# Application for Direct Course Approval to Conduct Theoretical Knowledge or Practical Training in Accordance with Appendix III to Annex III (Part-66) - 66.B.130

Submission instructions can be found at the end of the form.



Please read the Guidance Notes before completing the technical sections of this form.

| 1. APPLICANT TYPE             |                         |  |                             |
|-------------------------------|-------------------------|--|-----------------------------|
| Limited Liability Partnership | Complete Section 2. a)  | Public Educational<br>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 |
| Trust                         | Complete Section 2. b)  |  | Complete Section 2. c)      |
|                               |                         |  |                             |
| 2 APPLICANT DETAILS (The      | Annlicant is the nerson | responsible for navment of CAA                         | harnes)                     |

| 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:   |
|    |  |
|    | 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: 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. |

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.

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| or         | b) An Unin  | corporated Asso        | ciation or other body                                       |               |   |             |           |
|------------|---|------------------------|---|---------------|---|-------------|-----------|
|            | Name of Unir  | corporated Assoc       | iation or other body:                                       |               |   |             |           |
|            | Address:  |                        |   |               |   |             |           |
|            |   |                        |   | Post          | code:   |             |           |
|            | Telephone:  |                        |   |               |   |             |           |
|            | E-mail:   |                        |   | Mob           | ile Telephone:  |             |           |
|            | Website ad  | dress:                 |   |               |   |             |           |
|            | Authorised I  | Representative         |   |               |   |             |           |
|            |   |                        | by either a Director or Comp<br>o is thereby deemed to be t |               | Secretary or a person authorised by<br>countable Manager. | the board t | o act on  |
|            | Title:  | Forename:              |   |               | . Surname:  |             |           |
|            | Position:   |                        |   |               |   |             |           |
|            | Charity Numb  | oer (if applicable): . |   |               |   |             |           |
| or         | c) Individu   | al (including sole     | traders and partnerships                                    | )             |   |             |           |
|            | Title:  | Forename:              |   |               | . Surname:  |             |           |
|            | Address:  |                        |   |               |   |             |           |
|            |   |                        |   | Post          | code:   |             |           |
|            | Telephone:  |                        |   |               |   |             |           |
|            | E-mail:   |                        |   | Mob           | ile Telephone:  |             |           |
|            | Trading Name  | e:(ifapplicable)       |   |               |   |             |           |
|            | Website add   | dress:                 |   |               |   |             |           |
|            | 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. |                        |   |               |   | of of       |           |
|            | In the case of  | a partnership, ple     | ease complete details of all p                              | artne         | rs. Continued on a separate sheet                         |             |           |
| 3          | APPLICATIO  | N                      |   |               |   |             |           |
| <i>J</i> . | CAA Referen   |                        |   | UK            |   |             |           |
|            |   |                        | ad for Proctical Training ann                               |               | no  |             |           |
|            |   | · · ·                  | ed for Practical Training app                               | licatio       |   |             |           |
|            | Application for: Theoretical Knowledge Training Practical Training  |                        |   |               |   |             |           |
|            | Please ticl   | k if application is fo | or Theoretical Knowledge or                                 | Pract         | tical training.   |             |           |
|            | Proposed Da   | te Training to comr    | mence:  |               |   |             |           |
|            | NB: Applica   | tions must be m        | ade a minimum of <u>4 week</u>                              | <u>s</u> in a | dvance.   |             |           |
| 4.         | APPLICATIO  | NFORTRAINING           | & ASSESSMENTS (please                                       | comp          | olete all appropriate details, tick                       | cas applica | able)     |
|            | ype / Task  | Rating                 | Airframe  | <u> </u>      | Engine  |             | Practical |
|            |   | B1                     |   |               | -   |             |           |
|            |   |                        |   |               |   |             |           |
|            |   |                        |   |               |   |             |           |
|            |   |                        |   |               |   |             |           |
|            |   | B2                     |   |               |   |             |           |
|            |   |                        |   |               |   |             |           |
|            |   |                        |   |               |   |             |           |

