# DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLARATION UNDER UK AIRCREW REGULATION ANNEX VIII - PART - DTO



Notification of a Change

Complete Section 2(b)

Complete Section 2(c)

Complete Section 2(c)

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

**An Initial Declaration** 

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

Trust

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         | Applicant is the person response   | onsible for payment of CAA charges)       |                           |
|                                   |                                    | ropriate, granted or issued to, the appli | cant(s) named below.      |
| a) Individual (including sole t   | raders and partnerships)           |   |                           |
| Title: Forenam                    | ne:                                | Surname:                                  |                           |
| Address:                          |                                    |   |                           |
| Country                           |                                    | Postcode:                                 |                           |
| Telephone:                        |                                    | Mobile Telephone:                         |                           |
| E-mail:                           |                                    |   |                           |
| Trading Name: (if applicable)     |                                    |   |                           |
| Website address:                  |                                    |   |                           |
| In the case of a partnership, ple | ease complete details of all partr | ners. Continued on a separate sheet       |                           |
|                                   |                                    |   |                           |
|                                   |                                    | ropriate, granted to, the Company Nam     | e as registered under the |
| b) A Company                      | on this form.                      |   |                           |
|                                   | £.JIV.                             |   |                           |
|                                   |                                    |   |                           |
| Registered Company Number:        |                                    |   |                           |
| Country of Company Registrati     | on:                                |   |                           |
| Registered Office Address:        |                                    |   |                           |
|                                   |                                    | 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 Company.   | or a person authorised by the Board to act on behalf of the       |
| Title: Forename:  | Surname:  |
| Position in Company:  |   |
| Telephone No: E-mail: Language of the company Secretary and have been authorised to 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  | g(e)  |
| Name of Unincorporated Association or other body:   |   |
| Address:  |   |
| Country:  | Postcode:   |
| Telephone:  | Mobile Telephone:   |
| E-mail:   |   |
| Website address:  |   |
| Authorised Representative   |   |
| This application is to be signed by a person or persons authorised by the bea  member or members of the managing committee of the association 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 additional courses to an existing site.   | e Organisation Declaration is to include a new site or to include |
| Registered Office Address:  |   |
|   |   |
| Country:  | Postcode:   |
| Telephone.  |   |

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| 6. PERSONNEL   |
|--|
| a. Responsible Representative  |
|  |
| Title: Forename:Surname:   |
| Address:   |
| Postcode:  |
| Telephone: Mobile Telephone:   |
| Email:   |
| 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).   |
| b. Head of Training  |
|  |
| Title: Forename: Surname:  |
| Address:   |
| Postcode:  |
| Telephone: Mobile Telephone:   |
| Email:   |
| Licence Number   |
| 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).  |
| c. Safety Representative   |
|  |
| Title: Forename:   |
| Address:   |
| Postcode:  |
| Telephone:   |
| Email:   |
| 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).   |

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| 7. TRAINING PROGRAMMES SUBMITTED FOR APPROVAL:        |                  |  |  |  |
|---|------------------|--|--|--|
| Course Name   | Tick if required | Full Title of Training Program with document number and version date |  |  |
| Aeroplanes  |                  |  |  |  |
| Light Aircraft Pilot Licence                          |                  |  |  |  |
| Light Aircraft Pilot Licence to Private Pilot Licence |                  |  |  |  |
| Private Pilot Licence                                 |                  |  |  |  |
| Aerobatics Rating                                     |                  |  |  |  |
| Class Ratings (A)*(SEP, TMG etc)                      |                  |  |  |  |
| Night Rating  |                  |  |  |  |
| Towing Rating (Banners/Sailplanes/Both)               |                  |  |  |  |
| Helicopters   |                  |  |  |  |
| Light Aircraft Pilot Licence                          |                  |  |  |  |
| Light Aircraft Pilot Licence to Private Pilot Licence |                  |  |  |  |
| Private Pilot Licence                                 |                  |  |  |  |
| Night Rating  |                  |  |  |  |
| Type Ratings (H)*                                     |                  |  |  |  |
| Sailplanes  |                  |  |  |  |
| Light Aircraft Pilot Licence                          |                  |  |  |  |
| Sailplane Pilot Licence                               |                  |  |  |  |
| Cloud Flying Rating                                   |                  |  |  |  |
| TMG Extension   |                  |  |  |  |
| Flight Instruction                                    |                  |  |  |  |
| Flight Instructor Seminars                            |                  |  |  |  |
| Flight Examiner                                       |                  |  |  |  |
| Flight Instructor Examiner                            |                  |  |  |  |
| Flight Examiner Seminars                              |                  |  |  |  |
| Flight Instructor Examiner Seminars                   |                  |  |  |  |
| Balloons  |                  |  |  |  |
| Light Aircraft Pilot Licence (Balloons)               |                  |  |  |  |
| Balloon Pilot Licence                                 |                  |  |  |  |
| Tethered extension                                    |                  |  |  |  |
| Class extension*                                      |                  |  |  |  |
| Group extension*                                      |                  |  |  |  |
| Night Rating  |                  |  |  |  |
| Flight Instructor                                     |                  |  |  |  |
| Flight Instructor Seminars                            |                  |  |  |  |
| Flight Examiner                                       |                  |  |  |  |
| Flight Instructor Examiner                            |                  |  |  |  |
| Flight Examiner Seminars                              |                  |  |  |  |
| Flight Instructor Examiner Seminars                   |                  |  |  |  |

Where any of the boxes indicated with \* have been ticked, please indicate the courses offered in the space below.

