

FORM 170A SIGNATORY AUTHORISATION HELICOPTER – APPLICATION

Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance.

- **PAYMENT METHODS.** Please complete form SRG\1187.

1. PERSONAL DETAILS (see Guidance Notes)	
Licence number <input style="width: 50px;" type="text"/>	
Surname	Forename(s)
Title	Date of birth (dd/mm/yyyy)
Nationality	Town and Country of birth
Permanent address	
..... Postcode	
Address for correspondence (if different from above)	
..... Postcode	
Telephone Number	Alternative Telephone
Fax Number	E mail
Day time contact telephone number (for publication unless specified otherwise at Section 8)	

2. UK/JAR-FCL RATINGS/AUTHORISATIONS HELD (see Guidance Notes) (tick / *delete as appropriate)	
Type Ratings	SE <input type="checkbox"/> ME <input type="checkbox"/> Other (please specify).....
Instrument Rating held	MPH <input type="checkbox"/>
Instructor Rating held	FI <input type="checkbox"/> TRI <input type="checkbox"/> IRI <input type="checkbox"/>
Flight Instructor Rating Restrictions (delete those not applicable)	
No Night Flying Instruction/No Instrument Instruction	
Authorisations held	FE PPL <input type="checkbox"/> FE CPL <input type="checkbox"/> FIE <input type="checkbox"/> TRE <input type="checkbox"/> TRE/IRR <input type="checkbox"/>

3. AUTHORISATION REQUIRED (tick appropriated box(es))	
F170A examining privileges required on:	
SP(H) <input type="checkbox"/>	MP(H) <input type="checkbox"/> Other (please specify)
Type <input type="checkbox"/>	Type <input type="checkbox"/> Other (please specify)

4. CAA USE ONLY		
Date		Enclosures
Receipt No.		
Cheque/PO/Cash Access/Visa/Maestro	£	
Meets requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments
.....		
.....		

5. FLYING EXPERIENCE (see Guidance Notes)									
Application for Initial Authorisation only									
				Helicopters					
				Single Engine		Multi Engine		Instrument Flight	
				Day	Night	Day	Night	Day	Night
A – Flight Hours	SHE								
	MEH								
	Instrument Flight								
B – Relevant Instructional Hours	PPL								
	CPL								
	IR								
Date of Initial IR(H) Issue		UK			JAR				

6. SPONSOR ORGANISATION/COMPANY PARTICULARS (see Guidance Notes)	
Company Name	
Manager Name	Title
Course Approvals currently held	
.....	
Number of F170A Signatories for TR/IRR LPC	IR(H) Skill Test
I hereby confirm sponsorship for the applicant to be Authorised as indicated below for this company and I also verify the statement of qualifications and experience.	
F170A Signatory for the IR(H) Skill Test	<input type="checkbox"/> TR/IRR LPC <input type="checkbox"/> Type
Reason for requiring F170A Authorisation	
.....	
Signature	Date

7. PAYMENT METHODS
Please complete form SRG\1187.

8. DECLARATION (see Guidance Notes) (*delete as appropriate)
I declare that the information provided on this form is correct.
I agree to receive Flight Crew Safety material from the CAA only*/Safety material from authorised sources*. I do not wish to receive Safety material*.
Signature
Date
It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

9. SUBMISSION INSTRUCTIONS
Send your completed application form to:
Civil Aviation Authority, Personnel Licensing Department, Aviation House, Gatwick Airport South, West Sussex, RH6 0YR United Kingdom
• Together with your Actual Flying Logbook(s).

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GUIDANCE

General Guidance

Section 1 Personal Details

In all cases enter complete licence number and name. Please note that your contact telephone number given at Section 1 will be published unless the agreement to do so given at Section 8 is deleted.

Section 2 UK/JAR FCL Ratings/Authorisations held

Tick the boxes to indicate the ratings held on your UK or JAR –FCL Licence.

Flight Instructor Rating – delete the restrictions not relevant to your rating.

Tick the boxes to indicate which Examiner Authorisations are currently held.

Section 5 Flying Experience

Enter the total of your hours in the box relevant to each type of instruction listed.

Section 6 Sponsor Organisation/Company Particulars

To be completed in full by the Manager of the sponsoring organisation.

Section 8 Declaration

Please note that the contact telephone number as stated in Section 1 will be made available to the public unless the agreement to this effect is deleted in Section 8.