|  |
| --- |
| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) 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 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. Your Reference | Please provide a brief and unique identifier that we will use to refer to your application |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Applicant Address and Contact Data | | | | |
| 2.1 Applicant Data | | | | |
| 2.1.1 Name and Addressregistered (business) name and address/legal seat of the company | | Account Number | | **3XXXXX** |
| (Company) Name | |  |
| Street / No | |  |
| Post Code | |  |
| City | |  |
| Country | |  |
| 2.1.2 Contact Personresponsible for this application | | Title | | Mr  Ms |
| Name | |  |
| First name | |  |
| Job title | |  |
| Phone | |  |
| Email | |  |
| Important Note: First time applicants need to submit a copy of the company’s Business Registration or similar legal document stating name and seat of the company together with the application. | | | | |
| 2.2 Billing Data (may be left blank if same as 2.1 Applicant Data) | | | | |
| 2.2.1 Billing AddressEASA 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 / No | |  | |
| PO Box | |  | |
| Post Code | |  | |
| City | |  | |
| Country | |  | |
| 2.2.2 Contact PersonResponsible for ensuring the EASA terms of payment are honoured - electronic invoices 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 | |

|  |  |  |
| --- | --- | --- |
| 3. Course Identification | | |
| 3.1 Activity | 3.1.1  Application for initial course approval3.1.2  Application for change to existing couse approval | |
| 3.2 Original Course Approval Referenceplease complete in case of 3.1.2 |  | |
| 3.3 Original Course Approval Issue Date please complete in case of 3.1.2 |  | |
| 3.4 Course title |  | |
| 3.5 Course Reference No |  | |
| 3.6 Syllabus Reference No |  | |
| 3.7 Training Area | Part-IS | |
| 3.8 Course Contact Person responsible for the course content | Title | Mr  Ms |
| Name |  |
| First name |  |
| Function |  |
| Email |  |
| 3.9 Course Start Date intended date of first delivery of the course |  | |

|  |  |  |
| --- | --- | --- |
| 4. Supporting Documents | | |
| **4.1 Documents to submit  with the application**  (as applicable) | Course syllabus Training Material  Operational Manual | Other, please specify:  Title of other supporting document(s) | |

|  |
| --- |
| 5. Financial Estimate Request |
| I hereby request EASA to provide a financial estimate for the total charges related to this application. EASA is to continue the processing of this application only after acceptance of the financial estimate. I am aware that the provision of a financial estimate will lead to a delayed project start. |

|  |  |  |
| --- | --- | --- |
| 6. 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 Implementing Regulation (EU) 2019/2153 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 & Charges.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://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, 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. | | |
|  |  |  |
| Date/Location | Name of Accountable Manager | Signature |
| This Application 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 |