

Application for fitness assessment for a flying display role

Air Navigation Order 2009 Article 162



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.

1. APPLICABILITY

This questionnaire must be completed for initial applications, upgrade or renewal of a flying display authorisation, to act as a Display Authorisation Evaluator (DAE) and each year a Flying Display Director (FDD) intends to act as a FDD at a UK air display.

It should be submitted as part of these applications or, for FDD's, prior to, or alongside, the first display application containing their name each year.

2. ROLE APPLIED FOR

Is your fitness assessment in relation to:

A Display Authorisation (DA)

Appointment as a Display Authorisation Evaluator (DAE)

Acceptance as a Flying Display Director (FDD)

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

Title: Forename: Surname:

Date of Birth:

Address:

Postcode:

Telephone: Mobile:

E-mail:

4. OTHER LICENCES AND AUTHORISATIONS HELD

Please list all aviation licences and/or authorisations issued to you and the name of the issuing authority.

Description	Reference Number	Issuing Authority
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5. BEHAVIOURAL AND ATTITUDINAL FITNESS ASSESSMENT

Yes No

- Have you had any previous applications to the CAA rejected?
- Have you had reason to be interviewed about a matter of concern to the CAA or any other aviation regulator
- Have you ever been sanctioned for providing false or misleading information?
- Have you had aviation licence revoked or suspended?
- Are you facing or been convicted of any offences?
- Do you have a history or are you currently experiencing any physical or mental health problems?
- Do you have a history or are you currently experiencing any serious behavioural problems, such as drug or alcohol dependency, which may interfere with your ability to do the role effectively?

If you have answered Yes to any of the questions above, please provide full details below. If required, please continue on separate pages.

5. BEHAVIOURAL AND ATTITUDINAL FITNESS ASSESSMENT (continued)

6. DECLARATION

I declare that, to the best of my knowledge and belief, the statements made in this questionnaire and any attachments are true.

Applicants signature: Date:

Name (Block capitals):

7. SUBMISSION

Attach this questionnaire to the relevant application form and send to:

General Aviation Unit
Aviation House
Gatwick Airport South
West Sussex RH6 0YR

Email: ga@caa.co.uk

8. CAA USE ONLY

Assessment:

Decision: Yes No

Name: Signature:

Position: Date: