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| **Data protection:** Personal data included in this request is processed by EASA pursuant to Regulation (EU) No 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies 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 request 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 requester 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 requester 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 requester shall have right of recourse at any time to the European Data Protection Supervisor. |

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| **1. Your Reference** | Please provide a brief, unique identifier that we will use to refer to your request |

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| **2. Company Address and Contact Data** | | |
| **2.1 Company Data** | | |
| **2.1.1 Name and Address** registered (business) name and address/legal seat of the company | Account Number | **3XXXXX** |
| (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.1.2 Contact Person** responsible for this request and recipient of all related correspondence | Title | Mr  Ms |
| Name |  |
| First Name |  |
| Job Title |  |
| Phone |  |
| Email |  |
| **Important Note:** If you do not have an EASA account, you need to submit a copy of your company’s **Business Registration** or similar legal document stating the name and seat of the company. | | |
| **2.2 Billing Data** (may be left blank if same as 2.1 Company Data) | | |
| **2.2.1 Billing Address**  EASA Fees and Charges invoices will state the address entered here | (Company) Name | Same as in section 2.1.1 (other name only in exceptional cases) |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.2.2 Contact Person**  responsible for ensuring the EASA terms of payment are honoured - electronic invoice(s) will be issued to the email address indicated here | Title | Mr  Ms |
| Name |  |
| First Name |  |
| Job Title |  |
| Phone |  |
| Email | generic email address, if available, e.g. accounting@company.com |

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| **3. Identification of Activity** | |
| Technical Advice Contract (TAC) | The Agency provides by way of assistance a service to the Client by giving general technical advice on a case-by-case basis. |
| Innovation Partership Contract (IPC) | The Agency provides by way of assistance a service to the Company by supplying its technical knowledge and support within an Innovation project to support the development and maturity of novel technologies, new business models or new services. |
| Pre-Application Contract (PAC) | The Agency provides by way of assistance a service to the Company by supplying its technical knowledge and support within a “Pre-Application Project” to support the development of a new product, whose concept is feasible and mature, including its Preliminary Design Definition, but for which the adequate design and/or operational regulatory framework is not mature yet to file an application for certification in accordance with Article 2 of Commission Regulation (EU) No 748/2012. |
| **Important Note:** Please complete the Statement of Work in Annex I of this form (refer to the Completion Instructions).  EASA cannot accept requests for Innovation Services Contracts without a completed Annex I. | | |

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| 4. Description | |
| 4.1 Title | Please limit to 40 characters |
| 4.2 Description / Domain |  |

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| 5. Declaration and Acceptance of the General Conditions and Terms of Payment | | |
| I declare that I have the legal capacity to submit this request to EASA and that all information provided in this form is correct and complete.  I have understood that confirmation of this request by the Agency will result in the negotiation of an Innovation Services Contract and, once signed by both Parties, in the invoicing of work hours / travel costs by EASA in accordance with Commission Implementing Regulation (EU) on the fees and charges levied by the European Union Aviation Safety Agency, as last amended and available from <http://easa.europa.eu/> > Regulations > Fees and Charges (ref. PART II ‘Certification tasks or services charged on an hourly basis’).  I am aware that The Agency may reject or delay acceptance of an Innovation Services Contract request based on the maturity of the request and/or the availability of EASA resources.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <https://www.easa.europa.eu/> > the Agency > FAQs > Fees & Charges > Downloads > Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges must be paid and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment. | | |
|  |  |  |
| Date/Location | Name/Function | Signature |
| **Important Note:** EASA cannot accept requests without signature. Please make sure that you sign the form. | | |
| This request should be sent by e-mail to:  [Applicant.Services@easa.europa.eu](mailto:Applicant.Services@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to access the completion instructions. |

**ANNEX I**

**Provision of Innovation Services – Specification of Tasks**

*[please see completion instructions]*

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| **Scope and Purpose of the Service** |
| [TBD] |
| **Scope of the Assessment** |
| [TBD] |
| **Tasks and Resources** |
| [TBD] |
| **Timeline** |
| [TBD] |
| **Deliverables** |
| [TBD] |