

## APPLICATION TO BECOME A CATERING AGENT

SF 102C

Please read carefully before filling in the form.

	If you wish to be certified as an aviation Catering Agent,					
Yo	ou should fill in this form.					
	Please print clearly in black/blue ink • Please  the relevant boxes.					
	Have you applied for certification before?	Yes	No			
	If Yes, please give details including allocated	d number,	on a separate shee	et.		
	Are you a registered company?	Yes	No			
	If <b>Yes</b> , please complete Part A. If <b>No</b> , please	e complete	Part B (overleaf).			
P	ART A					
	Company Name					
	Registration No					
	Trading as					
	VAT Reg No.					
	Registered Office Address			Postcode		
	Telephone No.			Fax No.		
* <i>F</i>	Please attach an address list of all premise	s where v	ou supply catering	g goods.		
	ow many staff do you employ for catering serv	_		-	livery.	
0-25 51-75			76-100	100+		
D	oes any member of your company have any c	nvictions?	Yes	No		
				If <b>Yes</b> please attach full details on a separate sheet		
		<b>—</b>	Now go to Part B			

Are you?								
(a) a sole propri	ietor							
Full name								
Trading as								
or								
(b) a partnershi	p or asso	ciation						
Full names of	all partnei	rs or associates						
	•							
Continued on a Trading as	separate	sheet						
For <b>(a)</b> or <b>(b)</b>								
VAT Reg No								
Address of prince	cipal office	e			Postcode			
Telephone No.					Fax No.			
*Please attach an address list of all premises where you supply catering goods.								
How many staff do you employ for catering services? i.e. acceptance, preparation, packing & delivery.								
0-25	26-50	51	1-75	76-100	1	100+		
Does any mem	Does any member of your company have any criminal convictions?  Yes  No							
					If <b>Yes</b>		ach full details on a separate sheet	
		_	Now go to P	art C				
PART C								
Please give details of the individual in your company who will officially accept any written or verbal communication from the Authority relating to catering services.								
Name								
Position in								
Company								

PART B

Official addres	S			Postcode				
Telephone No.				Fax No.				
PART D N	ow please s	ign and date the forr	n					
I declare that the in	formation I ha	ave given is, to the be	st of my kn	owledge true ar	nd corr	ect.		
Signed				Dated				
Name (CAPITA	AL LETTERS)							
Position in Cor	npany							
Now return the co	mpleted app	lication form togeth	er with the	following:				
Copy of your Catering Agent Security Programme An address list of all premises of catering Suppliers A statement of your current security policy Details of previous applications for listing								
then send it to:								
For Office Use On	ly							
Date application re	ceived							
New application?		Yes	No					
Re-application afte	r refusal?	Yes	No					
Renewal		Yes	No					
Date sent to CAAF								
Date received at Ca	<b>AAF</b>							

Date of listing	
Allocated Number	
Date of renewal	
Date application refused	
Reason for refusal	
Date refusal notified to applicant	