

Application for Initial Approval or Change to Approval to Conduct Examiner Refresher Seminars Under EASA Aircrew Regulation Annex VII - Part-ORA



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.

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	Complete Section 2(b)
Limited Company	Complete Section 2(a)	(University/College)	
Charity	Complete Section 2(b)	Individual	Complete Section 2(c)
Ministry of Defence	Complete Section 2(b)	Partnership	Complete Section 2(c)
Trust	Complete Section 2(b)	Private Clubs	Nominated representative to complete Section 2(c)

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 Annex VII - Part-ORA.

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 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 Annex VII - Part-ORA.

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 (please complete one field only, where applicable)

AOC-	ATO-	FTO-.....	TRTO-.....	OCP-.....
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Please advise the most relevant and current JAR-FCL training organisation reference i.e. FTO-333, TRTO-333 or OCP-333 where a Registered Facility.

4. APPLICATION

(NB: All Applications must be made a minimum of 8 weeks in advance of the commencement date given below.)

Application for (see notes below and tick the relevant application):

Initial Approval for Examiner Refresher Seminar(s)

Change to Examiner Refresher Seminar(s) approval

- **Initial Approval:** this should be ticked where an application is for 'Initial' Examiner Refresher Seminar approval from 17th September 2012 for a AOC holder, a FTO, a TRTO or a Registered Facility wishing to obtain approval under EASA Aircrew Regulation Annex VII - PART-ORA.
- **Change to Approval:** this should be ticked where the application is for the addition of a further Examiner Refresher Seminar or a substantial change to an Examiner Refresher Seminar approval, which has gained earlier approval under EASA Aircrew Regulation Annex VII - PART-ORA approval.

Proposed Date Training to commence:

Total number of sites, to be approved:

5. COURSES REQUESTED: EXAMINER REFRESHER SEMINAR

- Please indicate by ticking which Examiner Refresher Seminars are required i.e. TRE Aeroplanes, IRE Helicopters or FECPL Airships for example.
- A maximum of 2 aircraft categories should be ticked for each type of Seminar for applications 1, 2, or 3 i.e. TRE & SFE Aeroplanes and Helicopters.
- Should more than 2 aircraft categories be requested for a given seminar application, the detailed syllabus will need to clarify how the needs of each group will be catered for.

Seminar Type:

- | | | | | |
|--|------------|-------------|------------|------------------------------|
| 1) TRE | SFE | Aeroplanes | Helicopter | SP HPCA |
| 2) CRE | IRE | FIE | FECPL | |
| | Aeroplanes | Helicopters | | Other (please specify) |
| 3) FEPL | FELAPL | Aeroplanes | Helicopter | Other (please specify) |
| 4) Other Seminar (please specify: for example FE SPL or FE BPL): | | | | |
| | | | | |

Abbreviations:

- | | |
|---|---|
| CRE: Class Rating Examiner | FIE: Flight Instructor Examiner |
| FE BPL: Flight Examiner (Balloon Pilot Licence) | IRE: Instrument Rating Examiner |
| FE CPL: Flight Examiner (Commercial Pilot Licence) | SFE: Synthetic Flight Examiner |
| FE LAPL: Flight Examiner (Light Aircraft Pilot Licence) | SP HPCA: Single-Pilot High Performance Complex Aircraft |
| FE PPL: Flight Examiner (Private Pilot Licence) | TRE: Type Rating Examiner |
| FE SPL: Flight Examiner (Sailplane Pilot Licence) | |

6. LOCATIONS / FACILITIES

A Floor Plan for each location, clearly detailing layout and dimensions of rooms should additionally be supplied

Name of Main Training Site / Base:

Full address:

.....

Telephone: E-mail:

Fax: Website address:

Name of Additional Training Site / Base:

Full address:

.....

Telephone: E-mail:

Fax: Website address:

Name of Additional Training Site / Base:

Full address:

.....

Telephone: E-mail:

Fax: Website address:

7. INSTRUCTIONAL STAFF

- Please ensure licence details, rating details and any authorisation details are annotated.
- **Form SRG2115** (www.caa.co.uk/srg2115) will additionally need to be submitted for the Head of Training and Chief Tutor.

Post	Last name	First name	Type of licence and Licence number (please specify State if non-UK)	Details of Class/Type Ratings and Instructor/ Examiner Authorisations held (as applicable to application)
Head of Training				
Chief Tutor				
Tutor				
Tutor				
Tutor				

8. CHARGES

- A basic fee of £1026 to be paid on application is enclosed herewith.
NB: This application will not be processed until the applicable charges have been received.
- Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:
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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.

9. 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, as noted in Section 8.
- 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 Accountable Manager (named in 2 a) or 2 b)):

Date:

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 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.

10. 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

- For an individual applicant, please provide proof of ID (suitably certified copy of Passport or Driving Licence - see Guidance Note 1).
- If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, please enclose proof of that authority.

Checklist for submission:

- Please tick all items being submitted with the application form.
- All further items will be awaited at the earliest possible time, to ensure the application does not become unduly protracted.

Applicable Charge/Fee

SRG2136

Form SRG2115 x 2 (for Head of Training/Chief Tutor)

Detailed Course Programme / Syllabus

Copies of presentations & handouts

Floor Plan and Photos for each location (clearly annotated)

APPLICATION FOR INITIAL APPROVAL OR CHANGE TO APPROVAL TO CONDUCT EXAMINER REFRESHER SEMINARS UNDER EASA AIRCREW REGULATION ANNEX VII - PART-ORA

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.
- Please refer to the relevant Standards Document, for appropriate information/guidance, available via www.caa.co.uk/fclstandards

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)
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 Reference*:			
* 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).					
Payer:			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:		

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