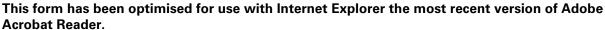
## Permission / Exemption Request for AOC Operators/NCC/SPO





For best results please download the form to your computer and open it in Adobe Acrobat.

On completion, click the 'Email to CAA' button. This should generate an email message for you to attach any supporting documentation (maps, photographs, etc.)

#### **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.

Required Information	Insert as much detailed information as possible or 'N/A'
Operator/Organisation Approval No.	
(i.e. AOC Number, NCC or SPO reference, if applicable).	
Date of request.	
Does this request require a <b>Same Day Service</b> (i.e. less than 24 hrs notice - for which there is an additional charge)?	Yes No (If Yes you must provide payment for the Same Day Service.)
Name of Responsible Person authorising request.	
Provide a full description of the activity you intend to conduct which requires a Permission or Exemption from the regulations.	
(Attach as a separate document if necessary)	
With reference to which Article, Rule or regulation are you requesting the Exemption or Permission?	
(State the ANO Article or SERA/Rules of the Air Regulation)	
What level of easement are you requesting?	
Provide date(s), time and duration of the activity.	

Required Information	Insert as much detailed information as possible or 'N/A'
Provide a description of the location or area of the activity and include precise Ordnance Survey grid references (8 figures).	
Provide the registration and type of helicopter to be used.	
Provide the names of the pilot(s) and (if applicable) crew.	
What weather minima are deemed by you, as the aircraft operator, to be appropriate for the activity to be conducted?	
Is the activity to take place by day and/or by night?	Day only Day and Night Night only
What additional equipment (e.g. camera system, external load etc) will be carried?	
(Attach as a separate document if necessary)	
What additional personnel (e.g. task specialists, ground crew etc) are involved in the task?	
How will they be briefed?	
(Attach as a separate document if necessary)	
Provide details of the landing or operating site.	
Accurate diagrams including available distances and obstructions should be included.	
(Attach as a separate document if necessary)	

Required Information	Insert as much detailed information as possible or 'N/A'
Provide details of the intended performance class in which the helicopter will be operated and include specific performance data where this will be task-limiting.	
You must provide a separate detailed risk assessment / SMS safety case for the proposed activity.	Insert supporting document reference or title:
	(The risk assessment should be attached to the request as a separate document.)
Provide details (where applicable) of existing Operations Manual references / FSI guidance.	
(Attach as a separate document if necessary)	
Where appropriate provide additional information including photographs and/or diagrams on separate numbered sheets.	

### For NON AOC Holders:

**Standard Service:** Please send the completed SRG1843 form, Risk Assessment and CAA payment form: FCS1500 (£240.00) to apply@caa.co.uk

**Same Day Service**: Please send the completed SRG1843 form, Risk Assessment, CAA payment form: **FCS1500** (£240.00) and Same Day Service form: **SRG 1751** (£285.00) to **apply@caa.co.uk** (Note: Same Day service equates to less than 24 hours notice)

#### **For AOC Holders:**

**Standard Service:** Please send the completed SRG1843 form to **apply@caa.co.uk** – no fee applicable **Same Day Service:** Please send the completed SRG1843 form, Risk Assessment and Same Day Service

Form: SRG 1751 (£285.00) to apply@caa.co.uk

(Note: Same Day service equates to less than 24 hours notice)

