DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLARATION

UK AIRCREW, BALLOON AND SAILPLANE REGULATION(S) and AIR NAVIGATION ORDER 2016

Please read the included guidance notes before completing. Submission instructions can be found at the end of the form. 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	**An Initial Declaration** ☐		**Notification of a Change** ☐
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 declaration 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 declaration 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 declaration 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 declaration form on behalf of the Company, proof of that authority must be provided with the completed declaration form.

This declaration 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 declaration 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 declaration.

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. PRINCIPLE PLACE OF BUSINESS

Main Training Site Address or Training Site Address where a change to the Organisation Declaration is to include a new site or to include additional courses to an existing site.

Registered Office Address: .....

.....

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

Telephone: .....

E-mail: .....

6. PERSONNEL

a. Responsible Representative

Title: …… Forename: ……Surname: ……

Address: ……

…….. Postcode: ……..……

Telephone: …….. Mobile Telephone: ……

Email: ……..

Position in company……..

A photocopy of your valid passport or valid photo card driving licence must accompany your **declaration** as proof of identification. Failure to supply proof of identification may result in a delay to the **declaration** processing time.

In the case of a partnership, please complete details of all partners on a separate sheet (if applicable).

b. Head of Training

Title: …… Forename: …… Surname: ……

Address: …..……..

…….. Postcode: ……..……..

Telephone: …….. Mobile Telephone: ……

Email: ……..

Licence Number……..

A photocopy of your valid passport or valid photo card driving licence must accompany your **declaration** as proof of identification. Failure to supply proof of identification may result in a delay to the **declaration** processing time.

In the case of a partnership, please complete details of all partners on a separate sheet(if applicable).

c. Safety Representative

Title: …… Forename: …… Surname: ……

Address: ……..

…….. Postcode: ……..……

Telephone: …….. Mobile Telephone: ……

Email: ……..

A photocopy of your valid passport or valid photo card driving licence must accompany your **declaration** as proof of identification. Failure to supply proof of identification may result in a delay to the **declaration** processing time.

In the case of a partnership, please complete details of all partners on a separate sheet (if applicable).

7. TRAINING PROGRAMMES SUBMITTED FOR APPROVAL:		
Course Name	**Tick if required**	**Full Title of Training Program with document number and version date**
Aeroplanes	☐	
Private Pilot Licence	☐	
Aerobatics Rating	☐	
Class Ratings (A)*(SEP, TMG etc)	☐	See table below
Night Rating	☐	
Towing Rating (Banners)	☐	
Flight Instructor (NPPL(A) Microlights only)	☐	
Helicopters	☐	
Light Aircraft Pilot Licence	☐	
Private Pilot Licence	☐	
Night Rating	☐	
Type Ratings (H)*	☐	See table below
Sailplanes	☐	
Sailplane Pilot Licence (SPL)	☐	
TMG privileges	☐	
Night Rating	☐	
Banner Towing Rating	☐	
Basic Instructor	☐	
Flight Instructor	☐	
Flight Instructor Refresher training	☐	
Flight Examiner Standardisation course	☐	
Flight Examiner Refresher course	☐	
Balloons	☐	
Balloon Pilot Licence (BPL)	☐	
Commercial non-Passenger operations	☐	
Commercial passenger operations	☐	
Class extension*	☐	See table below
Group extension*	☐	See table below
Night Rating	☐	
Flight Instructor	☐	
Flight Instructor Refresher training	☐	
Flight Examiner Standardisation course	☐	
Flight Examiner Refresher Course	☐	
Gyroplanes	☐	
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
Aeroplane Class Ratings	☐	
SEP(Land)	☐	
SEP(Sea)	☐	
TMG	☐	
Helicopter Type Ratings	☐	
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	☐	
Balloons	☐	
Class - Hot-air	☐	
Class - Gas	☐	
Group A - hot-air balloons with maximum envelope capacity of 3400m³	☐	
Group B – hot-air balloons with an envelope capacity between 3401m³ and 6000m³	☐	
Group C – hot-air balloons with an envelope capacity between 6001m³ and 10500m³	☐	
Group D – hot-air balloons with an envelope capacity of more than 10500m³	☐	

8. TRAINING AIRCRAFT

- **Where insufficient space to complete all training aircraft, please photocopy this page and complete, clearly annotating the number of pages**

Please mark as N/A any items that do not apply to your declaration.

