|  |
| --- |
| **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 declarant 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 declarant have any queries concerning the processing of his personal data, he shall address them to the Agency at the following address to the data protection officer: dpo [at] easa.europa.eu. The declarant shall have right of recourse at any time to the European Data Protection Supervisor. |

**PART 1 – REQUEST FOR REGISTRATION**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Declarant (DPO) Address and Contact Data** | | | | |
| **2.1 Declarant Data** | | | | |
| 2.1.1 Name and Addressregistered (business) name and address/legal seat of the company | Account Number | **3XXXXX** | DPOA Reference | **DPO.XXX** |
| (Company) Name |  | | |
| Street / No |  | | |
| Post Code |  | | |
| City |  | | |
| Country |  | | |
| 2.1.2 Contact Personresponsible for this request, who will be informed of the registration | Title | Mr  Ms | | |
| Name |  | | |
| First name |  | | |
| Job title |  | | |
| Phone |  | | |
| Email |  | | |
| **2.2 Billing Data** (may be left blank, if same as 2.1 Declarant 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 Personresponsible 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 | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. Identification of Activity | | | | | |
| 3.1 Declaration Type |  | Initial - New equipment or Major Change to registered equipment | | | |
|  | Minor Change requiring a change of the ATM/ANS Equipment Registration | | | |
| **3.2 ATM/ANS Equipment Registration No**  only complete in case of Minor Change to registered ATM/ANS equipment | EASA.ATMEQ.DEC.600XXXXX | | | Issued on | dd/mm/yyyy |
| **3.3 Description of Minor Change**  only complete in case of Minor change to registered equipment | Change of name/address  Other change | | Please describe the Minor Change | | |

|  |  |
| --- | --- |
| 4. ATM/ANS Equipment Identification | |
| **4.1 Model** |  |
| **4.2 Description** |  |
| **4.3 Part Number(s)** |  |

|  |  |
| --- | --- |
| 5. Design Compliance Information | |
| **5.1 Applicable Detailed Specifications** | *e.g. state here ‘DS-GE.CER/DEC —Issue X’ and ‘DS-GE.SoC — Issue X’ where applicable, where X is the latest issue of the DS applicable at the time of application* |
| **5.2 Identification of DS DEC Functions** | *e.g. refer to Detailed Specifications functions and applicable sections using the taxonomy indicated in the following file (double-click on the icon to open)*  *+ mention ‘incomplete function’ when equipment is only a constituent of the DS function* |
| **5.3 Identification of additional embedded SoC DS Functions** | *e.g. refer to Detailed Specifications functions and applicable sections using the taxonomy indicated in file in section 5.2 + mention ‘incomplete function’ when equipment is only a constituent of the DS function* |
| **5.4 Deviations** | *e.g. answer here Yes /No*  *if yes add the reference of the approved deviations published in the EASA website and used in the attestation basis* |
| **5.5 Design Compliance Documentation** | *Please specify the reference of the related DPO document “Declaration of Compliance”, issue, date.*  *Declaration of Compliance document to be submitted to EASA in parallel to this request for registration of the Declaration.* |

|  |  |  |
| --- | --- | --- |
| 6. Declarant’s Acceptance of the General Conditions and Terms of Payment | | |
| I declare that I have the legal capacity to submit this request for registration of a Declaration of Design Compliance for ATM/ANS Equipment to EASA and that all information provided in this form is correct and complete, and in accordance with the submitted Declaration of Design Compliance referenced in section 5.5.  I have understood that I am submitting a request for registration 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 Declaration is successfully registered 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 this form. | | |
| This request and any additional documents 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 |

**PART 2 – TECHNICAL CLOSURE**

|  |  |
| --- | --- |
| To be filled in **only** by the European Union Aviation Safety Agency (or delegated personnel NAA/QE) | |
| **8. Statement of Technical Closure** | |
| **The EASA ATM/ANS PCM did not find evidence during the assessment of the submitted Declaration of Design Compliance referenced in Section 5.5 that the equipment does not comply with the applicable attestation basis.**  (When Approved Deviations are used in the attestation basis:) **The EASA ATM/ANS PCM has assessed that deviations are used in the same conditions as stated in the published approved Deviation, for which Equivalent Level of Safety has been found.** | |
| **8.1. Date of receipt of Declaration** |  |
| **8.2. EASA assessment date** |  |
| **8.3. EASA ATM/ANS PCM** |  |
| **8.5. Remarks** (Please use this space for any other relevant information) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **9. Registration Reference – Declaration of Design Compliance** | | | |
| **9.1 Registration No:** | e.g. EASA.ATMEQ.DEC.600XXXXX | **Issue No:** |  |
| **9.2 Declaration of Design Compliance** | Document reference, issue/revision number, dated dd/mm/yyyy. | | |
| **9.3 Attestation basis** |  | | |
|  |  | |  |
| Date/Location | Name  (EASA ATM/ANS Project Certification Manager) | | Signature |
| **Please send this Technical Visa to:** [applicant.services@easa.europa.eu](mailto:applicant.services@easa.europa.eu) | | | |