

APPLICATION TO ESTABLISH OR CHANGE AN AERONAUTICAL GROUND RADIO STATION

This application covers applications for or amendments to existing:

- Approval issued under Article 205, 206 or 180 of the Air Navigation Order (ANO)
- Aeronautical Radio Licence issued under the Wireless Telegraphy Act 2006
- Frequency Assignment allocated under the provisions of ICAO EUR Doc 011 Frequency Management Manual



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

Unique Corporate No. (to be completed by CAA)

1. APPLICANT TYPE

Individual	Complete Section 2. a)	Charity	Complete Section 2. c)
Partnership	Complete Section 2. a)	Ministry of Defence	Complete Section 2. c)
Private Clubs	All Members Complete Section 2. a)	Trust	Complete Section 2. c)
Limited Liability Partnership	Complete Section 2. b)	Public Educational	Complete Section 2. c)
Limited Company	Complete Section 2. b)	Establishment University/College	

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

CAA Aeronautical Radio Licensing Customer No (if known):

a. INDIVIDUAL (including sole traders and partnerships and private clubs)

Title: Forename: Surname:

Address: Postcode:

Telephone: Fax:

E-mail: Mobile Telephone:

Trading Name: (if applicable)

A certified copy of your valid Passport or valid Photocard Driving Licence (see Guidance Note 1) 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

b. A COMPANY

Registered/Legal 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:

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: 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.

c) An Unincorporated Association or other body

Name of Unincorporated Association or other body:

Address:

..... Postcode:.....

Telephone: Fax:

E-mail: Mobile Telephone:

Authorised Representative

This application is to be signed by a person authorised by the body named above to act on behalf of it.

Title Forename Surname

Position:

Charity Number (if applicable):

3 ADDRESS FOR CORRESPONDENCE (it different to above)

Postal Address (if different from above):

..... Postcode:

FALSE REPRESENTATION STATEMENT

Article 256 and 265 of the Air Navigation Order 2016 provides that it is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

4. OPERATIONAL DETAILS

For All Applications

Type of Application

Permanent Aeronautical Ground Radio Station ☐

Special Event Aeronautical Ground Radio Station
To be established for less than 12 months ☐

If you are offering a temporary ATC service please ensure that section 10 b) is completed as well as 10 a)

Change to Existing Aeronautical Ground Radio Station ☐

Do you require, or are you amending:
(usually applications/amendments would be for all three items apart from special events)

ANO Approval ☐

Aeronautical Radio Licence ☐

Frequency Assignment ☐

Documents
Document Sharing Hub

If this application is to amend an existing Aeronautical Ground Radio Station please supply any affected Radio Licence number/s below

Type of Service Required

A full list of service definitions and associated fees is available in the accompanying Guidance Notes.

VHF Aeronautical Station	Complete section/s
Recreational Aviation ☐ State Type	5/6
Operation Control (OPC) ☐ Aerodrome Surface (AS) ☐ Ground Movement Control (GMC) ☐ Departure ATIS ☐	5/6
Offshore Main Base Station ☐ Associated Mobile Support Units ☐	5/6
For Offshore services please supply IMO Number	
Air/Ground (AG) ☐ Aerodrome Flight Information Service (AFIS) ☐ Aerodrome Control Service (TWR) ☐	5/6
Approach Control Service (APP) ☐ Area Control Centre Service (ACC) ☐ Flight Information Service (FIS) ☐	5/6
Arrival ATIS (ATIS) ☐ VHF Air Ground Data Link (VDL) ☐ Aircraft Communications Addressing and Reporting System (ACARS) ☐	5/6
Fire and Emergency Services using emergency frequency 121.5 MHz, 121.6 MHz or 123.1 MHz ☐	5/6
Meteorological Information for Aircraft in Flight (VOLMET) ☐ High Frequency ☐	5/6
Radar ☐	7
Navigation Aid ☐	8
Proposed Callsign	

For Special Event Aeronautical Ground Radio Station Applications

Please see the additional submission details for Special Event applications where an ATC Service will be provided, in section 10 b)

Name of event:

Date(s) of event:

Name of event organiser:

Address of event organiser (if not supplied in section 2):

Postcode:

5. VHF/ HF COMMUNICATIONS OPERATIONAL DETAILS

Type of Designated Operational Coverage (DOC): (Tick as Appropriate)

Area ☐

Broadcast ☐

Circular ☐

Required DOC (for circular DOC): Height..... Range

For non-circular DOCs please supply polygon lat, long and height details for the DOC below please supply any additional details in the additional information Section 11 or on a separate sheet,

	Lat	Long	Height		Lat	Long	Height
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

TRANSMITTER DETAILS

Transmitter Location (Site Name)	Latitude	Longitude	Channel Spacing Available		
			50	25	8.33

DETAILS OF PROPOSED EQUIPMENT

Please supply full details including (where appropriate) manufacturer, model type and modification state

6. VHF/HF SERVICE DETAILS

PERMANENT INSTALLATIONS

In the following table, enter the expected number of aircraft movements and indicate the level of service proposed

Date(s)	Maximum number of movements expected per day	Maximum number of movements expected per hour	Level of service requested							
			Air Traffic Control				AFIS	AGCS	OPC	Off shore
			APP	ADC	GMC	ATIS				
Saturday			☐	☐	☐	☐	☐	☐	☐	☐
Sunday			☐	☐	☐	☐	☐	☐	☐	☐
Weekday			☐	☐	☐	☐	☐	☐	☐	☐

If you are applying for an Offshore licence please ensure you supply the information and fee for an associated NDB

TEMPORARY OR SPECIAL EVENTS

In the following table, enter the expected number of aircraft movements and indicate the level of service proposed

Date	Maximum number of movements expected per day	Maximum number of movements expected per hour	Level of service requested							
			Air Traffic Control				AFIS	AGCS	OPC	
			APP	ADC	GMC	ATIS				
			☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	

FOR ATC, FIS AND AGCS APPLICATIONS

Please enter the licence and certificate numbers of all proposed radio stations operators in the appropriate columns.

Name	Date of Birth	Qualifications					
		Controller Licence Number		FISO Licence Number		AGCS Certificate Number	

7. RADAR

PRIMARY SURVEILLANCE RADAR

Site/Location Name		
Site/Location	Lat	Long
Site/location height	(Above Mean Sea Level).....(Metres)	
Antenna Height	(above Ground Level)(Metres)	
Instrumented Coverage Range	(Nautical Miles)	
Radar	Make	Model No
Transmitter Type (delete as appropriate)	Solid State/ Magnetron / TWT / Other	
Transmitter Power	(dBi)	
Antenna	Make	Model No
	Antenna Gain	Scan rate revs per minute
Horizontal Beamwidth		Feeder Loss
Vertical Low Beamwidth (Main)		Vertical Low Beamwidth (Aux)
Polarisation (delete as appropriate)	Linear / Circular / Other (please specify)	
Antenna Pattern (delete as appropriate)	Cossec2 / Pencil / Fan Beam / Other (please specify)	
Frequency Requirements	No of Frequencies Required.....	Minimum Diversity.....
Range	Min MHz.	Max MHz
Intermittent Frequencies (IF)	Bandwidth(s).....	Frequency (ies)

SECONDARY SURVEILLANCE RADAR

Site/Location Name	
Site/Location	Lat Long
Number of Interrogator (1030 MHz) Transmitters	
NISC Approval applied for (delete as appropriate)	Yes / No
If NISC Approval already exists please provide certificate number	
Application required with MICA (Eurocontrol) for SI/II code	Yes / No
Registration with MICA (Eurocontrol) for access to MICA web based tools	Yes / No
24-bit address required for remote site Monitors	Yes / No
SIC/SAC Code Required	Yes / No