

Application for Instructor Approval – Part 2 Training Competence



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.

Unique No. (to be completed by CAA)

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

1. APPLICANT TYPE

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

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

a) Individual (including sole traders and partnerships)

Title: Forename: Surname:

Address:

..... 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. Continued on a separate sheet

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or 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):

..... 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:

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 to, the Company Name as registered under the Company Number provided on this form.

or c) 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.

Title: Forename: Surname:

Position:

Charity Number (if applicable):

3. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address (if different from above):

..... Postcode:

4. CAA REFERENCE NUMBER

CAA Training Organisation No. (if relevant):

5. TRAINING DETAILS

Training Organisation No. (if relevant):

The training I intend to give:

- ☐ will include in-depth instruction on Class 7
- ☐ will not include in-depth instruction on Class 7

6. CONDITIONS

I have read Part B, Chapter 3, paragraph 4 of CAP 483 Training in the Safe Transport of Dangerous Goods by Air and understand that evidence is needed to show competence across the standards for instructors.

I understand that I will need to be observed delivering a training programme at least once, but that if the training consultants determine that I need to be observed more than twice, I will need to submit a new application form and fee to the CAA. The proposed title/type/dates/location are:

Course Title / Type of Course	Dates from and to		Location

I understand that, once I have been observed implementing a training programme, a maximum period of six months is allowed in order to complete the instructor approval process. After that period a new application form and fee will need to be submitted to the CAA (unless otherwise agreed with the training consultants).

I understand that Part 1 qualified instructors need to be shadowed (by Part 2 qualified instructors) until full Part 2 Instructor Approval has been achieved.