

Application for Grant or Renewal of Parachute Permission or Special Parachute Permission



This form can be completed on screen (preferred method) then printed, signed and submitted to GA@CAA.CO.UK or directly to British Skydiving for Parachute Training Organisations and Display Teams. Alternatively, print, then complete in BLOCK CAPITALS.

FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order 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, and on conviction on indictment with a fine or imprisonment or both.

0. APPLICATION FOR PARACHUTE PERMISSION (Complete separate application(s) if more than one type)

0.1 Parachute Training Organisation (PTO) Initial Renewal

Name of PTO:

CAA reference (if known):

PTO Controlled Airspace Exemption Initial Renewal requested

PTO Oxygen Exemption Initial Renewal requested

0.2 Parachute Display Team Initial Renewal

Name of Parachute Display Team:

CAA reference (if known):

0.3 Special Parachute Permission Application only

Name of Parachutist(s):

Name of Event and Location:

Additional supporting information required for a special parachute permission:

Copy of method statement, operations manual and SOP

Copy of Risk Assessment for proposed activity Details of aircraft to be used

Details of any other considerations (airspace, crowd separation etc)

1. APPLICANT TYPE (Complete the applicable section)

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

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

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

a) individual (including sole traders and partnerships)

Title: Forename: Surname:

Address:

Country: Postcode:

Telephone (Daytime): Mobile:

E-mail:

Trading Name (if applicable):

Website address:

In the case of a partnership, please complete details of all partners. Continue 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.

b) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

..... Postcode:

Telephone: Mobile:

E-mail:

Trading Name: (if applicable)

Trading Address (primary site):

Country: Postcode:

Website address:

Address for correspondence (if different to Registered Office Address):

..... 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 : E-mail:

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: Mobile:

E-mail:

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):