

Application for an Aerodrome Licence

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.



FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 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. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

Please read attached Guidance Notes before completing the technical sections of this form

1. APPLICANT TYPE

Individual	Complete Section 2. a)	Limited Company	Complete Section 2. b)
Partnership	Complete Section 2. a)	Charity	Complete Section 2. c)
Limited Liability Partnership	Complete Section 2. b)	Trust	Complete Section 2. c)

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges but may not necessarily be the Licence Holder)

a) Individual (including sole traders and partnerships)

Title: Forename: Surname:
Address:
Country: Postcode:
Telephone: Mobile Telephone:
E-mail: Fax:
Trading Name: (if applicable)
Website address:
In the case of a partnership, please 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.

or b) A Company

Registered Company Name (in full):
Registered Company Number:
Country of Company Registration:
Registered Office Address:
Country: Postcode:
Telephone: Fax Number:
E-mail:
Trading Name: (if applicable)
Trading Address (primary site):
Country: 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.

Title: Forename: Surname:
Position in Company:
E-mail: Telephone:

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 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: Fax:

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. DETAILS OF LICENCE HOLDER (as required to be shown on the licence – may not necessarily be the person named at Section 2)

NOTES: 1) The licence holder must be a legal entity. If the licence holder is a group or club and is not incorporated, the name(s) of the person(s) who will hold the licence and be responsible for giving effect to the conditions of the licence should be stated.
2) Where the applicant is an individual, his/her current Curriculum Vitae (CV) must be enclosed. (All CVs will be destroyed once the application has been processed.)

Full Name of Licence Holder:

Licence Holder's Accountable Manager:

Address of Licence Holder:

Telephone:

Fax:

E-mail:

5. DETAILS OF AERODROME (as required to be shown on the licence)

Proposed Name of Aerodrome:

Address of Aerodrome:

Telephone:

Fax:

Website address:

E-mail:

Position of proposed Aerodrome with reference to nearest town (in nautical miles):

Elevation:

Latitude/Longitude in WGS 84 of Reference Point:

Grid Reference in OSGB of Reference Point:

Purpose for which Aerodrome is to be Used (e.g. Public Transport, flying training):

NOTE: This application must be accompanied by an Ordnance Survey map, size A4, showing by means of a red line the exact boundary of the proposed licensed area of the aerodrome. This map will be a Schedule attached to the Licence. (See CAP 168 Chapter 1 paragraph 5.)

6a. KEY MANAGEMENT PERSONNEL (please enter details when applicable)

SECTION 6a TO BE COMPLETED ONLY WHERE THE APPLICANT IS A COMPANY OR OTHER CORPORATE BODY

Board Member or person having specific responsibility for safety:

Name:

Telephone:

E-mail:

Managing Director (if different from above):

Name:

Telephone:

E-mail:

6b. KEY MANAGEMENT PERSONNEL (please enter details when applicable)

SECTION 6b TO BE COMPLETED BY ALL APPLICANTS

The person in charge of day-to-day operation of the aerodrome:

(Please enclose a current CV)

Name:

Job Title:

Telephone:

E-mail:

The person responsible for aerodrome safety (if different from the above):

(Please enclose a current CV)

Name:

Job Title:

Telephone:

E-mail:

Person responsible for overseeing the day-to-day provision of Rescue & Fire Fighting Services (RFFS):

Name:

Job Title:

Telephone:

E-mail:

Provider of the Air Traffic Control Service:

Name:

Address:

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Person responsible for overseeing the day-to-day provision of the Air Traffic Control Service:

Name:

Job Title:

Telephone:

E-mail: