

Application for an Alternative Means of Compliance (AltMOC) in relation to Implementing Rules under UK Regulation (EC) No. 2018/1139



Please complete this form online (preferred method) then print, sign and submit as instructed.
Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

Please read the attached Guidance Notes before completing this form.

This form is configured to work best with Internet Explorer and Adobe Acrobat, for best results download the form to your computer and open it in your pdf viewer.

FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purposes 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 an unlimited fine or imprisonment or both.

1. APPLICANT TYPE

Individual	Complete Section 2.(a)	Limited Company	Complete Section 2.(b)
Partnership	Complete Section 2.(a)	Charity	Complete Section 2.(c)
Private Clubs	Complete Section 2.(a)	Ministry of Defence	Complete Section 2.(c)
(unless a Limited Liability		Trust	Complete Section 2.(c)
Partnership or Limited Company)		Public Educational Establishment	Complete Section 2.(c)
Limited Liability Partnership	Complete Section 2.(b)	(University/College)	

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

a) Individual (including sole traders and partnerships)

Title: Forename: Surname:
Address:
Country Postcode:
Telephone: Fax:
E-mail: Mobile Telephone:
Trading Name: (if applicable)
Website address:
In the case of a partnership, please complete details of all partners. Continued on a separate sheet

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: Fax:
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: Fax:

E-mail: Mobile Telephone:

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. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address (if different from above):

..... Postcode:

4. CAA APPROPRIATE SCHEME OF CHARGES RELEVANT TO THIS AltMOC APPLICATION (Tick one box only)

Air Operator and Police Air Operator Certification Scheme

Airworthiness, Noise Certification and Aircraft and Aircraft Engine Emissions Scheme

Personnel Licensing Scheme

Aerodrome Licensing and UK Certification and Aerodrome Air Traffic Services Regulation Scheme

Aerial Application Certificates Scheme

General Aviation Scheme

5. TECHNICAL INFORMATION	
a. Regulatory reference	
b. Subject	
c. Rule paragraph(s)	
d. UK AMC(s)	Yes Give Ref.: No
e. AltMOC in AMC format	
f. Summary of AltMOC	
g. Additional information (if any)	
h. Number and description of attachments	

<p>6. CHARGES</p> <p>The charge(s) required as calculated in accordance with the relevant CAA Scheme of Charges (published in CAA Official Record Series 5) (www.caa.co.uk/ors5) to be paid on application are enclosed herewith.</p> <p>NB: This application will not be processed until the applicable charges have been received.</p> <p>Total charges included are: £</p> <p>Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:</p> <p>.....</p> <p>IMPORTANT NOTES:</p> <p>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.</p> <p>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.</p> <p>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.</p>
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<p>7. FINANCIAL DECLARATION</p> <p>I am applying for an Alternative Means of Compliance (AltMOC) in relation to Implementing Rules under UK Regulation (EC) No. 2018/1139 I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.</p> <p>I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).</p> <p>I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.</p> <p>Name of Applicant (as shown in 2) :</p> <p>Signature of Applicant (named in 2)</p> <p>or Signature of Authorised Representative (named in 2b or c):</p> <p>Date:</p>

8. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments as listed below, to:

Shared Service Centre
CAA, Aviation House
Gatwick Airport South West Sussex
RH6 0YR

Or email to apply@caa.co.uk

9. CAA USE ONLY – Date and signatures**ACCEPTANCE RECOMMENDED****NOT RECOMMENDED**

Date:

Signature: Name:

Section / Department

Date:

Signature: Name:
Capability Area Manager

Date:

Signature: Name:
Policy Lead

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:

If payment is received by cheque, attach a copy to this application form.

The sum of £..... has been received by: Date:

Amount paid by: Cheque Cash Card Bank Transfer*
£ £ £ £

* Receipt of Electronic Transfer to be verified by Treasury.

Cheque drawn against account of:

Bank Account No: Sort Code:

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

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

Type of identification:

Signature on ID checked against Form Signature: Appropriately certified:

Application for an Alternative Means of Compliance (AltMOC) in relation to Implementing Rules under UK Regulation (EC) No. 216/2008 - GUIDANCE NOTES



Please read these guidance notes before you complete the form.

- i) Section 2.(a-c) State the name and position of the person in the Operator to whom questions on this AltMOC should be addressed. Include at least the e-mail address and phone number of the Focal Point.
- ii) Section 5.(a) - State the Regulation that the AltMOC refers to (e.g. UK Regulation (EU) 965/2012, Annex IV).
- iii) Section 5.(b) - Briefly outline the issue that the AltMOC intends to address.
- iv) Section 5.(c) - State the paragraph(s) of the implementing rules to which the AltMOC refers to (e.g. CAT.IDE.A.325).
- v) Section 5.(d) - State whether or not there is already a UK AMC on the same issue. If yes, include the reference(s) (e.g. AMC 1 CAT.IDE.A.325).
- vi) Section 5.(e) - State the exact wording in the required format for the Acceptable Means of Compliance (AMC).
- vii) Section 5.(f) - Summarise the AltMOC, describing how it proposes to achieve compliance with the implementing rule.
- viii) Section 5.(g) - Give any additional relevant information.
- ix) Section 5.(h) - Indicate the number of documents attached and include a brief description of each of them (e.g. organisation's internal procedures, studies/safety assessments).
- x) The form should be signed by the person who has been indicated as the Focal Point in Section 2.

Payment Authorisation

This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink



1. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

Application for: Dated:
Original Applicant's Name:
Application Submission Number (ASN): or, Application form number (i.e SRGxxxx)
Registered Company or Trading Name: (if applicable)
Contact Telephone Number:

2. PAYMENT DETAILS

a) Payment type (please tick your chosen method of payment).

Visa Mastercard Debit Card Cheque/Banker's Draft Bank Transfer Cash (max.£1000)

The maximum single transaction using a Visa/Mastercard or Debit Card is limited to £25,000.

We do not accept American Express, Diners Club or JCB cards. **Cash payments** will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.

Cheques shall be made payable to 'Civil Aviation Authority'. Please write the CAA Application Form No. on the reverse of your cheque.

National Westminster Bank plc
Bloomsbury Parr's Branch
PO Box 158
214 High Holborn
London
WC1V 7BX

Account Name: Civil Aviation Authority
Account Number: 36029769
Sort Code: 60-30-06
Swift Code: NWBK GB 2L
IBAN: GB90 NWBK 6030 0636 0297 69

Please supply the following information:

Amount: £ BACS/CHAPS/ASN Reference*:

* When making a bank transfer please instruct your bankers to quote, i) in relation to an offline application, the CAA Application Form number followed by the application date (i.e. SRGXXXX ddmmyyyy) or ii) in relation to an online application, the Automatic Submission Number (ASN) (i.e. CAI-123).

Payer: Payers Email: Date of Transfer:

b) Card Details (for payment by Credit/Debit Card)

Card number:

Expiry date: / Security Code (last 3 digits on signature strip on reverse of card)

Debit cards only:

Start date: /

Amount: £

Issue No: (if applicable)

Name (as written on card):
(BLOCK CAPS)

Full postal address of card holder:

..... Postcode:

Card holder's signature:

Please tick box if paying with Company Card Company Name:

Do not send credit card details by email. If sending this form electronically, please leave this section blank and we will call you to confirm your card details at the time.