

Application for an Alternative Means of Compliance (AltMOC) in relation to Implementing Rules under UK Regulation (EC) No. 2018/1139



Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

Please read the attached Guidance Notes before completing this form.

This form is configured to work best with Internet Explorer and Adobe Acrobat, for best results download the form to your computer and open it in your pdf viewer.

FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purposes 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 imprisonment or both.

1. APPLICANT TYPE

Individual	Complete Section 2.(a)	Limited Company	Complete Section 2.(b)
Partnership	Complete Section 2.(a)	Charity	Complete Section 2.(c)
Private Clubs	Complete Section 2.(a)	Ministry of Defence	Complete Section 2.(c)
(unless a Limited Liability Partnership or Limited Company)		Trust	Complete Section 2.(c)
Limited Liability Partnership	Complete Section 2.(b)	Public Educational Establishment (University/College)	Complete Section 2.(c)

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

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

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 APPROPRIATE SCHEME OF CHARGES RELEVANT TO THIS AltMOC APPLICATION (Tick one box only)

Air Operator and Police Air Operator Certification Scheme

Airworthiness, Noise Certification and Aircraft and Aircraft Engine Emissions Scheme

Personnel Licensing Scheme

Aerodrome Licensing and UK Certification and Aerodrome Air Traffic Services Regulation Scheme

Aerial Application Certificates Scheme

General Aviation Scheme

5. TECHNICAL INFORMATION	
a. Regulatory reference	
b. Subject	
c. Rule paragraph(s)	
d. UK AMC(s)	Yes Give Ref.: No
e. AltMOC in AMC format	
f. Summary of AltMOC	
g. Additional information (if any)	
h. Number and description of attachments	

6. CHARGES
<p>The charge(s) required as calculated in accordance with the relevant CAA Scheme of Charges (published in CAA Official Record Series 5) (www.caa.co.uk/ors5) to be paid on application are enclosed herewith.</p> <p>NB: This application will not be processed until the applicable charges have been received.</p> <p>Total charges included are: £</p> <p>Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:</p> <p>.....</p>
<p>IMPORTANT NOTES:</p> <p>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.</p> <p>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.</p> <p>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 for more information.</p>

7. FINANCIAL DECLARATION
<p>I am applying for an Alternative Means of Compliance (AltMOC) in relation to Implementing Rules under UK Regulation (EC) No. 2018/1139 I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.</p> <p>I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).</p> <p>I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.</p> <p>Name of Applicant (as shown in 2) :</p> <p>Signature of Applicant(named in 2)</p> <p>or Signature of Authorised Representative (named in 2b or c):</p> <p>Date:</p>

8. 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 \(caa.co.uk\)](https://portal.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 <https://portal.caa.co.uk> and selecting the Application Form Submission Service.

9. CAA USE ONLY – Date and signatures**ACCEPTANCE RECOMMENDED****NOT RECOMMENDED**

Date:	Signature: Name:
Section / Department	
Date:	Signature: Name: Capability Area Manager
Date:	Signature: Name: Policy Lead

CAA USE ONLY

Applicant's name **Date of application**

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:

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? if not, then does signatory have authority

Individual – Identification Document Details e.g. Passport/Driving Licence.

Type of identification:

Signature on ID checked against Form Signature: Appropriately certified:

Application for an Alternative Means of Compliance (AltMOC) in relation to Implementing Rules under UK Regulation (EC) No. 216/2008 - GUIDANCE NOTES

Please read these guidance notes before you complete the form.



- i) Section 2.(a-c) State the name and position of the person in the Operator to whom questions on this AltMOC should be addressed. Include at least the e-mail address and phone number of the Focal Point.
- ii) Section 5.(a) - State the Regulation that the AltMOC refers to (e.g. UK Regulation (EU) 965/2012, Annex IV).
- iii) Section 5.(b) - Briefly outline the issue that the AltMOC intends to address.
- iv) Section 5.(c) - State the paragraph(s) of the implementing rules to which the AltMOC refers to (e.g. CAT.IDE.A.325).
- v) Section 5.(d) - State whether or not there is already a UK AMC on the same issue. If yes, include the reference(s) (e.g. AMC 1 CAT.IDE.A.325).
- vi) Section 5.(e) - State the exact wording in the required format for the Acceptable Means of Compliance (AMC).
- vii) Section 5.(f) - Summarise the AltMOC, describing how it proposes to achieve compliance with the implementing rule.
- viii) Section 5.(g) - Give any additional relevant information.
- ix) Section 5.(h) - Indicate the number of documents attached and include a brief description of each of them (e.g. organisation's internal procedures, studies/safety assessments).
- x) The form should be signed by the person who has been indicated as the Focal Point in Section 2.