

National Approved Training Organisations – (Gyroplanes)

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 10 before completing this form.



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, declaration, permission or other document. This offence is punishable on summary conviction, to a fine and on conviction on indictment to an unlimited fine or imprisonment or both.

Initial application

Variation of approval.

1. APPLICANT TYPE

Limited Liability Partnership	Complete Section 2. a)	Charity	Complete Section 2. b)
Limited Company	Complete Section 2. a)	Ministry of Defence	Complete Section 2. b)
Individual (Sole Traders)	Complete Section 2. c)	Trust	Complete Section 2. b)
Partnership*	Complete Section 2. c)	Public Educational Establishment	Complete Section 2. b)
Private clubs*	Complete Section 2. c)	(University/College)	

*Nominated Representative to Complete Section 2

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: Email:

Trading Name: (if applicable):

Trading Address (primary site):

..... Postcode:

Website:

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 Responsible Person in respect of applications in accordance with CAP1667

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.

or b) An Unincorporated Association or other body		
Name of Unincorporated Association or other body:		
Address:		
		Postcode:
Telephone: Mobile Telephone:		
Website address: Email:		
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 Responsible Person in respect of applications in accordance with CAP1667		
Title:	Forename:	Surname:
Position:		Charity Number (if applicable):
or c) An individual (including sole traders and partnerships)		
Title: Forename: Surname:		
Address:		
		Postcode:
Telephone: Mobile Telephone:		
Website address: Email:		
Trading Name: (if applicable)		
A photocopy of your valid Passport or valid photo card 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 on a separate sheet (if applicable)		

3. TRAINING ORGANISATION CAA REFERENCE NUMBER (please complete one field only, if applicable)		
ATO-.....	DTO-.....	OCP-.....

4. PRINCIPLE PLACE OF BUSINESS	
Main Training Site Address Or: Training Site Address (where a change to the Organisation Declaration is to include a new site or to include additional courses to an existing site).	 Postcode: Country:

5. PERSONNEL	
5a. Accountable Manager	
Title: Forename: Surname:	
Address:	
Postcode:	
Telephone: Mobile Telephone:	
Email:	
Position in company: Licence number: (if applicable)	
b. Head of Training	
Title: Forename: Surname:	
Address:	
Postcode:	
Telephone: Mobile Telephone:	
Email:	
Position in company: Licence number: (if applicable)	

c. Safety Manager	
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Title: Forename: Surname:

Address:

..... Postcode:

Telephone: Mobile Telephone:

Email:

Position in company: Licence number: (if applicable)

d. Compliance Monitoring Manager	
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Title: Forename: Surname:

Address:

..... Postcode:

Telephone: Mobile Telephone:

Position in company: Licence number: (if applicable)

A photocopy of a valid passport or valid photo card driving licence must accompany for each of the above persons application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

6. TRAINING COURSES REQUESTED:

Course Name	Tick if required	Full Title of Training Program with document number and version date (if not included in main manual)
Gyrocopter		
Commercial Pilot Licence		
Flight Instructor		

7. TRAINING AIRCRAFT (Please mark as N/A any items that do not apply to your application.)

- Where insufficient space to complete all training aircraft, please photocopy this page and complete, clearly annotating the number of pages

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