

# Application for Initial Approval of a Type Rating Training Organisation and Variation to Type Rating Training Course Approvals (Aeroplanes and Helicopters) Under Article 168 of the Air Navigation Order 2016 (UK Annex II Aircraft only)

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



Unique Corporate No. (to be completed by CAA)

Please read attached Guidance Note on page 8 before completing this form.

1. APPLICANT TYPE			
Limited Liability Partnership	Complete Section 2. a)	Public Educational Establishment University/College	Complete Section 2. b)
Limited Company	Complete Section 2. a)	Individual (Sole Traders)	Complete Section 2. c)
Charity	Complete Section 2. b)	Partnership	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)	Private Clubs	Nominated Representative to Complete Section 2. c)
Trust	Complete Section 2. b)		

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

### a) A Company

Registered Company Name (in full): .....

Registered Company Number: .....

Country of Company Registration: .....

Registered Office Address: .....  
 ..... Postcode: .....

Telephone: .....

E-mail: .....

Trading Name: (if applicable) .....

Trading Address (primary site): .....  
 ..... 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, and who is thereby deemed to be the Accountable Manager.

Title: ..... Forename: ..... Surname: .....

Position in Company: .....

Telephone No: ..... E-mail: .....

If you are a 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 to, the Company Name as registered under the Company Number provided on this form.**

**or b) An Unincorporated Association or other body**

Name of Unincorporated Association or other body: .....  
Address: .....  
..... Postcode: .....  
Telephone: .....  
E-mail: ..... Mobile Telephone: .....  
Website address: .....

**Authorised Representative**

This application is to be signed by a person authorised by the body named above to act on behalf of it, and who is thereby deemed to be the Accountable Manager.

Title: ..... Forename: ..... Surname: .....  
Position: .....  
Charity Number (if applicable): .....

**or c) Individual (including sole traders and partnerships)**

Title: ..... Forename: ..... Surname: .....  
Address: .....  
..... Postcode: .....  
Telephone: .....  
E-mail: ..... Mobile Telephone: .....  
Trading Name: (if applicable) .....  
Website address: .....

A photocopy of your valid Passport or valid photocard 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. Continued on a separate sheet  (if applicable)

**3. TRAINING ORGANISATION CAA REFERENCE NUMBER (please complete one field only, where applicable)**

This is your current reference with the UK CAA	TRTO- .....	ATO- .....
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**4. APPLICATION (NB: All Applications must be made a minimum of 12 weeks in advance of the commencement date given below.)**

**Application for:** (see notes below and tick the relevant application)

Initial Approval for National Class / Type rating Course

Renewal / Continuation of Approval for National Class / Type rating Course

- **Initial Approval:** this should be ticked where an application is for 'Initial' National Class / Type rating Course approval i.e. where approval for this course has not previously been held.
- **Renewal of Approval:** this should be ticked where the application is to renew a lapsed approval or to continue an approval that will shortly lapse.

Proposed Date Training to commence:		Total number of sites, to be approved:	
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**5. MANAGEMENT STRUCTURE (as appropriate to the courses applied for)**

Post/Position	Full/Part time	Last Name	First Name	CAA Reference Number	Type of Licence held and State of issue
Accountable Manager					
Head of Training					
Deputy Head of Training					
Chief Flight Instructor					
Chief Theoretical Knowledge Instructor					
Quality Manager					
SMS Manager					

**6. ACCOMMODATION / FACILITIES (please tick relevant site and complete address field)**

Main Training Site Address

- A Floor Plan, including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site/facility.