Type	Reg	Type	Reg	Type	Reg

9. SYNTHETIC FLIGHT TRAINING

- **Where there is insufficient space to complete all Flight Simulation Training Devices, please continue on additional sheet if required.**
- **Please mark as N/A any items that do not apply to your declaration**

Course FSTD used on	Base	Manufacturer	Operator (where different to declarant)	Serial no./ Declaration no.	Level (i.e. FNPT1, FNPT2, BITD or Simulator A,B,C,D)	Aircraft represented (FNPT only)	Number of hours of FSTD training	Number of Sessions

10. SUBCONTRACTED ACTIVITY (e.g:- Aircraft Maintenance Organisation)

Nature of Activity	Name of Subcontractor	Site

11. AERODROME PARTICULARS	
a) Name of Aerodrome and ICAO Designator (if applicable)	
b) If aerodrome is unlicensed, confirmation that safety assessment required in Article 209, ANO 2016 has been conducted.	Yes ☐ No ☐

c) Aerodrome address: .....

.....

Postcode: .....

12. ADDITIONAL TRAINING SITES
Continuation sheet for flight training courses, theoretical knowledge courses and but not Class / Type Rating courses.

- All Training Sites, should be audited for suitability in advance of any training by the declarant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated inspector.

Name of Aerodrome and ICAO designator (if applicable)	**Full Name & Address of Training Site, Base or Location of Course** (including Postcode and Telephone number)

- The main / primary training site and the address and contact details for this site should be clearly identified in Section 5 of the declaration form.

13. PROPOSED DATE TRAINING TO COMMENCE

Date (dd/mm/yyyy): …….

14. DECLARATION OF SAFETY POLICY

I hereby declare that …… (name of Organisation) has established and operates in accordance with a Safety Policy. This safety policy defines, at least the means and methods used for:

- hazard identification;
- risk assessment; and
- effectiveness of the mitigation measures (implementation and follow-up).

The safety policy additionally, takes into account procedures required for occurrence reporting pursuant to UK Regulation No 376/2014

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

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

Date:

15. 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 declaration 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 declaration you are advised to read the CAA Scheme of Charges to which this declaration relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this declaration by virtue of travelling overseas will be payable by the declarant on demand.

Withdrawal/Cancellation of Declaration: In the event that this declaration is withdrawn or cancelled by the declarant, the declaration 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 for more information.

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

16. 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 declaration are accurate.

I agree to pay the charges for this declaration accordance with the Scheme of Charges.

I agree to pay any additional charges which may become payable in respect of this declaration under the Scheme of Charges. I

agree to pay the charges payable on declaration in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

Name of Declarant: .....

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

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

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

Date: .....

17. 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 ☐

18. APPLICATION FORM SUBMISSION SERVICE (SUBMIT & PAY)

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

CAA USE ONLY **Applicant's name** ..... **Date of declaration** .....

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:.....

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 to sign? .....

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

Type of identification: .....

Signature on ID checked against Form Signature: ..... Appropriately certified: .....

DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLATATION UK Aircrew, Ballooon and Sailplane Regulation(s) Annex VIII - Part - DTO

Air Navigation Order 2016

GUIDANCE NOTES

Please read these guidance notes before you complete the form.

Section 1:

- **Initial Declaration:** this should be ticked where an declaration is for 'Initial' Declaration under UK Aircrew Annex VIII Regulation Part-DTO or Article 168A of the ANO 2016 for new applicants and Approved Training Organisations (ATO) wishing to make a declaration. Please advise current training organisation reference i.e. GBR.ATO.### for Approved Training Organisations.

- **Change to Declaration:** to be ticked when the declaration is to notify of any changes to the original declaration made under Part-DTO or the ANO 2016.

Section 1:

- **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 Responsible Representative of the company may wish to delegate responsibility for the completion of declaration 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 Responsible Representative .

Section 6:

A photocopy of your valid passport or valid photo card driving licence must accompany your declaration as proof of identification. Failure to supply proof of identification may result in a delay to the declaration processing time.

Section 7:

Training programmes must accompany ever course requested in section 6. More information on training programmes see CAP 1637.