

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 (EASA Annex II Aircraft only)

Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.



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: Fax:

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: Fax:

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: Fax:

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-

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:

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 ☐ No ☐
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)	

- Please tick/complete where requested

[illegible]