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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. It will be processed solely for the purposes of the performance, management and follow‑up of the Application by the Agency, without prejudice to possible transmission to internal audit services, to the Court of Auditors, to the European Anti-Fraud Office (OLAF) for the purposes of safeguarding the financial interests of the European Union. The Applicant shall have the right of access to his personal data and the right to rectify any such data that is inaccurate or incomplete. Should the Applicant have any queries concerning the processing of his personal data, he shall address them to the Agency at the following address: dpo [at] easa.europa.eu. The Applicant shall have right of recourse at any time to the European Data Protection Supervisor. |
| **1. Applicant’s Reference**  | Please provide a brief, unique identifier that we will use to refer to your application |
| **2. Applicant Data** Legal name and seat of the company as it appearson the Business Registration or similar legal document |
| 2.1 Registered Name and Address (registered name and legal seat of the company) | Account N° | 3XXXXX (if known) |
| Registered Name | Registered Name as specified in the Certificate of Incorporation |
| Trading Name | if applicable, enter Trading Name/Doing Business-as Name |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| **Important Note:** An approval may be granted to an organisation which may be either a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation. |
| **2.2 Date of Certificate of Incorporation (CoI)** | dd/mm/yyyy |
| **2.3 Billing and Postal Data** (addresses may be left blank, if same as 2.1 Applicant Data) |
| **2.3.1 Billing Address**(For the receipt of EASA Fees and Charges Invoices. EASA invoices are issued via post-mail to the address provided here.) | Company Name | Same as in section 2.1. (other name only in exceptional cases) |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.3.2 Shipping Address (postal address for the shipping of original EASA documents; if deviating from 2.1) | Company Name |  |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |

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| **Technical Application Data** |
| **3. References** |
| **EASA Part-145 N°** | Please enter your EASA approval number (EASA.145-XXXX) or enter N/A in case of inital application |
| **EASA Part-M Subpart G N°** | Please enter your EASA approval number (EASA.MG.XXXX) or enter N/A in case of inital application |
| **4. Addresses of site (s) requiring approval** |
| 4.1 Principal place of business (may be left blank, if same as 2.1 Applicant Data) | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| **4.2 Base, Engine and Component Maintenance Site(s)**  |
| 4.2.1 Facility/Site 1 | Street / Nr | Enter the address of all sites, even when they concide with the 4.1 Principal Place of Business. Enter “N/A” in the case of EASA Form 2 used for Part M Subpart G applications. |
| Post Code |  |
| City |  |
| Country |  |
| 4.2.2 Facility/Site 2 | Street/ Nr |  |
| Post Code |  |
| City |  |
| Country |  |

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| 4.2.n Facility/Site n | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

[duplicate table as applicable]

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| **4.3 Line Maintenance Location(s)** Enter “Not applicable” in the case the Maintenance Site is the same as **4.1 Place of Business** or in the case of EASA Form 2 used for Part-M Subpart G applications/approvals. |
| 4.3.1 Facility/Site 1 | Street / Nr | Enter the address of all sites, even when they concide with the 4.1 Principal Place of Business. Enter “N/A” in the case of EASA Form 2 used for Part M Subpart G applications. |
| Post Code |  |
| City |  |
| Country |  |
| 4.3.2 Facility/Site 2 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

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| 4.3.n Facility/Site n | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

[duplicate table as applicable]

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| **5. Contacts** |
| 5.1 Accountable Manager  | Title | [ ]  Mr [ ]  Ms |
| Name | Enter the name of the proposed Accountable Manager in the case of a new Part-145/Part M Subpart G Applicant or in case of change of Accountable Manger |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| 5.2. Quality Manager  | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| **5.3. Organisation Generic Email** | The Agency will use this address for all formal communication |

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| 6. Identification of Activity |
| **6.1 Application for** | **[ ]**  **Part-145 Approval** | **[ ]**  **Part-M Subpart G Approval** |
| **6.2 Application Type** | **[ ]**  Initial application  |  |
| **[ ]**  **Revision of initial application** |  |
| [ ]  Organisation name [ ]  Address data[ ]  Nominated persons | [ ]  Rating(s)[ ]  Contact detail(s) [ ]  Number of staff |
| **[ ]**  **Application for change** |  |
| [ ]  Organisation name [ ]  Address data[ ]  Nominated persons | [ ]  Rating(s)[ ]  Contact detail(s) [ ]  Number of staff |
| **[ ]**  **Notification of surrender** |  |
| **6.3 Scope of Part-145/Part-M Subpart G Approval relevant to this application** | Provide information on this application’s scope - e.g.: A1 rating and D1 rating; Change of Quality Manager; Addition of a line station. Complete sections 8 to 10 (as applicable) for details of the scope of work. |
| 7. Number of staff a) The total number of staff employed by the organisation in order to comply with EASA Part-145/Part M Subpart G b) The number of contracted staff associated with the proposed approval Enter “Not Applicable” in Base Maintenance and Line Maintenance boxes in case of EASA Form 2 used for Part M Subpart G applications/approvals. (Please also see the user guide “CAO declaration of the staff number”) |
|  | **a) Employees** | **b) Contractors** |
| **Principal Place of Business** |  | Enter N/A in the case no contracted staff are working at this site |
| **Base Maintenance Site(s)** | Enter N/A in case the application or the scope already hold does not include base maintenance activity | Enter N/A in the case no contracted staff are working at this site |
| **Line Maintenance Site(s)** | Enter N/A in case the application or the scope already hold does not include base maintenance activity | Enter N/A in the case no contracted staff are working at this site |
| **Total** |  |  |

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| **8. Scope of requested Part-145 Approval (\*)** |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. |
| **AIRCRAFT** | **RATING** | **LIMITATION** | **BASE** | **LINE** |
| Yes | No | Yes | No |
| **A1**Aeroplanes/airships above 5700 Kg | Quote the expected aircraft type to be added and/or deleted. Refer to Appendix I to AMC to Part-66 as amended by ED decision 2010/011/R and its successive issues.  |  |  |  |  |
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| **A2**Aeroplanes/airships 5700 Kg and below | Quote the expected aircraft type to be added and/or deleted. Refer to Appendix I to AMC to Part-66 as amended by ED decision 2010/011/R and its successive issues.  |  |  |  |  |
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| **A3**Helicopters | Quote the expected aircraft type to be added and/or deleted. Refer to Appendix I to AMC to Part-66 as amended by ED decision 2010/011/R and its successive issues.  |  |  |  |  |
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| **A4**Aircraft other than A1, A2 or A3 | Quote aircraft type or group  |  |  |  |  |
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| **ENGINES** | **B1**Turbine | Quote the expected engine type(s) to be added and/or deleted as defined in the engine TCDS |
|  |
| **B2**Piston | Quote engine manufacturer or group or type(s) to be added and/or deleted as defined by the OEM  |
|  |
| **B3**APU | Quote the expected APU type(s) to be added and/or deleted as defined by the OEM  |
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| **COMPONENTS OTHER THAN COMPLETE ENGINES OR AUXILIARY POWER UNITS** | **C1** | Air Cond & Press | [ ]  | State aircraft type or aircraft manufacturer or component manufacturer or the particular component and/or the maintenance task(s) and/or cross refer to a capability list in the exposition |
| **C2** | Auto Flight | [ ]  |
| **C3** | Comms and Nav | [ ]  |
| **C4** | Doors – Hatches | [ ]  |
| **C5** | Electrical Power & Lights | [ ]  |
| **C6** | Equipment | [ ]  |
| **C7** | Engine – APU | [ ]  |
| **C8** | Flight Controls | [ ]  |
| **C9** | Fuel | [ ]  |
| **C10** | Helicopter – Rotors | [ ]  |
| **C11** | Helicopter – Trans | [ ]  |
| **C12** | Hydraulic Power | [ ]  |
| **C13** | Indicating/Recording System | [ ]  |
| **C14** | Landing Gear | [ ]  |
| **C15** | Oxygen | [ ]  |
| **C16** | Propellers | [ ]  |
| **C17** | Pneumatic & Vacuum | [ ]  |
| **C18** | Protection Ice/Rain/Fire | [ ]  |
| **C19** | Windows | [ ]  |
| **C20** | Structural | [ ]  |
| **C21** | Water Ballast  | [ ]  |
| **C22** | Propulsion Augmentation | [ ]  |
| **SPECIALISED SERVICES** | **D1** Non Destructive Testing | [ ]  | Eddy Current Inspection |  |
| [ ]  | Liquid Penetrant Inspection |
| [ ]  | Magnetic Particle Inspection |
| [ ]  | Radiography Inspection |
| [ ]  | Shearography Inspection |
| [ ]  | Thermography Inspection |
| [ ]  | Ultrasonic Inspection |
| [ ]  | Other Method | State particular NDT method(s) |
| **SPECIALISED SERVICES** | Quote specialised activities (such as NDT, painting, welding, plating, plasma spray, heat treatment, etc.) intended to be performed in the “course of maintenance” under any rating (Ax, Bx or Cx). These activities do not need to be mentioned if contracted  |
| **9. Scope of requested Part-M Subpart G Approval (\*)**Please do not enter any data in this table in case of EASA Part-145 application |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. |
| **Rating** | **Manufacturer**  | **Model**Quote the aircraft model and the engine type fitted thereon | **Registration** | **Approved Maintenance Programme reference** |
| **A1**Aeroplanes/airships above 5700 Kg |  |  |  |  |
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| **A2**Aeroplanes/airships 5700 Kg and below |  |  |  |  |
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| **A3**Helicopters |  |  |  |  |
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| **A4**Aircraft other than A1, A2 or A3 |  |  |  |  |
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| **10. Sub-contracted organisations working under this approval** |
| **Name/Address** | Enter N/A in case of EASA Part-145 application |
| **Name/Address** | Enter N/A in case of EASA Part-145 application |

[add rows as applicable]

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| 11. Other EASA approvals held by the applicant |
| **EASA POA Approval** | EASA.G. **XXX** | **EASA DOA Approval** | EASA.21J. **XXX** |
| **EASA MTOA Approval** | EASA.147. **XXXX** |  |

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| 12. Applicant’s declaration and acceptance of the Terms of Use for the EASA Inspection and Finding Platform Service (IFP Service) |
| I, as Quality Manager of the Organisation, herewith declare to be duly authorised/empowered to validly represent the company as detailed above for the purpose of accessing and using the EASA Inspection and Finding Platform Service (IFP Service).I acknowledge that I have read,understood the Terms of Use of the IFP Service available on EASA CAO web page <https://www.easa.europa.eu/sites/default/files/dfu/Terms%20of%20Use%20for%20the%20EASA%20Inspection%20and%20Findings%20Platform%20%28IFP%29.pdf> and I agree to abide by them.  |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Quality Manager |

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| 13. Applicant’s declaration and acceptance of the General Conditions and Terms of Payment |
| I declare that I have the legal capacity to submit this application to EASA and that all information provided in this application form is correct and complete.I have understood that I am submitting an application for which fees or charges will be levied by EASA in accordance with Commission Regulation (EC) on the fees and charges levied by the European Aviation Safety Agency, as last amended and available from <http://easa.europa.eu/>> Legislation > Fees & Charges.I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://easa.europa.eu/>> Legislation > Fees & Charges>General Conditions and Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment. |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Accountable Manager\*\* |
| **\*\*Important note:** EASA does not accept applications without signature. **The signature** of either the Accountable Manager or of the new proposed Accountable Manager (in case of initial Part-145/Part M Subpart G or in case of changed Accountable Manager) **is always required.** |
| This Application should be sent by fax, email or regular mail to: **European Aviation Safety Agency** Applicant Services DepartmentPostfach 10 12 53D-50452 KölnGermany **Fax:** +49 – (0)221 - 89990 ext. 4458Email as applicable to :**Email**: Foreign145@easa.europa.euOR**Email**: Foreigncamo@easa.europa.eu  | **Completion Instructions**Please double-click on the relevant icon to access the completion instructions. |