

National Approved Training Organisations – (Gyroplanes)



Please read the included guidance notes before completing. Submission instructions can be found at the end of the form.

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.

Initial application

Variation of approval.

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

*Nominated Representative to Complete Section 2

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: Email:

Trading Name: (if applicable):

Trading Address (primary site): Postcode:

Website:

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 deemed to be the Responsible Person in respect of applications in accordance with CAP1667

Title: Forename: Surname:

Position in Company:

Telephone: Email:

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 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: Mobile Telephone:
Website address: Email:

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 deemed to be the Responsible Person in respect of applications in accordance with CAP1667

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

or c) An individual (including sole traders and partnerships)

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

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)

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

ATO-.....	DTO-.....	OCP-.....
-----------	-----------	-----------

4. 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). Postcode: Country:
--	---

5. PERSONNEL

5a. Accountable Manager

Title: Forename: Surname:
Address:
..... Postcode:
Telephone: Mobile Telephone:
Email:
Position in company: Licence number: (if applicable)

b. Head of Training

Title: Forename: Surname:
Address:
..... Postcode:
Telephone: Mobile Telephone:
Email:
Position in company: Licence number: (if applicable)

8. INSTRUCTIONAL STAFF (Please mark as N/A any items that do not apply to your application.)			
<ul style="list-style-type: none"> Where insufficient space to complete all instructional staff, please photocopy this page and complete, clearly annotating the number of pages 			
Name and Licence number	Course	Name and Licence number	Course

9. SUBCONTRACTED ACTIVITY		
Nature of Activity	Name of Subcontractor	Site

10. AERODROME PARTICULARS (MAIN SITE)	
a) Name of Aerodrome and ICAO Designator (if applicable)	
b) If aerodrome is unlicensed, confirmation that safety assessment required in Article 209, ANO 2016 and as per CAP793 has been conducted.	Yes No
c) Aerodrome address:	
..... Postcode:	

11. ADDITIONAL TRAINING SITES (Please indicate which courses will be offered at any additional bases.)	
<ul style="list-style-type: none"> All Training Sites should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated inspector. 	
Name of Aerodrome and ICAO designator (if applicable)	Full Name & Address of Training Site, Base or Location of Course (including Postcode and Telephone number)
Proposed date training to commence:	

12. DECLARATION

I am applying for

- Approval as a National Approved Training Organisation (Gyroplanes) offering the above-mentioned training programme(s) in accordance with CAP1667 and Standards Document 44
- Variation of an existing National Approved Training Organisation (Gyroplanes) Approval

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).

I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

The organisation named at Section 2 above, its personnel, the above-mentioned training programmes and alternative means of compliance comply with the requirements of CAP1667 and Standards Document 44.

All training aircraft used hold a valid certificate of airworthiness and comply with the requirements of the UK Air Navigation Order.

Changes to this application or cessation of training activities will be notified to the Civil Aviation Authority in accordance with CAP1667.

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

Signature of Applicant: Date:
(as named in 2 (a), (b) or (c))

OR

Name of authorised representative:

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

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 declaration you are advised to read the CAA Scheme of Charges to which this declaration relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this declaration by virtue of travelling overseas will be payable by the applicant on demand.

Withdrawal/Cancellation of Declaration: 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 www.caa.co.uk/refunds 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 declaration following cancellation.

14. APPLICATION FORM SUBMISSION SERVICE (SUBMIT & PAY)

Checklist for submission (All applicants):

SRG1331 (this form)

Key post holder nominations - (Form SRG2115Gyro)

Floor Plan and Photos (per site)

Operations Manual

Training Manual, in separate sections per course

Safety Management System Manual / Compliance Monitoring Manual

Letter of Agreement from Airfield Manager for Training Operations to commence

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.

15. Guidance Notes

Application Type

- **Initial Application:** this should be ticked where an application is for 'Initial' application under CAP 1667 for new applicants, Registered Facilities and Approved Training Organisations wishing to make a declaration. Please advise current training organisation reference if applicable. i.e. OCP### for a Registered Facility and GBR.ATO.### for Approved Training Organisations if relevant.
- **Variation to approval:** to be ticked when the application is to apply to add a course under CAP1667 and Standards Document 44.

Section 2:

- **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.

Section 5:

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.

Section 6:

Training programmes should be included in the Training Manual