## **Payment Authorisation**

This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink



1.	APPLICANT DETAILS (The Applicant is	the person respoi	nsible for payment o	f CAA charges)	
	Application for:			Dated:	
	Original Applicant's Name:				
	Application Submission Number (ASN):		.or, Application form	number (i.e SRGxxxx)	
	Registered Company or Trading Name: (if	applicable)			
	Contact Telephone Number:				
2.	PAYMENT DETAILS				
	a) Payment type (please tick your chose	n method of pay	ment).		
	Visa Mastercard Debit	Card Che	eque/Banker's Draft	Bank Transfer	Cash (max.£1000)
	The maximum single transaction using a \	isa/Mastercard or	Debit Card is limited t	o £25,000.	
	We do not accept American Express, Dine Gatwick. Please do not send cash by post		ds. Cash payments v	vill only be accepted in pers	on at Aviation House,
	Cheques shall be made payable to 'Civil Aviation Authority'. Please write the CAA Application Form No. on the reverse of your cheque.				the reverse of your
	National Westminster Bank plc Bloomsbury Parr's Branch PO Box 158 214 High Holborn London WC1V 7BX		<i>A</i> S S	Account Name: Civil Aviation Account Number: 3602976 Bort Code: 60-30-06 Bowift Code: NWBK GB 2L BAN: GB90 NWBK 6030 0	9
	Please supply the following information:				
	Amount: £	BACS	S/CHAPS/ASN Referer	nce*:	
	*When making a bank transfer please instreference number followed by the applica Automatic Submission Number (ASN) (i.e.	tion date (i.e. 1234			
	Payer: Payers I	mail:		Date of Trans	fer:
	b) Card Details (for payment by Credit/	Debit Card)			
	Card number:				
	Expiry date: / Se	curity Code (last 3 o	digits on signature stri	p on reverse of card)	
	Debit cards only:				
	Start date: /		Amount: £		
	Issue No: (if applicable)				
	Name (as written on card):				
			OCK CAPS)		
	Full postal address of card holder:				
				Postcode:	
	Card holder's signature:				
	-				
	Please tick box if paying with Company Ca	iu CC	niihaiik izatiiei		

Do not send credit card details by email. If sending this form electronically, please leave this section blank and we will call you to confirm your card details at the time.

# APPLICATION FOR SAME DAY SERVICE FLIGHT OPERATIONS





CAA use only				
Please indicate the requested service below and return this form with yo below. Further information regarding these services can be found on our		pprovals as detaile		
SECTION 1: SAME DAY PROCESSING SERVICE				
Flight Operations Product (UK AOC Holders only)	Fee	Tick to select		
Aeroplane Exemption / Permission (except Dangerous Goods)	£285.00			
EU_OPS Aeroplane RIE Exemption	£285.00			
Helicopter Exemption/ Permission (except Dangerous Goods)	£285.00			
Munitions of War Approval for non-UK EU Operators	£285.00			
Munitions of War Permission for non-EU operators	£285.00			
Dangerous Goods Approval for non-EU Operators	£285.00			
Dangerous Goods Exemption	£285.00			
A1/A2 Dangerous Goods Approval	£285.00			
Lithium Battery Approval	£285.00			
Police AOC Permission/Approval for dangerous goods and weapons	£285.00			
Replacement document	£285.00			
SECTION 2: DECLARATION				
I have read the service information on the CAA website and agree to pa	ay the additional charges as deta	iled above.		
Signed:				
Print Name:	Date:			
SECTION 3: SUBMISSION INSTRUCTIONS				
Post/Fax: Return the completed form, associated documents and paym	nent to:			
Application & Approvals Department				
Aviation House, Gatwick Airport South,				
Vest Sussex Telephone: 01293 768374 Fax: 01293 573860				
RH6 0YR E-mail: apply@caa.	CO.UK			
CAA use only				

SECTION 4: PAYMENT INSTRUCTIONS
I agree to pay by Visa/Mastercard/Switch/Delta/Maestro, the charge specified in the current CAA Scheme of Charges or the Same Day service guidelines for any fee bearing transaction with the Flight Operations Section submitted during the validity period of this card, please charge to my account the appropriate amounts.
Card number:
Expiry date: Security Code (last 3 digits on signature strip on reverse of card)
Debit cards only:
Start date:  /  Amount: £
Issue No: (if applicable)
a) Card Holder Details
Name (as written on card): (BLOCK CAPITALS)
Full postal address of card holder:
Postcode:
Please tick box if paying with Company Card Company Name:
CAA use only
£ Folio: Pate: Date: