Application for Approval to Operate a Performance Class A Two-Engined Aeroplane with an MOPSC of 19 or less at a range of 120 to 180 Minutes from an Adequate Aerodrome, without an ETOPS Approval



Complete Section 2(b)

Complete Section 2(c)

Complete Section 2(c)

Submission instructions can be found at the end of the form.

Complete Section 2(a)

Complete Section 2(a)

Complete Section 2(a) unless a

Limited Liability Partnership or

FALSE REPRESENTATION STATEMENT

1. APPLICANT TYPE

Individual

Partnership

Private Clubs

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.

Charity

Ministry of Defence

	Limited Company						
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 Applie	cant 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 trade	rs and partnerships)						
Title: Forename	e:	Surname:					
Address:							
Country		Postcode:					
Telephone:		Mobile Telephone:					
E-mail:							
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 considere Number provided on this form.	d in respect of and, if appropriate	e, granted to, the Company Name as registere	d under the Company				
b) A Company							
):						
Registered Company Number:							
Country of Company Registration:							
Registered Office Address:							
		5					
		Postcode:					
Telephone:							
E-mail:							
Trading Name: (if applicable)							
Trading Address (primary site):							
Country		Postcode:					
Website address:							

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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 si	gn 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, grante	d 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:	Mobile Telephone:					
E-mail:						
Websiteaddress:						
Authorised Representative:						
This application is to be signed by a person or persons authorised by the body or members of the managing committee of the association or other body. Ev						
should be provided with the application.	defice of the authorisation to act on behalf of the association of body					
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. AIRCRAFT DETAILS – Required for all Approval Requests						
Aeroplane type(s) or fleets						
Aeroplane Type, Fleet, or Variant	Registration(s)					

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processed.	
7. ANY FURTHER COMMENTS TO SUPPORT YOUR APPLICATION Please detail the scope of your intended operations here (e.g. intended route structure and adequate aerodromes).	
a cuanors	
8. CHARGES	
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 recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.	s to
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 CA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All experincurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.	A enses
Withdrawal/Cancellation of Application: In the event that this application is withdrawn or cancelled by the applicant, the application fee less t 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/ors5 for more information.	he
NB: This application will not be processed until the applicable charges have been received.	
9. FINANCIAL DECLARATION	
I am applying for approval to Operate a Performance Class A Two-Engined Aeroplane with an MOPSC of 19 or less at a range of 120 to 180 Min from an Adequate Aerodrome, without an ETOPS Approval.	utes
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.	
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)):	

This application must be supported with a fully completed Form SRG3100. Applications for approval without this document will not be

6. COMPLIANCE STATEMENT

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11. 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>-Scheme of Charges (caa.co.uk)

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.

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.

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CAA USE ONLY	Applicant's name			Date of application			
Department:		Contact	t Name:				
Job No:	Folio No:	CAAAco	count Number:				
Nominal Code:	Cost Centre:		Dat	e received			
The sum of £	has been received by		D	ate:			
Amount paid by:	Card	Bank Transfer*					
£	f	£					
* Receipt of Electronic Transfer to be verified by Treasury.							
Bank Account No:		Sort Co	de:				
Is this part of a Company paymen	t? Yes	No	If Yes - Total amo	ount paid:£			
Amount to be deducted from NATS account: £							
Enclosures: Signed/Despatched: 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?							
if not, then does signatory have authority to sign?							
Individual – Identification Document Details e.g. Passport/Driving Licence.							
Type of identification:							
Signature on ID checked against Fo	orm Signature:		Appropr	riately certified:			

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