# Application for a Helicopter Offshore Operations Specific Approval (HOFO) (SPA.GEN.105 & SPA.HOFO.105)

Complete Section 2(a)

Complete Section 2(a)

Complete Section 2(c)



Complete Section 2(c)

Complete Section 2(c)
Complete Section 2(c)

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

### **FALSE REPRESENTATION STATEMENT**

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

	(unless a Limited Liability Partnership or Limited Company)	Public Educational Establishment Complete Section 2(c) (University/College)		
Limited Liability Partnership Limited Company	Complete Section 2(b) Complete Section 2(b)			
Limited Company	Complete Section 2(b)			
O ADDITIONAL DETAIL O /TI	A 11 4 4 4			
	Applicant is the person responsi	riate, granted or issued to, the applicant(s) named below.		
a) Individual (including sole		nate, granted or issued to, the applicant(s) named below.		
	e:	Surname:		
Telephone:		······ Mobile Telephone:		
E-mail:		·		
Trading Name: (if applicable)				
Website address:				
In the case of a partnership, ple	ase complete details of all partners	. Continued on a separate sheet		
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.				
b) A Company				
Registered Company Name (in	full):			
Registered Company Number: .				
Country of Company Registration	on:			
Registered Office Address:				
		Postcode:		
Telephone:				
E-mail:				
Trading Name: (if applicable)				
Trading Address (primary site): .				
Country		Postcode:		
Website address:				
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 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, g	ranted 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:			
E-mail:	Mobile Telephone:		
Website address:			
Authorised Representative			
This application is to be signed by a person or persons authorised by the body named above to act on behalf of it. This should normally be a member or members of the managing committee of the association or other body. Evidence of the authorisation to act on behalf 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			

# 5. CHARGES

**Note to all customers:** All original documents submitted by the customer and CAA issued documents, will be returned by secure courier and are subject to the appropriate charge as detailed on our website; please click attached link "Courier Charge". The courier charge will be added to the relevant charge within Section 7 below and payable with application.

Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to re-issue the CAA documents, 15 working days after the original date of despatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by normal service.

If you wish to opt out of document return by secure courier, please tick box.

**Please note:** The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.

#### 6. HOFO COMPLIANCE DOCUMENTATION

The HOFO Compliance documentation is attached to this application.

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#### 7. CHARGES

#### ADDITIONAL CHARGE WHERE FUNCTIONS ARE PERFORMED OUTSIDE THE UNITED KINGDOM

An additional charge will be payable over and above the charges shown above where, in connection with any function in respect of which a charge is specified in this Section, the CAA deems it necessary for a Member or employee of the CAA or any other person appointed to act on behalf of the CAA to travel outside the country in which such person is normally stationed.

The applicant or holder shall pay the CAA on demand, in addition to the appropriate charge specified in this Section, a charge of such amount as may be decided and invoiced by the CAA having regard to the expense thereby incurred by it.

The additional charge shall not exceed, for each employee of the CAA or each person appointed to act on behalf of the CAA, a maximum of £57,943 per function in respect of which a charge is specified in this Section, during which each such Member or employee or any other person appointed to act on behalf of the CAA is absent from the country in which he is normally stationed. The charge is payable on demand.

For the purpose of this paragraph the United Kingdom, the Isle of Man and the Channel Islands shall be treated as one country. NB: This application will not be processed until the applicable charges have been received.

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:**

**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 www.caa.co.uk/ors5 for more information.

8. 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.		
I agree to pay any additional charges which may become payable in respect of this application as stated under Section 7 above.		
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)):		
Date:		

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## 9. 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 paid the relevant fee.

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges <u>List of Official</u> Record <u>Series 5 - 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 <a href="https://portal.caa.co.uk">https://portal.caa.co.uk</a> and selecting the Application Form Submission Service.

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	Bank Transfer*			
£	£			
* Receipt of Electronic Transfer to be verified by Treasury.				
Bank Account No: Sort Code:				
Is this part of a Company pa	yment? Yes N	o If Yes - Total amount paid:£		
Amount to be deducted from NATS account: £				
Enclosures: Signed/Despatched: 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:				

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