Application for the issue of or a change to a UK Design Organisation Approval (DOA) or Alternative Procedures to DOA (ADOA) in accordance with Part 21.



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. APPLICABILITY

Please complete each section of this form relevant to your application. Sections that do not require completion should be left blank. Please use the Additional Information Section 7 where required.

Please complete either section 2a) or section 2b). For all registered Companies, please complete section 2a) only.					
2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)					
a) A Company					
Registered Company Name (in full):					
Company Registration Number:					
Country of Company Registration:					
Registered Office Address:					
Postcode:					
Telephone: Fax:					
E-mail:					
Trading Name: (if applicable)					
Trading Address (primary site):					
Postcode:					
Website address:					
This application will be considered in respect of and, if appropriate, granted to, the company registered under the Company number provided on this form.					
b) Individual (including sole traders and partnerships)					
Title: Surname: Surname:					
Postcode:					
Telephone: Fax:					
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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or c) An Unincorporated Association or other body					
Name of Unincorporated Association or other body:					
Address: ,,					
Country:	Postcode:				
Telephone:	Fax:				
Email:					
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. NATURE OF APPLICATION (Please tick applicable boxe	es)	Ţ			
	Initial Approval	Change of Company/ Trading Name*	Change to existing approval		
Part 21J (DOA) Design Organisation Approval					
Part 21J (DOA) Approval Categories:					
i) Type Certificates					
ii) Supplemental Type Certificates (STC) / Major Repairs					
iii) Minor Changes / Minor Repairs					
Part 21 Alternative Procedures to DOA (ADOA)					
Equipment Approval					
Supplemental Type Certificate per 21.A.112B(b)					
ELA2/engine/propeller per 21.A.14(b)					
Where applicable, please detail the scope of approval relevant *Change of Company/Trading Name of the approval holder application of the Company No. changes a new approval will be required. transferable.	pplies where the Comp	any Number rema			

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4. INITIAL APPLICATION REQUIREMENTS (Please tick a	pplicable boxes)	
Please submit the following information to enable the CAA to co the required information will result in the application being re		• •
		Attached
I. A completed CAA Regulation (EU) No 376/2014 Comp	liance Checklist.	
II. A copy of the company Certificate of Incorporation if you registered company.		
III. A completed SRG 1760 form (Principal Place of Busine is trading as a registered company	ss Key Facts form) if your organisation	
IV. Draft Design Organisation Handbook or ADOA Handbook		
V. Details of Nominated Personnel Form (Not required for AL SRG1705 / (SRG1769 Applicable from 01 July 2024)	OOA Applications)	
5. CHANGE OF COMPANY/TRADING NAME		
5. CHANGE OF COMPANT/TRADING NAME		
Please submit a copy of your company's Certificate of Incorport company names where applicable.	oration for new approval applications and c	changes to
CAA Approval Numbers affected by the Change of Company/Ti	rading Name):	
Existing Company/Trading Name:		
New Company/Trading Name:		
6. CHANGE TO EXISTING APPROVAL (INCLUSION OF NE	W SITE)	
For Changes to Terms of Approval – Provide details in se	ction 7.	
Site I:		
New or additional site address:		
	5	
Talanhana		
Telephone:	Fax:	
Email:	Web address:	
Site 2:		
New or additional site address:		
	Postcode:	
Telephone:	Fax:	
Emails	Woh addross	

7. ADDITIONAL INFORMATION
Composition information to be submitted for all Changes to Frieding American
Supporting information to be submitted for all Changes to Existing Approval:
 Copy of updated Design Organisation Handbook or ADOA Handbook supporting proposed change(s) A completed organisation Internal Audit Report (including objective evidence) to confirm the organisation is compliant
and ready for the Civil Aviation Authority (CAA) review.
8. CHARGES
IMPORTANT NOTES:
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.
If 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 charges 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.
NB: This application will not be processed until the applicable fees have been received.
9. FINANCIAL DECLARATION
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.
ragios to pay the onargos for this application in accordance with the contents of onargos.
Name of Applicant:
(as shown in 2a) or 2b))
Signature of Applicant (named in in 2g or 2h)).
Signature of Applicant (named in in 2a or 2b)):

10. APPLICATION FORM SUBMISSION SERVICE (SUBMIT)

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application and supporting documentation (if applicable). 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.

After receipt of your application, we will contact you using the contact details provided on this form to request payment of the relevant application fee. Please indicate your preferred payment method:

Email (you will receive a secure payment link from 'noreply@payments.caa.co.uk')

SMS (you will receive a secure payment link from 'CAA PAYMENTS')

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and provided the supporting documentation (if applicable).

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges <u>List of Official Record Series 5</u> - <u>Scheme of Charges (caa.co.uk)</u>

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.

CAA USE ONLY	A pplican	t's name	Date of application		
Department:		Contact Nam	e:		
Job No:	Folio No:	CAA	Account Number:		
Nominal Code:	Cost	: Centre:	. Date received		
The sum of £	has be	een received by:	Date:		
Amount paid by:	Card	Electronic Transfer*			
£ £		£			
* Receipt of Electronic Transfer to be verified by Treasury.					
Bank Account No:			Sort Code:		