

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 applicant(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):

4. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address (if different from above):
..... Postcode:

5. PERSONNEL

An operator must have a management organisation capable of exercising operational control and supervision over any flight operated under CAP 632. The information provided under this heading should give a clear picture of the chain of responsibility, appropriate to the size of the operation, for all major aspects of management. In addition, details of the accountable manager and nominated post holders are required.

Accountable Manager

Title: Forename: Surname:

Address:

Postcode:

Telephone: Mobile Telephone:

Email:

If an initial application or a variation which involves a change in accountable manager, please submit with this form a completed CAA Form 4 (SRG2815A). Failure to supply CAA Form 4 may result in a delay to the declaration processing time.

Please list the names of the personnel in the nominated positions and pilots as listed in your OCM. Please list any nominated roles within your organisation.

Nominated Role	Name
Accountable Manager	
Chief Pilot	
Chief Instructor	
Continuing Airworthiness Co-ord.	

6. OPERATIONS *Please list the aircraft that will be operated within your organisation under CAP632*

Aircraft Type	Aircraft Registration	Main Operating Base	A8-23/24 maintenance organisation and A8/25 continuing maintenance organisation

7. ACTIVITIES

Are you intending to conduct commercial operations with the aircraft that consist of operations other than fully remunerated flight training in accordance with Appendix 1 of CAP632.

YES NO

Type of proposed commercial Activity:

8. CONFIRMATION STATEMENT

I, as the accountable manager, confirm the following:

With this application I have submitted the Organisational Control Manual (OCM) and other documents required as detailed in the Submission Instructions (section 11)

I have read and understood CAP632 and its requirements

All aircraft hold (or will hold) a valid Permit to Fly with a current Certificate of Validity or equivalent

All Pilots will hold a current pilots licence and medical (Class 1 or Class 2) and where applicable hold a current Aircraft Type Rating Exemption.

The management system, documentation, including the OCM, comply with the requirements of CAP 632 and all flights will be carried out in accordance with the provision of the OCM as required by CAP 632.

I will notify the UK CAA without delay of any changes in circumstances affecting compliance with CAP632 or the Air Navigation Order

Signed:

Name: Date:

9. CHARGES

The charge(s) required as calculated in accordance with the CAA 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:

.....

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 applicant 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 applicant on demand.

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.

10. FINANCIAL DECLARATION

I am applying to operate in accordance with CAP632

I hereby 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:

Signature of Applicant or

Signature of Authorised Representative Date:

11. 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 \(caa.co.uk\)](http://www.caa.co.uk/ors5)

Important: Please save your completed form before proceeding.



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.

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:
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: