

# APPLICATION FOR APPROVAL OF /OR AMENDMENT TO A TRAINING PROGRAMME FOR A DECLARED TRAINING ORGANISATION

## UK Aircrew Regulation Annex VIII - Part - DTO



### Air Navigation Order 2016

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.

#### 1. DECLARANT TYPE

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

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

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

##### a) Individual (including sole traders and partnerships)

Title: ..... Forename: ..... Surname: .....  
Address: .....  
Country: ..... Postcode: .....  
Telephone: ..... Mobile Telephone: .....  
E-mail: .....  
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: .....  
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 declarant(s) named below.**

**c) An Unincorporated Association or other body**

Name of Unincorporated Association or other body: .....

Address: .....

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

Telephone: ..... Mobile Telephone: .....

E-mail: .....

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 REFERENCE NUMBER**

CAA Personal Reference/Training Organisation/ AOC No: .....

**5. TRAINING PROGRAMMES SUBMITTED FOR APPROVAL:**

Course Name	Tick if required	Full Title of Training Program with document number and version date
<b>Aeroplanes</b>		
Private Pilot Licence		
Aerobatics Rating		
Class Ratings (A)*(SEP, TMG etc)		
Night Rating		
Banner Towing Rating		
Flight Instructor (NPPL(A) Microlights only)		

Course Name	Tick if required	Full Title of Training Program with document number and version date
<b>Helicopters</b>		
Light Aircraft Pilot Licence		
Private Pilot Licence		
Night Rating		
Type Ratings (H)*		
<b>Sailplanes</b>		
Sailplane Pilot Licence		
TMG privileges		
Banner Towing Rating		
Night Rating		
Basic Instructor		
Flight Instructor		
Flight Instructor Refresher Course		
Flight Examiner Standardisation Course		
Flight Examiner Refresher Course		
<b>Balloons</b>		
Balloon Pilot Licence		
Class extension*		
Group extension*		
Night Rating		
Commercial non-Passenger		
Commercial Passenger		
Flight Instructor		
Flight Instructor Refresher Course		
Flight Examiner Standardisation Course		
Flight Examiner Refresher Course		
<b>Gyroplanes</b>		
Flight Instructor (Gyroplanes)		

Where any of the boxes indicated with \* have been ticked, please indicate the courses offered in the space below.

Course Name	Tick if required	Full Title of Training Program with document number and version date
<b>Aeroplane Class Ratings</b>		
SEP(Land)		
SEP(Sea)		
TMG		
<b>Helicopter Type Ratings</b>		
Bell 47		
Bell 47T		
Bell 206		
Bell 505		
Brantley B2		
SA 341/342		
EC120B Colibri		
Enstrom 28		
Enstrom 480		
Guimbal Cabri G2		
Hughes/Schweitzer 269		
Hughes/Schweitzer 330		
PZL SW-4		
R22		
R44		
R66		
Other		
<b>Balloons</b>		
Class - Hot-air		
Class - Gas		
Group A - hot-air balloons with maximum envelope capacity of 3400m <sup>3</sup>		
Group B – hot-air balloons with an envelope capacity between 3401m <sup>3</sup> and 6000m <sup>3</sup>		
Group C – hot-air balloons with an envelope capacity between 6001m <sup>3</sup> and 10500m <sup>3</sup>		
Group D – hot-air balloons with an envelope capacity of more than 10500m <sup>3</sup>		

## 6. CHARGES

Where charges are to be paid other than by the declarant, please enter the name of the person/company who is paying:

.....

If you want the CAA to quote a Purchase Order No. on your invoices, please provide the reference here:"

Purchase Order number:.....

### IMPORTANT NOTES:

**Additional Charges:** Where the cost of the CAA investigations exceeds the application charge payable, the declarant 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 declarant on demand.

**Withdrawal/Cancellation of Application:** In the event that this application is withdrawn or cancelled by the declarant, 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/ors5](http://www.caa.co.uk/ors5) for more information.

NB: This application will not be processed until the applicable charges have been received.

## 7. FINANCIAL DECLARATION

I am applying for an approval of or amendment to a Training Programme for a Declared Training Organisation.

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. I agree to pay the charges payable on application in accordance with the Scheme of Charges ([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)).

Name of Declarant: .....

(as shown in 2 (a), (b) or (c))

Signature of Applicant (named in 2 (a), (b) or (c)): .....

or Signature of Authorised Representative (named in 2 (a), (b) or (c)): .....

Date: .....

## 8. AGREEMENT TO RECEIVE ADDITIONAL INFORMATION (tick as appropriate)

I agree to receive:

Flight Crew Safety material from the CAA only

Safety material from authorised sources

## 9. 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://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://portalcaa.co.uk> and selecting the Application Form Submission Service.

**Please note that a minimum of 60 working days will normally be required to check and confirm the information given above - if data is missing or omitted the process may take considerably longer.**

<b>CAA USE ONLY</b>	<b>Declarant's name .....</b>	<b>Date of application .....</b>
Department: .....	Contact Name: .....	
Job No: .....	Folio No: .....	CAA Account Number: .....
Nominal Code: .....	Cost Centre: .....	Date received: .....
The sum of £..... has been received by: ..... Date: .....		
Amount paid by:	Card	Bank Transfer*
£ .....	£ .....	
* Receipt of Electronic Transfer to be verified by Treasury.		
Bank Account No: .....	Sort Code: .....	
Is this part of a Company payment?	Yes	No
If Yes - Total amount paid: £ .....		
Amount to be deducted from NATS account: £.....		
Enclosures: ..... FedEx paid Yes/No Loaded by: ..... Signed/Despatched: .....		
<b>Legal Entity Details</b>		
<b>Company</b> – 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 to sign? .....		
<b>Individual</b> – Identification Document Details e.g. Passport/Driving Licence.		
Type of identification: .....		
Signature on ID checked against Form Signature: ..... Appropriately certified: .....		