

# Application for Approval of Alternative Method of Compliance (AMOC) with Airworthiness Directive (AD)/Mandatory Permit Directive (MPD)



Please complete this form online or in BLOCK CAPITALS using black or dark blue ink.

## FALSE REPRESENTATION STATEMENT

It is an offence under the United Kingdom 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 by a fine, and on conviction on indictment with an unlimited fine or imprisonment or both.

## 1. Applicant's Detail (The Applicant is the person responsible for payment of CAA charges)

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. continued on a separate sheet

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: .....  
 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.

## 2. Airworthiness Directive/Mandatory Permit Directive Identification

AD/MPD Reference (limited to one AD/MPD Number reference per AMOC application)

AD/MPD Number: .....  
 AD/MPD Title: .....  
 AD/MPD issued by: .....

## 3. Product Identification

### a) Product Category

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Large Transport Aeroplane    | <input type="checkbox"/> Small Aeroplane     | <input type="checkbox"/> Engine               |
| <input type="checkbox"/> Business Jet                 | <input type="checkbox"/> (Powered) Sailplane | <input type="checkbox"/> Propeller            |
| <input type="checkbox"/> Regional Transport Aeroplane | <input type="checkbox"/> Gyroplane           | <input type="checkbox"/> Auxiliary Power Unit |
| <input type="checkbox"/> VTOL                         | <input type="checkbox"/> Balloon             | <input type="checkbox"/> Equipment            |
|   | <input type="checkbox"/> Airship             |   |

### b) Applicability

Type Certificate Number: .....  
 Type Certificate Holder: .....  
 Type Name: .....  
 Model(s): .....  
 Serial Number(s): .....  
 Other Criteria: .....

<b>c) Airworthiness Code</b>
Applicable Airworthiness Code: .....

<b>4. Description</b>
<b>a) AMOC Title</b>
Title: .....
<b>b) AMOC Description</b>
Please describe: ..... ..... .....
<b>c) Justification</b>
Please describe: ..... ..... .....

<b>5. Charges</b>
The charge(s) required as calculated in accordance with the CAA Airworthiness Scheme of Charges (published in CAA Official Record Series 5) ( <a href="http://www.caa.co.uk/ors5">www.caa.co.uk/ors5</a> ) to be paid on application are enclosed herewith. NB: This application will not be processed until the applicable charges have been received. Total charges..... Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying: .....
If you want the CAA to quote a Purchase Order No. on your invoices, please provide the reference here:" Purchase Order number: .....
<b>IMPORTANT NOTES:</b> <b>Additional Charges:</b> 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. <b>Overseas Visits:</b> 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. <b>Withdrawal/Cancellation of Application:</b> In the event that this application is withdrawn or cancelled by the applicant, the application fee less the cost of any work carried out by the CAA to that date, may be refunded. Please see the CAA Refunds Policy at <a href="http://www.caa.co.uk/refunds">www.caa.co.uk/refunds</a> for more information.

<b>6. Declaration</b>
I hereby declare that to the best of my knowledge the particulars entered on this application are accurate in every respect and I agree to pay any additional investigation costs associated with this application which may be notified and invoiced to me by the CAA at a later date. I understand that in the event that this application is subsequently cancelled, a cancellation fee may be applied. Signature: ..... Date: ..... Name: ..... Position: .....

<b>7. Submission Instructions</b>
After signing, please send this form together with the appropriate fee to: Civil Aviation Authority Applications and Approvals Airworthiness Aviation House Gatwick Airport South West Sussex RH6 0YR E-mail: <a href="mailto:apply@caa.co.uk">apply@caa.co.uk</a>

# 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 responsible for payment of 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 chosen method of payment).**

Visa          Mastercard          Debit Card          Cheque/Banker's Draft          Bank Transfer          Cash (max.£1000)

The maximum single transaction using a Visa/Mastercard or Debit Card is limited to £25,000.  
We do not accept American Express, Diners Club or JCB cards. **Cash payments** will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.  
Cheques shall be made payable to '**Civil Aviation Authority**'. Please write the CAA Application Form No. on the reverse of your cheque.

National Westminster Bank plc  
Bloomsbury Parr's Branch  
PO Box 158  
214 High Holborn  
London  
WC1V 7BX

Account Name: Civil Aviation Authority  
Account Number: 36029769  
Sort Code: 60-30-06  
Swift Code: NWBK GB 2L  
IBAN: GB90 NWBK 6030 0636 0297 69

Please supply the following information:  
Amount: £ ..... BACS/CHAPS/ASN Reference\*: .....

\* When making a bank transfer please instruct your bankers to quote, i) in relation to an offline application, the CAA Application Form number followed by the application date (i.e. SRGXXXX ddmmyyyy) or ii) in relation to an online application, the Automatic Submission Number (ASN) (i.e. CAI-123).

Payer: ..... Payers Email: ..... Date of Transfer: .....

**b) Card Details (for payment by Credit/Debit Card)**

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)
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Name (as written on card): .....  
(BLOCK CAPS)

Full postal address of card holder: .....  
..... Postcode:.....

Card holder's signature: .....

Please tick box if paying with Company Card          Company Name: .....

**Email is inherently insecure and hence it is not possible to guarantee the security of card details sent this way. Once your payment has been taken your credit/debit card details are destroyed.**