

Application for Initial Approval of Training Organisations and Change to Course Approvals Under EASA Aircrew Regulation Annex VII - Part-ORA (Aeroplanes and Helicopters)



Please read the included guidance notes before completing. Submission instructions can be found at the end of the 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, license, 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

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

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: 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: Mobile telephone:

E-mail: 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: Mobile Telephone:	
E-mail:	
Trading Name: (if applicable)	
Website address:	
A photocopy of your valid Passport or valid photocard 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 (if applicable)	

3. TRAINING ORGANISATION CAA REFERENCE NUMBER (please complete one field only, where applicable)			
ATO-	FTO-	TRTO-	OCP-

4. APPLICATION	(NB: All Applications must be made a minimum of 12 weeks in advance of the commencement date given below.)
Type of Approval	
Initial Approval: this should be ticked where an application is for 'Initial' approval under EASA Aircrew Annex VII Regulation Part-ORA from 8th April 2012 for new applicants and Registered Facilities wishing to obtain approval. Please advise current JAR-FCL training organisation reference i.e. FTO-333, TRTO-333 or OCP333 where a Registered Facility. Change to Approval: to be ticked when the application is for one or more courses/sites to be approved under EASA Aircrew Regulation Annex VII Part-ORA and added to an existing JAR-FCL training organisation approval, whilst in the EASA transition period, or to an already approved under EASA Aircrew Regulation Annex VII Part-ORA organisation.	
Proposed Date Training to commence:	Total number of sites, to be approved:

5a. ACCOMMODATION / FACILITIES (please tick relevant site and complete address field)	
Main Training Site Address (if not the address detailed in Part 2)	
or: Training Site Address (where a change to the Organisation approval is to include a new site or to include additional courses to an existing site).	Postcode:..... Country:

5b. ACCOMMODATION / FACILITIES	
Please complete the following in respect of accommodation ticked in Section 5a.	
- All Training Sites, should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated inspector. - A Floor Plan, including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site/facility.	
Facilities	Location, Size, Number of Rooms, Maximum capacity
a) Details of Tenure of premises	
b) Lecture rooms/CBT Rooms	
c) Briefing cubicles	
d) Head of Training's office	
e) Chief Flight Instructor's office	
f) Chief Theoretical Knowledge Instructor's office	
g) Chief Synthetic Flight Instructor's office	
h) Flight Simulator Training Device bays	
i) Staff Room(s)	
j) Operations Room	

5b. ACCOMMODATION / FACILITIES (continued) Please complete the following in respect of accommodation ticked in Section 5a.	
k) Flight Planning room(s)	
l) Student Rest Room(s)	
m) Lavatories and Wash Room(s)	
n) Room(s) for administrative staff	
o) Library	
p) Examination room(s)	
q) Other amenities i.e. Syndicate rooms, laboratory etc.	

5c. ADDITIONAL SITES / BASES
a) For Flight Training Courses, Theoretical Knowledge Courses & Flight Test courses, please complete Appendix A (please tick if completed)
b) For Class and / or Type Rating Courses, please complete Section 7f (please tick if completed)

6. AERODROME PARTICULARS	
a) Name of Aerodrome and ICAO Designator	
b) Type of licence	
c) Hours of operation	
d) Night flying permitted	Yes No
e) Air Traffic Services provided	
f) Navigation Aids (not required for FI Restricted courses)	
g) Availability and scope of Meteorology information (regulation and Display)	
h) Airways Entry point (not required for FI restricted courses)	
i) If aerodrome is unlicensed, does it meet the requirements stated in CAP793 'Safe Operating Practices at Unlicensed Aerodromes'	Yes No

7a. TRAINING COURSES REQUESTED: AEROPLANES AND HELICOPTERS
Site No. 1 will always be the Main / Primary Training site and the address and contact details for this site should be clearly identified in section 2 (or Section 5a if different to the addresses in Section 2) Additional sites (i.e. Site Numbers 2 and onwards) should be numbered in order of size/scale/scope of training at the site and Appendix A of the application form completed for each of these sites. New Site only (Variation to approval at 5a): Please enter capital letter 'V' under Site Number column in tables below to reflect which courses are being requested for the new Site / Base (or where more than one new site being applied for, please enter V1 for first site variation, V2 for second site variation etc.). N.B. Res = Residential course, DL = Distance Learning course

Course Name	Tick if Req.	Please tick Aeroplane or Helicopter etc. (where not already specified)	Site No. (see above)	Max. No. Students
LAPL		A H		
LAPL extension course		A H		
PPL		A H		
LAPL to PPL upgrade		A H		
LAPL inc. TMG to PPL upgrade		Aeroplane		
MPL		Aeroplane		

