

# Application for Assessment of Competence (AoC) for the Revalidation, Renewal or Variation of either an SFE/TRE and CRE's (for 3rd Country Licence Holders Only) Certificate

Commission Regulation (EU) 1178/2011, Annex 1, Sub-Part K



This form is to be used for applications for CREs for 3rd Country Licence Holders only, SFEs and TREs.

Please complete this form online or in BLOCK CAPITALS using black or dark blue ink.

When this form is completed, please forward it together with the appropriate fee and copies of applicant's current and valid rating certificates.

**PLEASE NOTE THAT WE WILL ENDEAVOUR TO ARRANGE YOUR ASSESSMENT OF COMPETENCE WITHIN EIGHT WEEKS.**

## 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.

### 1. APPLICANT DETAILS

To be completed by the Applicant

CAA Personal reference number: .....

Employer: (if applicable) .....

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

Date of birth (dd/mm/yyyy): ..... Nationality: .....

Town of birth: ..... Country of birth: .....

Permanent Address: .....

.....

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

Telephone Number: ..... Mobile telephone: .....

E-mail: ..... Fax Number: .....

### 2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address: .....

.....

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

### 3. LOCATION AND TIMING DETAILS OF ASSESSMENT

To be completed by the Applicant

Preferred date for assessment: .....	A/C Type/Simulator Type and Simulator Code (as applicable): .....
Timings: .....	Location: .....

**Any changes to the observation plan(s) are to be notified to Flight Crew Standards Support immediately.**

**Cancellations must be made at least five working days prior to confirmed observation date or fee may be forfeited.**

### 4. APPLICATION DETAILS

To be completed by Applicant

i) Revalidation or Renewal of a three year SFE/TRE/CRE (3rd country only) Examiners Certificate	ii) Add Simulator privilege to Examiners Certificate
iii) Add MPL(A) SFE/TRE privileges to Examiners Certificate	iv) Add an Aircraft Class or Type to Examiners Certificate
v) Add Instructor Examiner privileges to Examiner Certificate	vi) Add Aircraft privileges to Examiners Certificate
vii) Change from CRE(A) to TRE(A) SP HPCA	

<b>5. ADDITIONAL PRIVILEGE REQUIREMENTS</b>		<b>To be completed by Applicant</b>
i) Add Commercial Air Transport privileges to Examiners Certificate Approved Training Organisation providing course: ..... Approval Number and National Authority granting approval: .....	ii) Add IR revalidation privileges to Examiners Certificate Approved Training Organisation providing course: ..... Approval Number and National Authority granting approval: .....	

<b>6. ASSESSMENT DETAILS</b>		<b>To be completed by Applicant</b>	
i) Is this assessment to be shadowed by a Senior Examiner applicant under training?		Yes	No
ii) Is this assessment to be a practice by a Senior Examiner applicant under training?		Yes	No
iii) Is this assessment for an Initial Senior Examiner assessment?		Yes	No

<b>7. PERMISSION TO CONDUCT</b>		<b>To be completed by CAA Flight Crew Standards</b>	
i) Assessment may take place as programmed		Yes	No
ii) A CAA Training Inspector will observe the assessment		Yes	No
iii) A CAA Training Inspector will conduct the assessment		Yes	No

<b>8. DECLARATION OF APPLICANT</b>	
<b>DETAILS TO BE PUBLISHED</b>	
I understand that the UK CAA will publish details in accordance with Part ARA.FCL.205. <b>Please note your personal address details will not be published.</b>	
I hereby confirm my compliance with Part-FCL reference FCL.1010 & FCL.1030 and declare that the information provided on this form is correct.	
Signature: .....	Date: .....
<b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>	

<b>9. NOMINATED SENIOR EXAMINER DETAILS (if applicable)</b>		<b>To be completed by applicant</b>
INFORMATION REQUIRED FOR A REQUEST FOR A SENIOR EXAMINER TO CONDUCT THE ASSESSMENT		
<b>INDICATE IF THIS WILL BE A REVALIDATION</b>	<b>OR RENEWAL</b>	<b>FOR THE SENIOR EXAMINER</b>
Nominated Senior Examiner: .....	CAA Reference Number: .....	
Forename: .....	Surname: .....	
Email Address: .....		

<b>10. CAA USE ONLY</b>	
Date of Issue: .....	Enclosures:
Checked by: .....	
Loaded by: .....	Despatch/Collection details:
Signed by: .....	
Class and/or Type Rating expiry date: .....	
SP	MP
SP/MP	Cruise Relief Pilot
LV(Cat II/III)	Co-Pilot only
Instrument Rating new expiry date: .....	
IR Cross Crediting new expiry date: .....	

**11. COURIER CHARGES**

**Note to all applicants:** All original documents submitted by the customer and CAA issued documents, will be sent by secure courier and are subject to the appropriate charge as detailed on our website; please click attached link "[Courier Charge](#)". The courier charge will be added to the relevant charge as per the Personnel Licensing [Scheme of Charges](#) and payable with application.

Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to re-issue the CAA documents, 15 working days after the original date of despatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by the use of normal postal services.

**If you wish to opt out of document return by secure courier, please tick box.**

**Please note:** The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.

**12. 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](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:

.....

**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 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](http://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.

**13. FINANCIAL DECLARATION**

I declare that to the best of my knowledge the particulars entered in this application are accurate.

I enclose payment for 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.

Name of Applicant: .....

Signature of Applicant: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**14. SUBMISSION INSTRUCTIONS**

a) In accordance with the CAA Scheme of Charges "Authorisation and Approval of Persons" as contained in the Air Navigation Order. The new charges as of 1st April each year, will be applicable to all applications received after that date. Please see Official Record Series 5 on the CAA website at [www.caa.co.uk/ors5](http://www.caa.co.uk/ors5).

b) This completed form must be forwarded together with copies of valid ratings/certificates and payments without delay.  
by Fax to: 01293 573959

by post to: Licensing & Training Standards (Flight Crew Standards Support), Civil Aviation Authority, Safety and Airspace Regulation Group, Aviation House, Gatwick Airport (South), West Sussex, RH6 0YR.

**Please note that failure to submit all of the required documentation will lead to a delay in processing your application.**

**PLEASE ENTER PAYMENT DETAILS ON FOLLOWING PAGE**

# 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.**

<b>1. PAYMENT DETAILS</b>					
<b>a) Payment type (please tick your chosen method of payment).</b>					
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Cheque/Banker's Draft	<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Cash (max.£1000)
<p>The maximum single transaction using a Visa/Mastercard or Debit Card is limited to £25,000.</p> <p>We do not accept American Express, Diners Club or JCB cards. <b>Cash payments will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.</b></p> <p>Cheques shall be made payable to '<b>Civil Aviation Authority</b>'. 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:</p> <p>Amount: £ ..... BACS/CHAPS Reference*: .....</p> <p>* When making a bank transfer please instruct your bankers to quote,</p> <p>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,</p> <p>ii) all other offline non-personnel licensing applications, the CAA Form Number and date of payment transfer (Example: SRG1234 ddmmYYYY; or,</p> <p>iii) in relation to an online application, the Automatic Submission Number (ASN) (e.g. CAI-123) must be quoted.</p> <p>Payer: ..... Payers Email Address: .....</p> <p>Date of Transfer: .....</p>					
<b>b) Card Details (for payment by Credit/Debit Card)</b>					
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 your credit/debit card details by email. Email is inherently insecure and hence it is not possible to guarantee the security of card details sent this way.**