

DECLARATION FOR COMMERCIAL BALLOON OPERATOR AND CHANGE TO DECLARATION UNDER EASA REGULATION (EU) 2018/395



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

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 an unlimited fine or imprisonment or both.

Please read the Guidance on page 8 and CAP 1741 before completing this form

1. APPLICANT TYPE			
Initial Declaration	Variation of Declaration	Conversion of AOC(B)	
Individual	Complete Section 2 (a)	Charity	Complete Section 2 (b)
Partnership	Complete Section 2 (a)	Ministry of Defence	Complete Section 2 (c)
Private Clubs	Complete Section 2 (a) unless a Limited Liability Partnership or Limited Company	Trust	Complete Section 2 (c)
Limited Liability Partnership	Complete Section 2 (b)	Public Educational Establishment	Complete Section 2 (c)
Limited Company	Complete Section 2 (b)	(University/College)	

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

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

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:

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

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 REFERENCE NUMBER

CAA Personal Reference/Training Organisation/ AOC No:

5. PRINCIPLE PLACE OF BUSINESS

Main Training Site Address or Training Site Address where a change to the Organisation Declaration is to include a new site or to include additional courses to an existing site.

Registered Office Address:

.....

Country: Postcode:

Telephone: Fax:

E-mail:

6. PERSONNEL

Accountable Manager

Title: Forename: Surname:

Address:

Country Postcode:

Telephone: Fax:

E-mail: Mobile Telephone:

Position in company.....

A photocopy of your valid passport or valid photo card driving licence must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

In the case of a partnership, please complete details of all partners on a separate sheet (if applicable).

9. STATEMENTS

The operator complies, and will continue to comply, with the essential requirements set out in Annex V to Regulation (EC) No 2018/1139 and with the requirements of Regulation (EU) 2018/395.

In particular, the operator conducts its commercial operations in accordance with the following requirements of Subpart ADD of Annex II to Regulation (EU) 2018/395:

The management system documentation, including the operations manual, comply with the requirements of Subpart ADD and all flights will be carried out in accordance with the provisions of the operations manual as required by point BOP.ADD.005(b) of Subpart ADD.

All balloons operated either have a certificate of airworthiness issued in accordance with Regulation (EU) No 748/2012 or meet the specific airworthiness requirements applicable to balloons registered in a third country and subject to a wet lease agreement or a dry lease agreement, as required by points BOP.ADD.110 and BOP.ADD.115(b) and (c) of Subpart ADD.

All flight crew members hold a license and ratings issued or accepted in accordance with Annex I to Regulation (EU) No 1178/2011, as required by point BOP.ADD.300(c) of Subpart ADD.

The operator shall notify the competent authority without delay of any changes in circumstances affecting its compliance with the essential requirements set out in Annex V to Regulation (EC) No 2018/1139 and with the requirements of this Regulation, as declared to the competent authority, and of any changes in respect of the information referred to in point BOP.ADD.100(b) and the list of AltMoC referred to in point BOP.ADD.100(c), as included in or annexed to the declaration.

The operator shall notify the competent authority without delay when it is no longer engaged in commercial operations with balloons.

The operator confirms that all information included in this declaration, including its annexes, is complete and correct.

Name of Accountable Manager.

Signature..... of Accountable Manager.

Date:

For Official Use Only

Name of Declared Balloon Operator:

Declaration accepted on:

Declared Balloon Operator Reference Number:

Signed:

(Authorised for CAA)

Name (print)

10. CHARGES

The charge(s) required as calculated in accordance with the CAA Air Operator Scheme of Charges (published in CAA Official Record Series 5) (www.caa.co.uk/ors5) to be paid on application are enclosed herewith.

NB: This application will not be processed until the applicable charges have been received.

Total charges included are: £

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.

11. FINANCIAL DECLARATION

I am making a Declaration for a Commercial Balloon Operator or a Change to an existing Declaration or converting an AOC(B) under EASA Regulation (EU) 2018/395.

I hereby declare that to the best of my knowledge the particulars entered on this form are accurate.

I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges. I agree to pay the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

Name of Applicant:
(as shown in 2 (a), (b) or (c))

Signature of Applicant (named in 2 (a), (b) or (c)):
or Signature of Authorised Representative (named in 2 (a), (b) or (c)):

Date:

11. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments as listed below, to:
Approvals and Certifications, Shared Service Centre, CAA, Aviation House, Gatwick Airport South, West Sussex, RH6 0YR
or send this form and associated documentation to apply@caa.co.uk

Please note that a minimum of 60 working days will normally be required to check and confirm the information given above if data is missing or omitted the process may take considerably longer.

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:

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?	Yes	No
if not, then does signatory have authority to sign?	Yes	No

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

Type of identification:

Signature on ID checked against Form Signature: Appropriately certified:

Declaration for Commercial Balloon Operator and Change to Declaration under EASA Regulation (EU) 2018/395

GUIDANCE NOTES



Please read these guidance notes and CAP 1741 before you complete the form.

Section 1:

- a. **Initial Declaration:** this should be ticked where a declaration is for 'Initial' Declaration under EASA Regulation for new applicants wishing to make a declaration.
- b. **Change to Declaration:** to be ticked when the declaration is to notify of any changes to the original declaration made under EASA Regulation.
- c. **Registered Company Name and Number:** this is the legal name and reference number of the company as registered with Companies House or as detailed on the Company Certificate of Incorporation.
- d. **Trading Name and Address:** Where the company uses a name other than the above for trading / instructional purposes, this name should be annotated accordingly and the main base for training should also be detailed.
- e. **Authorised Representative of the Company:** The Accountable Manager of the company may wish to delegate responsibility for the completion of declaration forms to another Director of the company or to the designated Head of Training. Details of the nominee should be completed and relevant correspondence verifying this agreement should be forwarded from the Accountable Manager.

A photocopy of your valid passport or valid photo card driving licence must accompany your Declaration as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

Payment Authorisation



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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 individual's CAA reference number followed by the application date (i.e. 123456A 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:	/
Issue No:	(if applicable)

Amount: £

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.