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| Course Name  | Tickif<br>required | Full Title of Training Program with document number and version date |
|--|--------------------|--|
| Aeroplane Class Ratings  |                    |  |
| SEP(Land)  |                    |  |
| SEP(Sea)   |                    |  |
| TMG  |                    |  |
| Helicopter Type Ratings  |                    |  |
| Bell 47  |                    |  |
| Bell 47T   |                    |  |
| Bell 206   |                    |  |
| Bell 505   |                    |  |
| Brantley B2  | +                  |  |
| SA 341/342   |                    |  |
| EC120B Colibri   |                    |  |
| Enstrom 28   |                    |  |
| Enstrom 480  |                    |  |
| Guimbal Cabri G2   |                    |  |
| Hughes/Schweitzer 269  |                    |  |
| Hughes/Schweitzer 330  |                    |  |
| PZL SW-4   |                    |  |
| R22  |                    |  |
| R44  |                    |  |
| R66  |                    |  |
| Other  |                    |  |
| Balloons   |                    |  |
| Class - Hot-air  |                    |  |
| Class - Gas  |                    |  |
| Group A - hot-air balloons with maximum envelope capacity of 3400m³ Group B – hot-air balloons with an envelope capacity between 3401m³ and 6000m³         |                    |  |
| Group C – hot-air balloons with an envelope capacity between 6001m³ and 10500m³  Group D – hot-air balloons with an envelope capacity of more than 10500m³ |                    |  |

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|                                 |                     | y items that do no                                       |              |   |                                   | d complete, clearly annotati                               | go or pug                        | ,                                      |                      |
|---------------------------------|---------------------|--|--------------|---|-----------------------------------|--|----------------------------------|--|----------------------|
| Type                            |                     | Reg  |              | Т   | ype                               | Reg  | Туре                             |  | Reg                  |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   |  |                                  |  |                      |
| SYNTHETIC FLIC                  |                     |  |              |   |                                   |  |                                  |  |                      |
|                                 |                     |  |              |   |                                   | ase continue on additional s                               | sheet if required.               |  |                      |
| • Please                        |                     | cient space to comp<br>any items that do<br>Manufacturer | not apply to |   |                                   | Level (i.e. FNPT1,<br>FNPT2, BITD or<br>Simulator A,B,C,D) | Aircraft represented (FNPT only) | Number of<br>hours of FSTD<br>training |                      |
| Please ourse FSTD               | mark as N/A         | any items that do  | not apply to | o your applicat<br>tor (where                                 | Serial no./<br>Declaration        | Level (i.e. FNPT1,<br>FNPT2, BITD or                       | Aircraft represented             | hours of FSTD                          |                      |
| Please ourse FSTD used on       | mark as N/A<br>Base | any items that do  | Operat       | o your applicat<br>tor (where<br>to applicant)                | Serial no./<br>Declaration        | Level (i.e. FNPT1,<br>FNPT2, BITD or                       | Aircraft represented             | hours of FSTD                          |                      |
| Please  Course FSTD     used on | mark as N/A<br>Base | Manufacturer Y (e.g:- Aircraft Mair                      | Operat       | o your applicat<br>tor (where<br>to applicant)<br>ganisation) | Serial no./<br>Declaration        | Level (i.e. FNPT1,<br>FNPT2, BITD or<br>Simulator A,B,C,D) | Aircraft represented             | hours of FSTD                          | Number o<br>Sessions |
| Please Course FSTD     used on  | Base                | Manufacturer Y (e.g:- Aircraft Mair                      | Operat       | o your applicat<br>tor (where<br>to applicant)<br>ganisation) | Serial no./<br>Declaration<br>no. | Level (i.e. FNPT1,<br>FNPT2, BITD or<br>Simulator A,B,C,D) | Aircraft represented             | hours of FSTD<br>training              |                      |
| Please  ourse FSTD     used on  | Base                | Manufacturer Y (e.g:- Aircraft Mair                      | Operat       | o your applicat<br>tor (where<br>to applicant)<br>ganisation) | Serial no./<br>Declaration<br>no. | Level (i.e. FNPT1,<br>FNPT2, BITD or<br>Simulator A,B,C,D) | Aircraft represented             | hours of FSTD<br>training              |                      |

