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.

Individual (including sole traders and partnerships)

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 continuation box 7 where required.

Please complete either section 1 a) or section 1 b). For all registered Companies, please complete section 1 b) only.

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

Title: Forename:	Surname:
Address:	
	Postcode:
Telephone:	Fax:
E-mail:	
Trading Name: (if applicable)	
Website address:	
In the case of a partnership, please complete details of all pa	artners. Continued on a separate sheet
or b) 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 a Company number provided on this form.	ppropriate, granted to, the company registered under the

or c) An Unincorporated Association or other body	
Name of Unincorporated Association or other body:	
Country:	Postcode:
Telephone:	Fax:
Email:	Mobile Telephone:
Website address:	
Authorised Representative:	
This application is to be signed by a person or persons authors should normally be a member or members of the managing authorisation to act on behalf of the association or body should be a sociation or body should be	committee of the association or other body. Evidence of the
Title: Forename: Position: Charity Number (if applicable):	

	Initial	Change of Company/	Change to
	Approval	Trading Name*	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 to your application in Section 7. *Change of Company/Trading Name of the approval holder applies where the Company Number remains the same. If the Company No. changes a new approval will be required. Approvals granted to a sole trader/individual are non transferable.

	se submit the following information to enable the CAA to dequired information will result in the application being rej				
				Attached	
i.	Copy of EASA Approval Certificate		nod		
ii.	Copy of EASA approved Design Organisation Handbook (including any associated listings or referenced procedures)				
iii.	Copy of the latest EASA invoice showing the Annual Surveillance Charge for the EASA issued Part-21J (DOA) approval.				
iv.	Copy of EASA Approved Form 4 for all nominated sta	Approved Form 4 for all nominated staff			
٧.	Copy of EASA approval Certificate Copy of EASA approved Design Organisation Handbook (including any associated listings or referenced procedures) Copy of the latest EASA invoice showing the Annual Surveillance Charge for the EASA issued Part-21J (DOA) approval. Copy of EASA Approved Form 4 for all nominated staff A copy of the latest audit report(s) from the EASA containing all outstanding findings and related corrective action plan, as well as enforcement actions (if any). A completed organisation internal Audit Report (including objective evidence) to confirm the organisation is complaint to applicable regulation.				
vi.	A completed organisation internal Audit Report (including objective evidence) to confirm the organisation is complaint to applicable regulation.				
vii.	A completed CAA Regulation (EU) No 376/2014 Comp	pliance Checklist			
viii.	A copy of the company Certificate of Incorporation if y registered company.	your organisation is trading as a			
ix.	A completed SRG 1760 form (Principal Place of Busin is trading as a registered company	less Key Facts form) if your orga	nisation		
5. C	nange of Company/Trading Name				
	e submit a copy of your company's Certificate of Incorpany names where applicable.	poration for new approval applica	itions and ch	anges to	
CAA	Approval Numbers affected by the Change of Company	//Trading Name):			
Existi	ng Company/Trading Name:				
New	Company/Trading Name:				
	LANGE TO EVICTING APPROVAL (INCLUSION OF A	VEW OITE)			
	HANGE TO EXISTING APPROVAL (INCLUSION OF N	NEW SITE)			
Site	l:				
New	or additional site address:				
•	none:				
Emai	:	Web address:			
Site	2:				
New	or additional site address:				
Telep	none:	Fax:			
Fmai	:	Web address:			

7. CONTINUATION BOX
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.
Name of Applicant:
(as shown in 1 a) or 1 b))
Signature of Applicant (named in 1 a or 1b)):

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	Applicant	's name	Date of application
Donartmont		Contac	at Name
Department		Contac	ct Name:
Job No:	Folio No: .		CAA Account Number:
Nominal Code:	Cost	Centre:	Date received
The sum of £	has be	en received by:	Date:
Amount paid by:	Card	Electronic Transfer*	
£	£	£	
* Receipt of Electronic T	ransfer to be verified	I by Treasury.	
Bank Account No:			Sort Code: