# Application for Initial Approval or Renewal of Approval to Conduct an Assistant Flying Instructor Rating Course (Microlight) Under Article 77(a) of the Air Navigation Order 2009.

Please read the included guidance notes before completing. Submission instructions can be found at the end of the form.

#### Unique Corporate No. (to be completed by CAA)

Please complete either 2a) or 2b) or 2c). For all Companies registered at Companies House please complete 2a) only.

1. APPLICANT TYPE			
Limited Liability Partnership	Complete Section 2. a)	Public Educational Establishment University/Col	Complete Section 2. b) lege
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)	rannersnip	complete Section 2. c/
		Private Clubs	Nominated Representative to
Trust	Complete Section 2. b)		Complete Section 2. C)

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

a)	Α	Со	m	pa	iny
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Registered Company Name (in full):
Registered Company Number:
Country of Company Registration:
Registered Office Address:
Postcode:
Telephone:
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 thereby deemed to be the Accountable Manager.
Title: Forename:
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 o	r other body			
Name of Unincorporated Association or oth	ner body:			
Address:				
	Postco	de:		
Telephone:	Mob	ile Telephone:		
E-mail:				
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	
thereby deemed to be the Accountable Ma	-	,		
Title: Forename:	-	Surname		
Position:				
Charity Number (if applicable): or c) Individual (including sole traders				
Title: Forename:		Surname:		
Address:				
	Postco	de:		
Telephone:	Mobile	e Telephone:		
E-mail:				
Trading Name: (if applicable)				
Website address:				
A photocopy of your valid Passport or valid	abotocard Driving		r application as proof of	
	_			
identification. Failure to supply proof of ide	-			
In the case of a partnership, please complet	· · · ·	· .		
3. TRAINING ORGANISATION CAA RE This is your current reference with the UK CAA				applicable)
4. APPLICATION	_	IB: All Applications mus	ATO	m of 8 weeks
	(1)		ommencement date	
Application for: (see notes below and tick the	relevant application	)		
Initial Approval for Assistant Flying Instructor R	ating Course (Micro	light)		
Renewal / Continuation of Approval for Assista	nt Flying Instructor	Rating Course (Microlight)		
<ul> <li>Initial Approval: this should be ticked where a i.e. where approval for this course has not previously</li> </ul>		'Initial' Assistant Flying Instruct	or Rating Course (Microlig	ht) approval
<ul> <li>Renewal of Approval: this should be ticked w shortly lapse.</li> </ul>	here the applicatior	n is to renew a lapsed approval	or to continue an approva	l that will
Proposed Date Training to commence:		Total number of	sites, to be approved:	

5. 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:
Website address:
Name of Additional Training Site / Base:
Full address:
Telephone:
Website address:

#### **6. INSTRUCTIONAL STAFF**

• Please ensure all relevant 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/or any additional proposed FIC Instructors, where an initial application or for a change to instructors.

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 / FIC(M) Instructor				
FIC(M) Instructor				
FIC(M) Instructor				

# 7. TRAINING AIRCRAFT (Please indicate those equipped with VOR/DME and those with AH or AI)

Туре	Registration	Туре	Registration

8. SIGNIFICANT CHANG	GES IN LAST 12 MONTHS
Staff	
Syllabus	
Accommodation and Facilities	
RTF testing equipment (if applicable)	
Aircraft Fleet	
Aircraft Maintenance	

9. STUDENTS TRAINED ON APPROVED COURSES IN LAST 12 MONTHS (Renewal and continuation applications only)								
Surname and Initial	CAA Ref. No.	Date Completed	Pass /Fail		Surname and Initial	CAA Ref. No.	Date Completed	Pass /Fail

#### **10. FEES**

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 List of Official Record Series 5 - Scheme of Charges 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.

#### **11. FINANCIAL DECLARATION**

- I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.
- I agree to pay the charges for this 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 Accountable Manager (named in 2 a) or 2 b)):

Date: .....

#### 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, license, 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 imprisonment or both.

# 12. APPLICATION FORM SUBMISSION SERVICE (SUBMIT & PAY)

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application, supporting documentation (if applicable) and to make payment by credit/ debit card. You will be required to upload a copy of the completed application form as part of the submission.

The button will direct you to the CAA Customer Portal. The first time you access the CAA Customer Portal you will need to create a user account, there are instructions provided and it only takes a few minutes to register. If you have used the CAA Customer Portal before, please log in to your existing user account.

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and paid the relevant fee.

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges List of Official Record Series 5 - Scheme of Charges (caa.co.uk)

Important: Please save your completed form before proceeding.

Application Form Submission Service

If you prefer, you can access the service by logging onto the CAA Customer Portal via <u>https://portal.caa.co.uk</u> and selecting the Application Form Submission Service.

### **Guidance Note 1**

• For an individual applicant, please provide proof of ID.

• 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.

## **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.

# **Checklist for submission**

Application Form Form SRG1180 x 2 (for HoT or FIC(M) I) \* Detailed Course Programme/Syllabus \* Copies of presentations & handouts \* Floor Plan and Photos for each location (clearly annotated) \*

CAA USE ONLY Applicant's name Date of applicat	ion
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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 £ Date: has been received by:
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:
Is this part of a Company payment? Yes 📃 No 🔄 If Yes - Total amount paid: £
Amount to be deducted from NATS account: £
Enclosures: Signed/Despatched: 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?

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: