Please complete the following in respect of accommodation ticked in Section 6a.

- All Training Sites, should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated inspector.
- A Floor Plan, including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site / facility.

Facilities	Location, Size, Number of Rooms, Maximum capacity
a) Details of Tenure of premises	
b) Lecture rooms / CBT Rooms	
c) Head of Training's office	
d) Chief Theoretical Knowledge Instructor's office/ Chief Tutor's office	
e) Staff Room(s)	
f) Student Rest Room(s)	
g) Lavatories Wash Room(s)	
h) Room(s) for administrative staff	
i) Library	
j) Examination room(s)	
k) Other amenities	

6c. ADDITIONAL SITES / BASES

- For any additional sites, please complete Appendix A (please tick if completed)

7. GROUND INSTRUCTION EQUIPMENT

- **Please mark as N/A any items that do not apply to your application**

Types of training equipment available e.g. overhead projector, audio/recording equipment	
Availability of reference publications	Electronic format <input type="checkbox"/> Hard copy <input type="checkbox"/>

8. STAFFING AND INSTRUCTION

(where there is insufficient space to complete all instructors, please photocopy the form and submit the additional pages, clearly annotating number of pages)

- **Form SRG2115** (www.caa.co.uk/srg2115) should also be downloaded and completed for all key post-holders, indicated below (*)
- Please indicate Licence held i.e. PPL (A),CPL (H) etc. (**)

Post / Position	Last name	First name	CAA Ref No. (or other ref if non-UK)	Base/Site	Full/ Part time	Ground Instructor (With Aviation Knowledge/ Experience **)	Ground Instructor (Without Aviation experience) (tick if appropriate)	Other Instructor (please specify)
Accountable Manager *								
Head of Training *								
Deputy Head of Training *								
Chief Tutor *								
Quality Manager*								
SMS Manager *								

9. CHARGES

The charge(s) required as calculated in accordance with the CAA Personnel Licensing 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 Approval:** 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 for more information. Where sufficient funds remain from the original application charge, this charge will be deducted from any refund made in respect of the application following cancellation.

10. FINANCIAL DECLARATION

- 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 2 a), 2 b) or 2 c))

Signature of Applicant (named in 2 c)):

or Signature of Authorised Representative (named in 2 a) or 2 b)):

Date:

FALSE REPRESENTATION STATEMENT

It is an offence 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. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

11. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments as listed below, to:

Licensing and Training Standards - Approvals
CAA, Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

Checklist for submission (All applicants): Please tick or complete, as requested those items being enclosed.

Applicable Charge/Fee	<input type="checkbox"/>
SRG2119	<input type="checkbox"/>
Number of Key post holder nominations - (Form SRG2115)	<input type="checkbox"/>
Tests/Exams	<input type="checkbox"/>
Floor Plan & Photos (per site, clearly annotated)	<input type="checkbox"/>
Number of Appendix A pages completed for each Additional Site	<input type="checkbox"/>
Operations Manual	<input type="checkbox"/>
Training Manual	<input type="checkbox"/>
Safety Management System Manual (inc. Quality System)	<input type="checkbox"/>
Photocopy of PHOTO ID (Passport or Photocard Driving Licence for Individuals)	<input type="checkbox"/>

Guidance Note 1

Section 2: Applicant Details

- **Registered Company Name and Number:** this is the legal name and reference number of the company as registered with Companies House or as detailed on the Company Certificate of Incorporation.
- **Trading Name and Address:** Where the company uses a name other than the above for trading / instructional purposes, this name should be annotated accordingly and the main base for training should also be detailed.
- **Authorised Representative of the Company:** The Accountable Manager of the company may wish to delegate responsibility for the completion of application forms to another Director of the company or to the designated Head of Training. Details of the nominee should be completed and relevant correspondence verifying this agreement should be forwarded from the Accountable Manager.

APPENDIX A: ADDITIONAL SITES - ASSESSOR OF AVIATION ENGLISH TRAINING COURSE**Continuation sheet for Sections 6c**

(please photocopy and complete if more than one additional site, annotating number of pages in respect of Appendix A)

- All Training Sites, should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated inspector.
- A Floor Plan, clearly identifying name of site and including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site / facility.

Site Number	Full Name & Address of Site, Base or Location of Course (including Postcode and Telephone number)	Maximum student number capacity

ACCOMMODATION / FACILITY DETAILS

Facilities	Location, Size, Number of Rooms, Maximum capacity
a) Details of Tenure of premises	
b) Lecture rooms / CBT Rooms	
c) Staff Room(s)	
d) Student Rest Room(s)	
e) Lavatories Wash Room(s)	
f) Room(s) for administrative staff	
g) Library	
h) Examination room(s)	
i) Other amenities	

CAA USE ONLY **Applicant's name** **Date of application**

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 Electronic 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:

12. PAYMENT DETAILS**a) Payment type** (please tick your chosen method of payment).

Visa (max. £2000)	Mastercard	Debit Card	Cheque/Banker's Draft	Electronic Transfer	Cash (max. £200)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We do not accept American Express, Diners Club or JCB cards. Please do not send cash by post.

b) Bank Details (for payment by Cheque/Banker's Draft)

Cheques or Postal Orders should be made payable to '**Civil Aviation Authority**'.
Please write the CAA Application Form No. on the reverse of your cheque.

Please note that any refund applicable will be paid directly to the bank account stated below by BACS transfer.

Name in which Bank Account held:

Account Number: Sort Code:

If overseas: IBAN Number: Swift Code:

c) CAA Bank Account Details (if paying by Electronic Transfer)

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 Reference*:

* When making an electronic transfer please instruct your bankers to quote the CAA Application Form number followed by the application date in the description field (i.e. SRG 2119ddmmyyyy).

Payer: Date of Transfer:

d) 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:

e) NATS Payment (please tick as appropriate)

Fees to be charged to NATS Amount to be charged to NATS account: £

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 purpose.