

## **Application for a Change to Aerodrome Licence Details**

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

## **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.

Please read Civil Aviation Publication (CAP) 168 Licensing of Aerodromes, Chapter 1 before completing this form.

1. APPLICANT TYPE					
Individual	Complete Section 2. a)	Limited Company	Complete Section 2. b)		
Partnership	Complete Section 2. a)	Charity	Complete Section 2. c)		
Limited Liability Partnership	Complete Section 2. b)	Trust	Complete Section 2. c)		
This application will be sone	idered in respect of and, if approp	rioto granted or issued to the an	nlicant(s) named below		
	e Applicant is the person responsi				
Licence Holder)	e Applicant is the person responsi	ible for payment of OAA charges t	out may not necessarily be the		
a) Individual (including	sole traders and partnerships)				
Title: Forenar	ne:	Surname:			
Address:					
Country		Postcode:			
Telephone:		Mobile Telephone:			
E-mail:					
Trading Name: (if applicable)					
Website address:					
In the case of a partnership, pl	ease complete details of all partners	. Continued on a separate sheet			
	idered in respect of and, if approp	riate, granted to, the Company Na	ame as registered under the		
Company Number provided	on this form.				
or b) A Company					
Registered Company Name (in	full):				
Registered Company Number:					
Country of Company Registrat	ion:				
Registered Office Address:					
Country:		Postcode:			
Telephone:					
F-mail:					
· ·					
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.					
	ne:	Surname:			
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.					

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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: P	Postcode:			
Telephone:				
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: S	Surname:			
Position:				
Charity Number (if applicable):				
3. ADDRESS FOR CORRESPONDENCE (if different from above)				
Postal Address (if different from above):				
P	Postcode:			
4. <b>DETAILS OF LICENCE HOLDER</b> (as required to be shown on the licence – r	may not necessarily be the person named at Section 2)			
NOTES: 1) The licence holder must be a legal entity. If the licence holder is of the person(s) who will hold the licence and be responsible for be stated.				
Full Name of Licence Holder:				
Licence Holder's Accountable Manager:				
Address of Licence Holder:				
Telephone:				
E-mail:				
5. <b>DETAILS OF AERODROME</b> (as shown on the licence)				
Name of Aerodrome:				
Address of Aerodrome:				
Telephone:				
Website address:				
F-mail:				

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6. DETAILS OF THE CHANGE TO AERODROME LICENCE DETAILS				
a) Change to the aerodrome licence holder's name where the legal entity is unchanged. This must be accompanied by a copy of the Certificate of Incorporation on Change of Name issued by Companies House.				
New Name:				
b) Change of aerodrome licence holder's address.				
New Address:				
c) Change to the aerodrome boundary map at Schedule 1 to the aerodrome licence. This must be accompanied by an Ordnance Survey map, size A4, showing by means of a red line the exact boundary of the licensed area of the aerodrome. This must be submitted electronically to asddocs@caa.co.uk.				
Details of Change:				
d) Change to extend the operation of an aerodrome from 'day use' to 'day and night use'.				
Details of Change:				
7. CHARGES				
The charge(s) required as calculated in accordance with the CAA Aerodrome Licensing and Aerodrome Air Traffic Services Regulation Scheme of Charges (published in CAA Official Record Series 5) (www.caa.co.uk/ors5). 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:				
IMPORTANT NOTES:				
<b>Additional Charges:</b> 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.				
<b>Overseas Visits:</b> 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.				
<b>Withdrawal/Cancellation of Application:</b> 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 for more information.				
8. FINANCIAL DECLARATION				
I am applying for a Change to Aerodrome Licence Details				
ereby declare that to the best of my knowledge the particulars entered on this application are accurate.				
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), (b) or (c))				
Signature of Applicant (named in 2(a))):				
or Signature of Authorised Representative (named in 2(b) or (c)):				

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## 9. APPLICATION FORM SUBMISSION SERVICE (SUBMIT)

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application and supporting documentation (if applicable). 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.

After receipt of your application, we will contact you using the contact details provided on this form to request payment of the relevant application fee. Please indicate your preferred payment method:

**Email** (you will receive a secure payment link from 'noreply@payments.caa.co.uk')

SMS (you will receive a secure payment link from 'CAA PAYMENTS')

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and provided the supporting documentation (if applicable).

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges <u>List of Official Record Series 5</u> - 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 <a href="https://portal.caa.co.uk">https://portal.caa.co.uk</a> and selecting the Application Form Submission Service.

CAA USE ONLY	Applicant's name			Date of application	
Department:		Cor	tact Name:		
Job No:	Folio 1	No: CAA	Account Number	:	
Nominal Code:	Cost Ce	entre:	Da	te received	
The sum of £	has been	received by:		Date:	
Amount paid by:	Card	Bank Transfe	r*		
£	£				
*Receipt of Bank Transfer to b	e verified by Treasury.				
Bank Account No:		Sort	t Code:		
Is this part of a Company payr	nent? Yes	No	If Yes - Total a	mount paid:£	
Amount to be deducted from NATS account: £					
Enclosures:		FedEx paid Yes/No	Loaded by:	Signed/Despatched:	
Legal Entity Details					
Company – Date of incorpora	tion 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?					
Individual – Identification Dod	cument Details e.g. Pa	ssport/Driving Licence	э.		
Type of identification:					
Signature on ID checked again	ıst Form Signature:		Approp	oriately certified:	

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