Application for Grant or Renewal of Parachute Permission or Special Parachute Permission





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, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine, and on conviction on indictment with a fine or imprisonment or both.

0. APPLICATION FOR PAR	RACHUTE PERMISSION (Comple	te separate application(s) if m	nore than one type)	
0.1 Parachute Training Organisation (PTO)				
For Parachute Training Organisation (PTO) applications, please complete application form SRG1313 .				
0.2 Parachute Display Te	eam (MOD supported) Initial	Renewal		
Name of Parachute Display Te	eam:			
CAA reference (if known):				
For British Skydiving supported	d Parachute Display Team applica	tions, please complete application	on form <u>SRG1313</u> .	
0.3 Special Parachute Pe	ermission Application only			
Name of organisation				
and/or Parachutist(s):				
Name of Event and Location:				
Date of Event (Include a				
Additional supporting informat	ion required for a special parachut	e permission:		
Copy of method statement, op	erations manual and SOP			
Copy of Risk Assessment for	proposed activity Details of aircraft	to be used		
Details of any other considera	tions (airspace, crowd separation e	etc)		
1. APPLICANT TYPE (Com	plete the applicable section)			
Individual	Complete Section 2a	Charity	Complete Section 2c	
Partnership	Complete Section 2h (unless	Ministry of Defence Trust	Complete Section 2c Complete Section 2c	
Private Clubs	Complete Section 2b (unless a Limited Liability Partnership	Public Educational	Complete Section 2c	
	or Limited Company)	Establishment (University/	·	
Limited Liability Partnership	Complete Section 2a	College)		
Limited Company	Complete Section 2b			
	he Applicant is the person respondered in respect of and, if appro			
a) individual (including sole		opriato, grantou or localou to,	the applicant(e) namea	
Title: Forename	:	Surname:		
Country:		Postcode:		
Telephone (Daytime):		Mobile:		
E-mail:				
Trading Name (if applicable):				
In the case of a partnership, p	lease complete details of all partne	ers. Continue on a separate she	et	

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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: Mobile:
E-mail:
Trading Name: (if applicable)
Trading Address (primary site):
Country: Postcode:
Website address:
Address for correspondence (if different to Registered Office Address):
Postcode:
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: Surname: Surname:
Position in Company:
Telephone : 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:
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:
Position:
Charity Number (if applicable):

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	KEY PERSONNI	EL .			
Pos		Name	Licence / FAI Cert	Qualifications/Rati	ngs
	ountable ager				
	ef Instructor O only)				
	m Leader olay Team only)				
	ef Pilot				
(PTC	O only)				
Rigg	jer/Equipment nber				
Othe (stat	ers: e post held)				
4.	DROP ZONE(S)				
No	Location		G	rid Ref	Notified in AIP (ENR 5.5)
1					
2					
3					
	CTAFFING				l
5. Prov	STAFFING vide summary of p	pilots, instructors, etc			

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6. <i>A</i>	6. AIRCRAFT IN USE / INTENDED TO BE USED			
No	Aircraft Type	Reg	C of A	CAMO
1				
2				
3				
4				
5				

7. DECLARATION

On behalf of the above-named organisation, I apply for the grant of a Permission to enable parachute dropping to be conducted
by the said organisation in the United Kingdom. I hereby undertake that all parachute operations made pursuant to a Permission
and any related Exemptions granted by the Civil Aviation Authority will be carried out in accordance with all the terms and
conditions thereof.

Signature:
Name (block capitals):
Status:
(Accountable Manager/Secretary/Manager/Chief Instructor/Team Leader etc.)
Date:

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 <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 https://portal.caa.co.uk and selecting the Application Form Submission Service.

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