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| 5.          | ACCOMMODATION (please complete            | the address in respect of the applicat  | ion abo    | ove)                                |
|-------------|---|---|------------|-------------------------------------|
|             | 1. Main Training Site Address (if not t   |   |            |                                     |
|             | Postcode: Telephone Number:               | ·   |            |                                     |
|             | 2. Training Site Address                  |   |            |                                     |
|             | Postcode:                                 | •   |            |                                     |
|             | Telephone Number:                         |   |            |                                     |
|             | Postcode:  Telephone Number:              |   |            | licent ergenisation, and the guidit |
|             |   | r suitability in advance of any training by<br>he time of any CAA audit or forwarded fo |            |                                     |
| 6.          | MANAGEMENT STRUCTURE                      |   |            |                                     |
|             | Position/Post                             | Name  |            | Licence Number                      |
|             | Accountable Manager                       |   |            |                                     |
|             | Maintenance Manager                       |   |            |                                     |
|             | Quality Manager                           |   |            |                                     |
|             | Please complete in full for all applica   | tions.  |            |                                     |
|             |   |   |            |                                     |
| 7. (        | COURSE DESCRIPTION                        |   |            |                                     |
| 1<br>2<br>3 | Address                                   | Postcode  |            |                                     |
| Л           | ,   | Instructions  |            |                                     |
| 4           | • • •                                     | Instructiona  |            | NO                                  |
| 5<br>6      | Training Needs Analysis Training Facility | '   | 'ES<br>'ES | NO<br>NO                            |
| 7           | •   | No. of Phases for Course No.  | _          |                                     |
| ,<br>8      | ·   | Meets Required Format   |            | •                                   |

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| 0 | CINIA |  | <b>ARATION</b> |
|---|-------|--|----------------|
|   |       |  |                |

- 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.
- 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 (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.

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

## Checklist for submission (All applicants):

SRG1013

Training Course Material (Theory Training only)

Sample of Examination Questions (Theory Training only)

Training Needs Analysis / Course Approval Form (Theory or Practical Training)

Sample Course Completion Certificate (Theory or Practical Training)

Training Procedure or Process

Sample of Assessments (Practical Training only)

Nomination of Assessors / Instructors (with evidence of relevant

experience Logbook (Practical Training only)

Photocopy of PHOTO ID

(Passport or Photocard Driving Licence for Individuals/Sole Traders)

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 <u>List of Official Record Series 5 - Scheme of Charges (caa.co.uk)</u>

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 <a href="https://portal.caa.co.uk">https://portal.caa.co.uk</a> and selecting the Application Form Submission Service.

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#### **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.

#### **General Guidance**

- 1) Use this form to apply for approval of aircraft type training to lead to the grant of a type rating on a Part 66 Licence where an approved Part-147 type course is not being used for that purpose.
- 2) This form should be completed by the operator or maintenance organisation seeking the approval. The approval will be invested in and be specific to the operator or maintenance organisation not the course provider and will cover either a single, one-off course or defined series of the same course within a 12-month time limit.

## **Section 7 Course Description**

The details of where the course is being held should be entered here. If you have answered No to any of the Yes/No questions you must include an explanation of what action you propose to take to make up any shortfall in meeting the normal requirement.

- 1) A Training Needs Analysis (mechanical and avionic examples of which are at Appendix 1) is to accompany this application and should state the course duration in days and hours, subjects instructed and that the levels of training meet the Part-66.A.25 basic knowledge levels syllabus. All courses for Part 66 Licence holders should meet the specifications of Appendix III to Annex III (Part 66) Aircraft type training and examination standard. The course must cover fully the type rating(s) will be sought and provide for meeting the requirements for the certification authorisation that may need to be held. The course must include:
  - a) In service experience of the aircraft type.
  - b) Feedback from in services difficulties/occurrence reporting etc.
  - c) Significant Airworthiness Directives and/or Service Bulletins.
  - d) The theoretical training should be supplemented with a review of the aircraft or systems hardware, ground simulator time, boroscope, engine running, use of training aids e.g. aircraft system components and computer based training.
- 2) The facility at which the operator intends the course to be conducted must meet the following requirements Part-147.A.100, 147A.115 and 147.A.120, referring to the AMC (Acceptable Means of Compliance).
- 3) Course examinations shall comprise multi choice questions and each question is to have three alternative answers of which only one is correct. The time allowed for answering each question is to be 90 seconds for level III questions. The minimum number of questions is related to the course length with at least one question for each hour of instruction. The examination shall be of "closed book" style with a pass mark of 75% with no penalty marking. Phase examinations should be a minimum of four questions for each ATA chapter and may not be used in the final examination. One re-sit may be taken for failures between 70 74%. There should be an analysis system for each course. Records of students, examination papers and results must be maintained in a secure cabinet.
- 4) On successful completion of the course, a Course Certificate will be issued for each student by the Training Provider.

#### **Section 9 Submission Instructions**

You must enclose the following:

- Completed Training Needs Analysis for the nominated course
- Sample of the course notes
- Final examination questions.
- Details of the nominated Instructor / Assessor and MOE
- Procedure for how Direct Course Approval will be managed

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