

# DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLARATION UNDER EASA AIRCREW REGULATION ANNEX VIII - PART - DTO



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

## FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order 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, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT TYPE	An Initial Declaration	Notification of a Change	
Individual	Complete Section 2(a)	Charity	Complete Section 2(b)
Partnership	Complete Section 2(a)	Ministry of Defence	Complete Section 2(c)
Private Clubs	Complete Section 2(a) unless a Limited Liability Partnership or Limited Company	Trust	Complete Section 2(c)
Limited Liability Partnership	Complete Section 2(b)	Public Educational Establishment	Complete Section 2(c)
Limited Company	Complete Section 2(b)	(University/College)	

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

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

### a) Individual (including sole traders and partnerships)

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

Address: .....

Country ..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: ..... Mobile Telephone: .....

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.

### b) 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): .....

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: ..... Fax: .....

E-mail: ..... Mobile Telephone: .....

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): .....

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

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

..... Postcode: .....

**4. CAA REFERENCE NUMBER**

CAA Personal Reference/Training Organisation/ AOC No: .....

**5. PRINCIPLE PLACE OF BUSINESS**

Main Training Site Address or Training Site Address where a change to the Organisation Declaration is to include a new site or to include additional courses to an existing site.

Registered Office Address: .....

.....

Country: ..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: .....

**6. PERSONNEL**

**a. Responsible Representative**

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

Address: .....

..... Postcode: .....

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

Email: .....

Position in company.....

A photocopy of your valid passport or valid photo card 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 on a separate sheet\* (if applicable).

**b. Head of Training**

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

Address: .....

..... Postcode: .....

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

Email: .....

Licence Number.....

A photocopy of your valid passport or valid photo card 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 on a separate sheet\*(if applicable).

**c. Safety Representative**

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

Address: .....

..... Postcode: .....

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

Email: .....

A photocopy of your valid passport or valid photo card 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 on a separate sheet\* (if applicable).

<b>7. TRAINING PROGRAMMES SUBMITTED FOR APPROVAL:</b>		
<b>Course Name</b>	<b>Tick if required</b>	<b>Full Title of Training Program with document number and version date</b>
<b>Aeroplanes</b>		
Light Aircraft Pilot Licence		
Light Aircraft Pilot Licence to Private Pilot Licence		
Private Pilot Licence		
Aerobatics Rating		
Class Ratings (A)*(SEP, TMG etc)		
Night Rating		
Towing Rating (Banners/Sailplanes/Both)		
<b>Helicopters</b>		
Light Aircraft Pilot Licence		
Light Aircraft Pilot Licence to Private Pilot Licence		
Private Pilot Licence		
Night Rating		
Type Ratings (H)*		
<b>Sailplanes</b>		
Light Aircraft Pilot Licence		
Sailplane Pilot Licence		
Cloud Flying Rating		
TMG Extension		
Flight Instruction		
Flight Instructor Seminars		
Flight Examiner		
Flight Instructor Examiner		
Flight Examiner Seminars		
Flight Instructor Examiner Seminars		
<b>Balloons</b>		
Light Aircraft Pilot Licence (Balloons)		
Balloon Pilot Licence		
Tethered extension		
Class extension*		
Group extension*		
Night Rating		
Flight Instructor		
Flight Instructor Seminars		
Flight Examiner		
Flight Instructor Examiner		
Flight Examiner Seminars		
Flight Instructor Examiner Seminars		

Where any of the boxes indicated with \* have been ticked, please indicate the courses offered in the space below.

Course Name	Tickif required	Full Title of Training Program with document number and version date
<b>Aeroplane Class Ratings</b>		
SEP(Land)		
SEP(Sea)		
TMG		
<b>Helicopter Type Ratings</b>		
Bell 47		
Bell 47T		
Bell 206		
Bell 505		
Brantley B2		
SA 341/342		
EC120B Colibri		
Enstrom 28		
Enstrom 480		
Guimbal Cabri G2		
Hughes/Schweitzer 269		
Hughes/Schweitzer 330		
PZL SW-4		
R22		
R44		
R66		
Other		
<b>Balloons</b>		
Class - Hot-air		
Class - Gas		
Group A - hot-air balloons with maximum envelope capacity of 3400m <sup>3</sup>		
Group B – hot-air balloons with an envelope capacity between 3401m <sup>3</sup> and 6000m <sup>3</sup>		
Group C – hot-air balloons with an envelope capacity between 6001m <sup>3</sup> and 10500m <sup>3</sup>		
Group D – hot-air balloons with an envelope capacity of more than 10500m <sup>3</sup>		

**8. TRAINING AIRCRAFT**

- Where insufficient space to complete all training aircraft, please photocopy this page and complete, clearly annotating the number of pages
- Please mark as N/A any items that do not apply to your application.

Type	Reg

Type	Reg

Type	Reg

**9. SYNTHETIC FLIGHT TRAINING**

- Where there is insufficient space to complete all Flight Simulation Training Devices, please continue on additional sheet if required.
- Please mark as N/A any items that do not apply to your application

Course FSTD used on	Base	Manufacturer	Operator (where different to applicant)	Serial no./ Declaration no.	Level (i.e. FNPT1, FNPT2, BITD or Simulator A,B,C,D)	Aircraft represented (FNPT only)	Number of hours of FSTD training	Number of Sessions

**10. SUBCONTRACTED ACTIVITY (e.g:- Aircraft Maintenance Organisation)**

Nature of Activity	Name of Subcontractor	Site

<b>11. AERODROME PARTICULARS</b>	
a) Name of Aerodrome and ICAO Designator (if applicable)	
b) If aerodrome is unlicensed, confirmation that safety assessment required in Article 209, ANO 2016 has been conducted.	Yes                      No
c) Aerodrome address: .....	
.....	
Postcode: .....	

**12. ADDITIONAL TRAINING SITES**  
**Continuation sheet for flight training courses, theoretical knowledge courses and but not Class / Type Rating courses.**

- 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.

Name of Aerodrome and ICAO designator (if applicable)	Full Name & Address of Training Site, Base or Location of Course (including Postcode and Telephone number)

- The main / primary training site and the address and contact details for this site should be clearly identified in Section 5 of the declaration form.

**13. PROPOSED DATE TRAINING TO COMMENCE**

**Date (dd/mm/yyyy):** .....

**14. DECLARATION OF SAFETY POLICY**

I hereby declare that ..... (name of Organisation) has established and operates in accordance with a Safety Policy. This safety policy defines, at least the means and methods used for:

- hazard identification;
- risk assessment; and
- effectiveness of the mitigation measures (implementation and follow-up).

The safety policy additionally, takes into account procedures required for occurrence reporting pursuant to Regulation (EU) No 376/2014 (cf. GM1 DTO.GEN.210(a)).

Signature of Applicant (named in 2 (a), (b) or (c)): .....

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

Date:

## 15. CHARGES

The charge(s) required as calculated in accordance with the CAA **Scheme Name** 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.

## 16. FINANCIAL DECLARATION

I am applying for an approval of or amendment to a Training Programme for a Declared Training Organisation.

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 ([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)).

Name of Applicant: .....

(as shown in 2 (a), (b) or (c))

Signature of Applicant (named in 2 (a), (b) or (c)): .....

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

Date: .....

## 17. SUBMISSION INSTRUCTIONS

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

Approvals and Certifications

Shared Service Centre

CAA, Aviation House

Gatwick Airport South

West Sussex

RH6 0YR

or send this form and associated documentation to [apply@caa.co.uk](mailto:apply@caa.co.uk)

**Please note that a minimum of 60 working days will normally be required to check and confirm the information given above - if data is missing or omitted the process may take considerably longer.**

## 18. AGREEMENT TO RECEIVE ADDITIONAL INFORMATION (tick as appropriate)

I agree to receive:

Flight Crew Safety material from the CAA only

Safety material from authorised sources



<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: .....		

# DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLARATION

## Under EASA Aircrew Regulation Annex VIII - Part - DTO

### GUIDANCE NOTES



Please read these guidance notes before you complete the form.

#### Section 1:

- **Initial Declaration:** this should be ticked where an application is for 'Initial' Declaration under EASA Aircrew Annex VIII Regulation Part-DTO for new applicants, Registered Facilities and Approved Training Organisations wishing to make a declaration. Please advise current training organisation reference i.e. OCP### where is a Registered Facility and GBR.ATO.### for Approved Training Organisations.
- **Change to Declaration:** to be ticked when the declaration is to notify of any changes to the original declaration made under EASA Regulation Annex VIII.

#### Section 1:

- **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.

#### Section 6:

A photocopy of your valid passport or valid photo card 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.

#### Section 7:

Training programmes must accompany every course requested in section 6. More information on training programmes see CAP 1637.

# Payment Authorisation

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.



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

Application for: ..... Dated:.....  
Original Applicant's Name: ..... CAA Personal Reference No. ....  
Application Submission Number (ASN):..... or, Application form number (i.e SRGxxxx).....  
Registered Company or Trading Name: (if applicable) .....  
Contact Telephone Number:.....

## 2. PAYMENT DETAILS

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 personnel licensing application, the CAA Application Form number followed by your PIMS reference number (Example: 1234 PIMS 12345678); or,
- ii) all other offline non-personnel licensing applications, the CAA Form Number and date of payment transfer (Example: SRG1234 ddmmyyy; or,
- iii) in relation to an online application, the Automatic Submission Number (ASN) (e.g. CAI-123) must be quoted.

Payer: ..... Date of Transfer: .....

### a) 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).....

Full postal address of card holder: .....

Postcode: .....

Card holder's signature: .....

Please tick box if paying with Company Card                      Company Name: .....