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| 11. AERODROME PARTICULARS   |  |  |
|---|--|--|
| a) Name of Aerodrome and ICAO   | Designator (if applicable)   |  |
|   | nfirmation that safety assessment  | Yes No   |
| c)Aerodrome address:  |  |  |
| Postcode:   |  |  |
| 12. ADDITIONAL TRAINING SITES Continuation sheet for flight training co   | ourses, theoretical knowledge courses and  | but not Class / Type Rating courses.                     |
|   | ted for suitability in advance of any trainin<br>ilable at the time of any CAA audit or forw |  |
| Name of Aerodrome and ICAO designator (if applicable)   |  | g Site, Base or Location of Course and Telephone number) |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| <ul> <li>The main / primary training site<br/>5 of the declaration form.</li> </ul>                             | and the address and contact details for the  | nis site should be clearly identified in Sect            |
| 13. PROPOSED DATE TRAINING TO   | O COMMENCE   |  |
| Date (dd/mm/yyyy):  |  |  |
| 14. DECLARATION OF SAFETY PO  | LICY   |  |
|   | (name of Policy. This safety policy defines, at leas   |  |
| <ul><li>hazard identification;</li><li>risk assessment; and</li><li>effectiveness of the mitigation n</li></ul> | neasures (implementation and follow-up).   |  |
| The safety policy additionally, takes i Regulation (EU) No 376/2014 (cf. GN                                     | nto account procedures required for occu<br>M1 DTO.GEN.210(a)) as retained in (and a         | rence reporting pursuant to UK<br>amended by) UK Law.    |
| Signature of Applicant (named in 2 (a   | a), (b) or (c)):   |  |
| or Signature of Authorised Represen   | tative (named in 2 (a), (b) or (c)):   |  |
| Date:   |  |  |

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| 15. 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:"  |
| Divisions Order symptom  |
| Purchase Order number:   |
| IMPORTANT NOTES:   |
| <b>Additional Charges:</b> 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 <a href="https://www.caa.co.uk/ors5">www.caa.co.uk/ors5</a> for more information.

| NB: This application will not be processed until the applicable charges have been received.                                |
|--|
|  |
| 16. FINANCIAL DECLARATION  |
| I am applying for an approval of or amendment to a Training Programme for a Declared Training Organisation.                |
| 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 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 Penresentative (named in 2 (a), (b) or (c)):  |

| 17. AGREEMENT TO RECEIVE ADDITIONAL INFORMATION (ti | ick as appropriate) |
|---|---------------------|
|---|---------------------|

I agree to receive:

Flight Crew Safety material from the CAA only

Safety material from authorised sources

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# 18. APPLICATION FORM SUBMISSION SERVICE (SUBMIT & PAY)

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application, supporting documentation (if applicable) and to make payment by credit/debit card. 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.

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and paid the relevant fee.

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 <a href="https://portal.caa.co.uk">https://portal.caa.co.uk</a> 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.

| CAA USE ONLY                      | Applicant's name             |                     |                   | Date of application |
|-----------------------------------|------------------------------|---------------------|-------------------|---------------------|
| Department:                       |                              | Conta               | ct Name:          |                     |
| Job No:                           | Folio No: .                  | CAA                 | Account Number:   |                     |
| Nominal Code:                     | Cost Centre                  | ::                  | Dat               | e received          |
| The sum of £                      | has been receiv              | ved by:             |                   | Date:               |
| Amount paid by:                   | Card                         | Bank Transfer*      |                   |                     |
| £                                 | £                            |                     |                   |                     |
| * Receipt of Electronic Transfer  | r to be verified by Treasury | <b>y</b> .          |                   |                     |
| Bank Account No:                  |                              | Sort (              | Code:             |                     |
| Is this part of a Company paym    | ent? Yes                     | No                  | If Yes - Total ar | mount paid:£        |
| Amount to be deducted from N      | ATS account: £               |                     |                   |                     |
| Enclosures:                       | Fed                          | IEx paid Yes/No Lo  | aded by:          | Signed/Despatched:  |
| Legal Entity Details              |                              |                     |                   |                     |
| Company – Date of incorporat      | ion of Company:              |                     |                   |                     |
| If declaration is signed on beha  | alf of a Company:            |                     |                   |                     |
| is declaration signed by a Direct | ctor or Company Secretar     | y?                  |                   |                     |
| if not, then does signatory have  | e authority to sign?         |                     |                   |                     |
| Individual – Identification Docu  | ument Details e.g. Passpo    | rt/Driving Licence. |                   |                     |
| Type of identification:           |                              |                     |                   |                     |
| Signature on ID checked agains    | st Form Signature:           |                     | Approp            | riately certified:  |

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# DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLATATION Under UK Aircrew Regulation Annex VIII - Part - DTO GUIDANCE NOTES



Please read these guidance notes before you complete the form.

### Section 1:

- Initial Declaration: this should be ticked where an application is for 'Initial' Declaration under UK Aircrew Annex VIII Regulation Part-DTO for new applicants, Registered Facilities and Approved Training Organisations wishing to make a declaration. Please advise current training organisation reference i.e. OCP### where is a Registered Facility and GBR.ATO.### for Approved Training Organisations.
- Change to Declaration: to be ticked when the declaration is to notify of any changes to the original declaration made under UK Regulation Annex VIII.

### Section 1:

- 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.

### Section 6:

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 7:

Training programmes must accompany ever course requested in section 6. More information on training programmes see CAP 1637.

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