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| **Data protection:** Personal data included in this application 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 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. |

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

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| **2. Applicant Address and Contact Data** | | | | |
| **2.1 Applicant Data** | | | | |
| 2.1.1 Name and Address(registered (business) name and address/legal seat of the company) | Account Number | **3XXXXX** | (A)DOA Reference | **if applicable** |
| (Company) Name |  | | |
| Street / Nr |  | | |
| Post Code |  | | |
| City |  | | |
| Country |  | | |
| 2.1.2 Contact Person(responsible for this application) | Title | Mr  Ms | | |
| Name |  | | |
| First name |  | | |
| Job title |  | | |
| Phone / Fax |  | | |
| 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. In case the applicant is not a company but a natural person, a copy of the person’s **ID or passport** needs to be provided in a **separate document** with the first application. | | | | |
| **2.2 Billing Data** (may be left blank, if same as 2.1 Applicant 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 |  | | |

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| **2.2.2 Contact Person** (responsible for ensuring the EASA terms of payment are honoured. The electronic invoice will be issued to the email address indicated here.) | Title | Mr  Ms | |
| Name |  | |
| First name |  | |
| Job title |  | |
| Phone / Fax |  | |
| Email | generic email address, if available, e.g. accounting@company.com | |
| **2.3 Shipping Data** (may be left blank, if same as 2.1 Applicant Data) | | | |
| 2.3.1 Certificate Delivery Address(for the shipping of original EASA documents) | (Company) Name | |  |
| Street / Nr | |  |
| PO Box | |  |
| Post Code | |  |
| City | |  |
| Country | |  |
| **2.3.2 Contact Person** (shipping) | Title | | Mr  Ms |
| Name | |  |
| First name | |  |
| Job title | |  |
| Phone / Fax | |  |
| Email | |  |

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| 3. Airworthiness Directive Identification | | |
| 3.1 AD Reference (limited to one AD Number reference per AMOC application) | AD Number |  |
| AD Title |  |
| AD issued by |  |

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| --- | --- | --- | --- |
| 4. Product Identification | | | |
| **4.1 Product Category** | Large Transport Aeroplane  Business Jet  Regional Transport Aeroplane  VTOL | Small Aeroplane  (Powered) Sailplane  Balloon  Airship | Engine  Propeller  Auxiliary Power Unit  Equipment |
| **4.2 Applicability** | Type Certificate Number |  | |
| Type Certificate Holder |  | |
| Type Name |  | |
| Model(s) |  | |
| Serial Number(s) |  | |
| Other Criteria |  | |
| **4.3 Airworthiness Code** | Please specify the applicable airworthiness code, e.g. CS-25 | | |

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| 5. Description | |
| 5.1 Title | Please limit to 40 characters |
| 5.2 Description |  |
| 5.3 Justification |  |

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| --- | --- | --- |
| 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) 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.  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 | Signature |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. | | |
| This Application should be sent by e-mail to:  [amoc@easa.europa.eu](mailto:amoc@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to  access the completion instructions. |