Application for Grant or Renewal of Parachute Permission



This form can be completed on screen (preferred method) then printed, signed and submitted to British Skydiving for Parachute Training Organisations and Display Teams. Alternatively, print, then complete in BLOCK CAPITALS.

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.

APPLICATION FOR PARACHUTE PERMISSION (Complete separate application(s) if more than one type)

0.1 Parachute Training Org	• •		Renewal		
Name of PTO:					
CAA reference (if known):					
PTO Controlled Airspace Exemp	otion Initial	Renewal	I requested		
PTO Oxygen Exemption	Initial	Renewal	I requested		
0.2 Parachute Display Tean	n (British Skydiving	supported)	Initial Renewal		
Name of Parachute Display Tear	m:				
CAA reference (if known):					
For MOD supported Parachute D	Display Team applicat	ions, please o	complete application form SRG	<u>61313A</u> .	
0.3 Special Parachute Pern	nission				
For Special Parachute Permissio	on applications, please	e complete SF	RG1313A.		
1. APPLICANT TYPE (Comple		ection)			
Individual	Complete Section 2a		Charity Ministry of Defence	Complete Section 2c Complete Section 2c	
Partnership Private Clubs	Complete Section 2a Complete Section 2b	(unless	Trust	Complete Section 2c	
	a Limited Liability Part	nership	Public Educational Establishmen (University/College)	t Complete Section 2c	
Limited Liability Partnership	or Limited Company) Complete Section 2a		(Offiversity/College)		
Limited Company	Complete Section 2b				
		*			
2. APPLICANT DETAILS (The This application will be considered)			sible for payment of CAA ch		
a) individual (including sole tra	-		riate, granted or issued to, t	ne applicant(3) named	
Title: Forename:					
Address:					
Country:		Postcode:			
. , ,					
E-mail:					
Trading Name (if applicable):					
Website address:					
In the case of a partnership, please complete details of all partners. Continue on a separate sheet					

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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 Secret behalf of the Company.	tary or a person authorised by the Board to act on		
Title:	urname:		
Position in Company:			
Telephone : E-mail:			
If you are not a Director or Company Secretary and have been authoris Company, proof of that authority must be provided with the completed			
This application will be considered in respect of and, if appropriat	e granted or issued to the applicant(s)		
named below. c) An Unincorporated Association or other body	o, grantou or recursi to, the approach(e)		
c) All Officer porated Association of other body			
Name of Unincorporated Association or other body:			
Address:			
Country: Pos	stcode:		
Telephone: Mol	pile:		
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: Su	ırname:		
Position:			

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Charity Number (if applicable):

3. KEY PERSONNEL					
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. Lapply for the grant of a Permission to enable parachute dropping to be conducted					

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.)
Data:	

8. **SUBMISSION**

When completed, this form and any attachments should be sent, including any supporting documentation, to:

In the case of British Skydiving PTO or Display Teams, to: British Skydiving 5 Wharf Way

Glen Parva

Leicester LE2 9TF

info@britishskydiving.org

- ii) Details of current charges may be found in the Authority's Official Record Series 5. (www.caa.co.uk/ors5)
- iii) The minimum notice required by the CAA before a parachuting Permission and any related Exemptions can be granted is 30 working days from the date of receipt of a completed application. In the case of an initial application, the interval between the date of application and grant of Permission will depend primarily on matters within the control of the applicant and no undertaking can be given by the CAA to reach a decision within a particular period of time.

		British Skydiving office use only			
British Skydiving is satisfied that this applicant is a fit and competent person, having regard to his previous conduct and					
experience, their equipment, organisation, staffing and other arrangements, to safely organise the proposed parachuting operation					
	and to secure acceptable levels of safety in parachuting activities and associated aircraft operations. British Skydiving recommends				
		orations. British oryalving recommends			
the grant of a p	parachuting Permission under Article 90 of the Air Navigation Order 2016.				
4					
•	Ciamatuma				
	Signature:				
	Name (block capitals)				
	Status:	Date:			
_					
2					
	Signature:				
	Name (block capitals)				
	(2.22. 22)				
	Status:	Data			
	Status	Date			

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