

Application for the Approval of Examiner Standardisation Courses Under EASA Aircrew Regulation Part-FCL.1015



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.

Please read attached Guidance Note on page 5 before completing this form.

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.

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) unless a
Trust	Complete Section 2. b)		Limited Liability Partnership or Limited Company

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 deemed to be the Accountable Manager in respect of applications under EASA Aircrew Regulation Annex VII - Part-ORA.

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 deemed to be the Accountable Manager in respect of applications under EASA Aircrew Regulation Annex VII - Part-ORA.

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 Passport, EAA/EU National Identity Card or Full Photographic 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

3. TRAINING ORGANISATION CAA REFERENCE NUMBER (please complete one field only, where applicable)

ATO-..... FTO-..... TRTO-..... OCP-.....

4. LOCATIONS / FACILITIES

A Floor Plan for each location, clearly detailing layout and dimensions of rooms should additionally be supplied

Full Location Name and Address: (including Postcode & Telephone number)	1.		2.		3.	
	No.	Size	No.	Size	No.	Size
Presentation / Conference Room(s):						
Syndicate Rooms:						
Other Facilities (please specify):						

5. APPLICATION

(NB: All Applications must be made a minimum of 12 weeks in advance of the commencement date given below.)

- Please tick all those that apply: Aeroplane only courses, Helicopter only courses or FE PPL(A) and FE PPL(H) for example.
- Glossary of Abbreviations:

A = Aeroplane	MPA = Multi-pilot Aeroplane	SPA = Single-pilot Aeroplane
As = Airship	MPH = Multi-pilot Helicopter	SPH = Single-pilot Helicopter
BPL = Balloon Pilot Licence	OPC = Operator Proficiency check	SPHPCA = Single-pilot, High performance
H = Helicopter	PL = Power-Lift	Complex aeroplanes
Land = Landplane	Sea = Seaplane	SPL = Sailplane

Application for Approval to conduct Examiner Standardisation course(s) for the following:

(please note a maximum of two aircraft categories can be combined):

FE LAPL:	A	H	SPL	Balloons	Extension to TMG
FE PPL:	A	H	As	Extension to TMG	
FE CPL:	A	H	As		
FIE:	A	H	SPL	Balloons	As
CRE:	Sea	Land	VFR	IRR	OPC
TRE:	MPA	SPH	MPH	SPHPCA	SPH to MPH upgrade
IRE:	A	H	As	FE SPL (Sailplanes)	PL
SFE:	A	H	PL	FE BPL (Balloons)	

Other (please specify)

Proposed Date Training to commence:

6. INSTRUCTIONAL STAFF

- Please ensure all relevant licence details, rating details and any authorisation details are annotated.
- Form SRG2115** (www.caa.co.uk/srg2115) will additionally need to be submitted for the Head of Training and the Chief Tutor.

Post	Last name	First name	Type of licence and Licence number (please specify State if non-UK)	Details of Class/Type Ratings and Instructor/ Examiner Authorisations held (as applicable to application)
Head of Training				
Chief Tutor				
Tutor				
Tutor				
Tutor				