7a. TRAINING COURSES REQUESTED: AEROPLANES AND HELICOPTERS (continued)				
ATPL/IR Integrated		A	H	
ATPL VFR Integrated		Helicopter		
ATPL Modular Flight		A	H	
ATPL Modular Theoretical Knowledge		A Res*	H (VFR) DL*	H (inc. IR)
CPL/IR Integrated		A	H	
CPL Integrated		A	H	
CPL Modular Flight Training		A	H	
CPL Modular Theoretical Knowledge		A	H	Res* DL*
IR Modular Flight Training		Aeroplane		
IR Modular Theoretical Knowledge				
IR Modular Flight Training		Helicopter		
IR Modular Theoretical Knowledge				
Class Rating: Single Pilot Multi Engine Piston		Aeroplane		
MCC (Modular)		A	H	
APS MCC		Aeroplane		
MCC combined with Type Rating(s) (see Part 7f)				
Class / Type specific courses (see Part 7f)				
Aerobatic Rating		Aeroplane		
Sailplane Towing Rating				
Banner Towing Rating		A	H	
Night Rating		A	H	
Mountain Rating (Aeroplane or TMG)		Aeroplane	TMG	
Advanced Upset Prevention & Recovery Training		Aeroplane only		
Other (please specify):				

7b. TRAINING COURSES REQUESTED: FLIGHT TEST RATING COURSES				
Course Name	Tick if Req	Category (please specify 1, 2, 3 or 4)	Site No. (See 7a)	Max. No. Students
Flight Test Rating				
Flight Test Rating extension course		Category 2 to Category 1		
Flight Test Instructor				

7c. TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER INSTRUCTOR COURSES				
Course Name	Tick if Req	Please tick Aeroplane or Helicopter (where not already specified)	Site No. (See 7a)	Max. No. Students
Flight Instructor		A	H	
Class Rating Instructor SE		Aeroplane		
Class Rating Instructor ME				
Instrument Rating Instructor		A	H	
Multi Crew Co-operation Instructor		A	H	
Mountain Rating Instructor		Aeroplane		
Class / Type Rating Single Pilot Aeroplane		Seaplane		

7c. TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER INSTRUCTOR COURSES (continued)				
Course Name	Tick if Req	Please tick Aeroplane or Helicopter (where not already specified)	Site No. (See 7a)	Max No. Students
Upset Prevention & Recovery Training Instructor		Aeroplane only		
Instructor Courses: (type or class specific)		Type and Category (state Aircraft or FSTD where appropriate & note comment below)		
Type Rating Instructor SPA				
Type Rating Instructor MPA				
Type Rating Instructor (H)				
Synthetic Flight Instructor				
Other (please specify)				
Please use the EASA aeroplane and helicopter lists in respect of Class/ Type / Variant/Series etc. www.easa.eu.int/certification/flight-standards/OEB-general-type-ratings-list-licence-endorsement-list.php				

7d. TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER EXAMINER COURSES				
Examiner Courses continued (type or class specific)	Tick if Req	Type /Class (please specify)	Site No. (See 7a)	Max. No. Students
TRE (A)				
TRE(H) SP ME				
TRE (H) MP ME				
TRE(H) SP to MP upgrade				
Please use the EASA aeroplane and helicopter lists in respect of Class/ Type / Variant/Series etc. www.easa.eu.int/certification/flight-standards/OEB-general-type-ratings-list-licence-endorsement-list.php				

7e. TRAINING COURSES REQUESTED: ASSESSOR OF LANGUAGE PROFICIENCY IN ENGLISH				
Course Name	Tick if Req	Site No. (See 7a)	Max No. Students	
Assessor of Language Proficiency in English				

7f. TRAINING COURSES REQUESTED: CLASS / TYPE RATING SPECIFIC COURSES

where insufficient space to complete all bases and types, please photocopy this page and complete, clearly annotating number of pages)

- Please use the EASA aeroplane and helicopter lists in respect of Class / Type / Variant / Series etc.
(www.easa.eu.int/certification/flight-standards/OEB-general-type-ratings-list-licence-endorsement-list.php)

- Please complete information requested, ticking where relevant.

NB: Appendix A does not need to be completed where only Class and Type rating courses are to be conducted, as this form will suffice, providing Floor Plans with Dimensions and relevant details of the purpose of rooms, etc. are submitted for each site)

Full Name & Address of Site, Base &/or Location of Course (including Postcode and Telephone number)	Class/Type/ Variants	Single- Pilot	Multi- Pilot	With Combined MCC	With ZFTT	Differences course		CCQ/STAR course		Maximum No. Students
						From	To	From	To	
1.										
2.										
3.										
4.										

8. TRAINING AIRCRAFT

(Please indicate those equipped with ADF and/or VOR and tick those with AI or TC, where AI* = Attitude Indicator and TC*= Turn Co-ordinator)

- Where insufficient space to complete all training aircraft, please photocopy this page and complete, clearly annotating the number of pages
- Please mark as N/A any items that do not apply to your application

Type	Reg.	ADF/VOR	AI*	TC*		Type	Reg.	ADF/VOR	AI*	TC*		Type	Reg.	ADF/VOR	AI*	TC*

9. SYNTHETIC FLIGHT TRAINING

- Where there is insufficient space to complete all Flight Simulation Training Devices, please continue on Appendix No. B; tick box if additional sheet is attached.
- Please mark as N/A any items that do not apply to your application

Course FSTD used on	Base	Manufacturer	Operator (where different to applicant)	Serial No./ Approval No.	Level (i.e. FNPT1, FNPT2, BITD or Simulator A,B,C,D)	Aircraft Represented (FNPT only)	Number of Hours of FSTD Training	Number of Sessions

10. GROUND INSTRUCTION EQUIPMENT

- Please mark as N/A any items that do not apply to your application

Types of training equipment available e.g. model aircraft, overhead projector, sectioned instruments, audio/recording equipment

Availability of reference publications

Electronic format

Hard copy

11. STAFFING AND INSTRUCTION

(where there is insufficient space to complete all instructors, please photocopy the form and submit the additional pages, clearly annotating number of pages)

- Please tick or indicate all/which courses the individuals will be instructing on.
- **Form SRG2115** (www.caa.co.uk/srg2115) should also be downloaded and completed for all key post-holders, indicated below (*)

Post / Position	Last name	First name	UK CAA Ref No. (or licence or authorisation held & state of licence issue)	Base/Site	Full / Part time (indicate FT or PT)	Ground Instructor	CPL Flight Instructor	IR Flight Instructor	Type Rating Instructor (TRI-Powered Lift) (specify type)	MCC Instructor (MCCI)	PPL/ LAPL Instructor	Other Instructor (please specify)
Accountable Manager *												
Head of Training *												
Deputy Head of Training *												
Chief Flight Instructor *												
Chief Theoretical Knowledge Instructor *												
Quality Manager*												
SMS Manager *												
Chief/Principal Tutor *												

- **An Instructor/Subject Coverage List should additionally be forwarded for Theoretical Knowledge Course Instructors.**

12. CHARGES

Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

.....

IMPORTANT NOTES:

- **Additional Charges:** Where the cost of the CAA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.
- **Overseas Visits:** If a Member or employee of the CAA is required to travel overseas in respect of this application you are advised to read the CAA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.
- **Withdrawal/Cancellation of Approval:** In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by the CAA on behalf of the applicant up to the point of cancellation. Please see the CAA Refunds Policy at www.caa.co.uk/refunds for more information. Where sufficient funds remain from the original application charge, this charge will be deducted from any refund made in respect of the application following cancellation.
NB: This application will not be processed until the applicable charges have been received.

13. FINANCIAL DECLARATION

- I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.
- I agree to pay the charges for this application in accordance with the Scheme of Charges.
- I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

Name of Applicant:
(as shown in 2 a), 2 b) or 2 c))

Signature of Applicant (named in 2 c)):

or Signature of Accountable Manager (named in 2 a) or 2 b)):

Date:

14. APPLICATION FORM SUBMISSION SERVICE (SUBMIT)

Checklist for submission (All applicants): Please tick or complete, as requested those items being enclosed. Number of Key post holder nominations - (Form SRG2115)

Floor Plan and Photos (per site)

Number of pages, for Class and Type rating courses (marked 7f)

Number of Appendix A pages completed for each Additional Site (except for Class / Type Rating training bases)

Instructor / Subject Coverage List

Number of Staffing and Instruction pages

Operations Manual (inc. Checklist)

Training Manual, in separate sections per course (inc. Checklist)

Safety Management System Manual (inc Quality Compliance System & Checklist)

Number of copies of FSTD Qualification Certificates

Letter of Agreement from Airport Manager for Training Operations to commence

Photocopy of PHOTO ID
(Passport or Photocard Driving Licence for Individuals)

Application Form

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application and supporting documentation (if applicable). You will be required to upload a copy of the completed application form as part of the submission.

The button will direct you to the CAA Customer Portal. The first time you access the CAA Customer Portal you will need to create a user account, there are instructions provided and it only takes a few minutes to register. If you have used the CAA Customer Portal before, please log in to your existing user account.

After receipt of your application, we will contact you using the contact details provided on this form to request payment of the relevant application fee. Please indicate your preferred payment method:

Email (you will receive a secure payment link from 'noreply@payments.caa.co.uk')

SMS (you will receive a secure payment link from 'CAA PAYMENTS')

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and provided the supporting documentation (if applicable).

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges [List of Official Record Series 5 - Scheme of Charges \(caa.co.uk\)](#)

Important: Please save your completed form before proceeding.

Application Form Submission Service

If you prefer, you can access the service by logging onto the CAA Customer Portal via <https://portal.caa.co.uk> and selecting the Application Form Submission Service.

Guidance Note 1

Section 2: Applicant Details

- **Registered Company Name and Number:** this is the legal name and reference number of the company as registered with Companies House or as detailed on the Company Certificate of Incorporation.
- **Trading Name and Address:** Where the company uses a name other than the above for trading / instructional purposes, this name should be annotated accordingly and the main base for training should also be detailed.
- **Authorised Representative of the Company:** The Accountable Manager of the company may wish to delegate responsibility for the completion of application forms to another Director of the company or to the designated Head of Training. Details of the nominee should be completed and relevant correspondence verifying this agreement should be forwarded from the Accountable Manager.

CAA USE ONLY **Applicant's name** **Date of application**

Department: Contact Name:

Job No: Folio No: CAA Account Number:

Nominal Code: Cost Centre: Date received:

The sum of £ has been received by: Date:

Amount paid by: Card Electronic Transfer*
£ £

* Receipt of Electronic Transfer to be verified by Treasury.

Bank Account No: Sort Code:

Is this part of a Company payment? Yes ☐ No ☐ If Yes - Total amount paid:£

Amount to be deducted from NATS account: £

Enclosures: FedEx paid Yes/No Loaded by: Signed/Despatched:

Legal Entity Details

Company – Date of incorporation of Company:

If declaration is signed on behalf of a Company:

is declaration signed by a Director or Company Secretary?

if not, then does signatory have authority to sign?

Individual – Identification Document Details e.g. Passport/Driving Licence.

Type of identification:

Signature on ID checked against Form Signature: ☐ . Appropriately certified: ☐

APPENDIX A: ADDITIONAL TRAINING SITES - AEROPLANE AND HELICOPTER COURSES - Continuation sheet for Sections 5c. For Flight Training Courses, Theoretical Knowledge Courses and Flight Test Courses, but not Class / Type Rating courses.		
Please photocopy and complete if more than one additional site, annotating number of pages in respect of Appendix A		
All Training Sites, should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any CAA audit or forwarded for review when requested by the nominated inspector.		
Site Number	Full Name & Address of Training Site, Base or Location of Course (including Postcode and Telephone number)	Maximum student number capacity
Site No. 1 will always be the Main / Primary Training site and the address and contact details for this site should be clearly identified in Section 2 of the application form (or Section 5a if different to the addresses in Section 2). - Additional sites (i.e. Site Numbers 2 and onwards) should be numbered above for each of these sites (for Flight Training courses, Theoretical Knowledge courses and Flight Test courses). Where an organisation offers only Class & Type Rating training, please use Section 7f. Change to approval to add a New Site only: Where more than one new site being applied for, please enter V1 for first site variation, V2 for second site variation etc. in the Site number box above).		

Name of Aerodrome and ICAO Designator (where applicable)	
A Floor Plan, clearly identifying name of site and including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site / facility.	
Facilities	Location, Size, Number of Rooms, Maximum capacity
a) Details of Tenure of premises	
b) Lecture rooms / CBT Rooms	
c) Briefing cubicles	
d) Head of Training's office	
e) Chief Flight Instructor's office	
f) Chief Theoretical Knowledge Instructor's office	
g) Chief Synthetic Flight instructor's office	
h) Flight Simulator Training Device bays	
i) Staff Room(s)	
j) Operations Room	
k) Flight Planning room(s)	
l) Student Rest Room(s)	
m) Lavatories Wash Room(s)	
n) Room(s) for administrative staff	
o) Library	
p) Examination room(s)	
q) Other amenities	

Appendix B: SYNTHETIC FLIGHT TRAINING / DEVICES**Continuation sheet for Section 9**

(please complete details of all Flight Simulation Training Devices; this form should be photocopied multiple times where necessary and annotated to state number of pages in respect of Appendix B)

Course FSTD used on	Base	Manufacturer	Operator (where not the applicant)	Serial No./ Approval No.	Level (i.e. FNPT1, FNPT2, BITD or Simulator A,B,C,D)	Number of hours of FSTD training	Number of sessions