

Application for Approval of a Minimum Equipment List (MEL) for aircraft by an operator declaring in accordance with Part-NCC and/or Part SPO



This form can be filled in on screen (preferred method) then printed, signed, scanned and submitted to apply@caa.co.uk. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

Please read the attached Guidance Notes 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, approval, permission or other document. This offence is punishable on summary conviction by a fine and on conviction on indictment with an unlimited fine or imprisonment or both.

1. APPLICANT TYPE

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

2. APPLICANT DETAILS

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

a) Individual (including sole traders and partnerships)

Title:..... Forename:..... Surname:.....
 Address:.....
 Country:..... Postcode:.....
 Telephone:..... Fax:.....
 E- mail:..... Mobile Telephone:.....
 Trading Name (if applicable):.....
 Website address:.....

In the case of a partnership, please complete details of all partners. (continue on a separate sheet if applicable)

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: Fax:

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:

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Telephone No: 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: Fax:

E-mail: Mobile Telephone:

Website address:

Authorised Representative.....