Facilities	Location, Size, Number of Rooms, Maximum capacity
a) Details of Tenure of premises	
b) Lecture rooms/CBT Rooms	
c) Briefing cubicles	
d) Head of Training's office	
e) Chief Flight Instructor's office	
f) Chief Theoretical Knowledge Instructor's office	
g) Chief Synthetic Flight Instructor's office	
h) Flight Simulator Training Device bays	
i) Staff Room(s)	
j) Operations Room	
k) Flight Planning room(s)	
l) Student Rest Room(s)	
m) Lavatories Wash Room(s)	
n) Room(s) for administrative staff	
o) Library	
p) Examination room(s)	
q) Other amenities	

**7. AERODROME PARTICULARS**

a) Name of Aerodrome and ICAO Designator	
b) Type of licence	
c) Hours of operation	
d) Night flying permitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Air Traffic Services provided	
f) Navigation Aids (not required for FI Restricted courses)	
g) Availability and scope of Meteorology information (regulation and Display)	
h) Airways Entry point (not required for FI restricted courses)	

**8. TRAINING COURSES REQUESTED: CLASS / TYPE RATING SPECIFIC COURSES (A minimum 12 week's notice is required for the application)**

- Please tick/complete where requested

Full Name and Address of Site, Base and/or Location of Course	Class/Type/ Variants (inc Series)	Single- Pilot	Multi- Pilot	With Combined MCC	With ZFTT	Differences course		CCQ/STAR course		Maximum No. Students
						From	To	From	To	

**9. TRAINING AIRCRAFT (Please tick/complete those equipped with ADF and/or VOR and those with AH or AI)**

Type	Reg.	ADF/VOR	AH	AI	Type	Reg.	ADF/VOR	AH	AI	Type	Reg.	ADF/VOR	AH	AI

**10. SYNTHETIC FLIGHT TRAINING**

Course FSTD used on	Base	Manufacturer	Operator (where different to applicant)	Serial No./ Approval No.	Level (i.e. FNPT I, FNPT II, BITD or Simulator A,B,C,D)	Aircraft Represented (FNPT only)	Number of Hours of FSTD Training	Number of Sessions

**11. GROUND INSTRUCTION EQUIPMENT**

- Please mark as N/A any items that do not apply to your application

Types of training equipment available e.g. model aircraft, overhead projector, sectioned instruments, audio/recording equipment

Availability of reference publications (see Guidance)

Electronic format  Hard copy

**12. INSTRUCTIONAL STAFF**

• Please tick/complete where requested

(where there is insufficient space to complete all instructors, please photocopy the form and submit the additional pages, clearly annotating number of pages)

Last Name	First name	UK CAA Ref No. (or other reference if non-UK)	Base/Site	Full / Part time (indicate FT or PT)	Ground Instructor	Class Rating Instructor ME	Type Rating Instructor (TRI) (specify type)	Synthetic Flight Instructor (SFI) (specify type)	Synthetic Training Instructor (STI)	MCC Instructor (MCCI)	Other Instructor (please specify)
			Tick or complete as appropriate								

### 13. CHARGES

Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

.....

#### 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 Approval:** In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by the CAA on behalf of the applicant up to the point of cancellation. Please see the CAA Refunds Policy at [List of Official Record Series 5 - Scheme of Charges](#) for more information. Where sufficient funds remain from the original application charge, this charge will be deducted from any refund made in respect of the application following cancellation.

### 14. 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 ([www.caa.co.uk/ors5](http://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.

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

Signature of Applicant (named in 2 c): .....

or Signature of Accountable Manager (named in 2 a) or 2 b)): .....

Date: .....

#### 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.

## 15. SUBMISSION INSTRUCTIONS

### Checklist for submission (All applicants):

SRG1175

Number of Key post holder nominations - (Form SRG1180)

Floor Plan and Photos (per site)

Operations Manual (inc. Checklist)

Training Manual (inc. Checklist)

Safety Management System Manual (inc. Checklist)

Number of copies of FSTD Qualification Certificates

Photocopy of PHOTO ID

(Passport or Photocard Driving Licence for Individuals)

**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 [List of Official Record Series 5 - 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.



**Guidance Note 1**

**Section 2: Applicant Details**

- **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.
- **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.
- **Authorised Representative of the Company:** The Accountable Manager of the company may wish to delegate responsibility for the completion of application 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.

**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:            Card            Electronic 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? .....

    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 Form Signature:  .    Appropriately certified: