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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 to the data protection officer: 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, 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** | DPOA Reference | **DPO.XXX** |
| (Company) Name |  |
| Street / No |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.1.2 Contact Personresponsible for this application, who will receive the issued certificate | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone |  |
| Email |  |
| **Important Note:** Applicants who are not yet holder of a DPOA 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 / No |  |
| 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 |

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

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

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| 5. Certification Basis |
| **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 CER 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 DEC or 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* |

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| 6. Data Requirements |
| **6.1 Remarks**e.g. CP in preparation |  |

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| **7. (EU) 2023/1769 Demonstration of Eligibility** |
| **I declare that this application is:** |
| **[ ]**  | Within the current approved scope of work of the approved Design and Production Organisation  | DPO Number | (Company) Name |
| *e.g. DPO.XXX* | *e.g. DPOA name* |
| **[ ]**  | Following a new application for Design and Production Organisation Approval ([**FO.AOA.00085**](https://www.easa.europa.eu/en/document-library/application-forms/foaoa00085)) | DPO Application Date |  |
| **[ ]**  | Following an application for a change to the scope of work via EASA Form ([**FO.AOA.00085**](https://www.easa.europa.eu/en/document-library/application-forms/foaoa00085)) | DPO Application Date |  |

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| 8. 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. |

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| 9. 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. |
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| Date/Location | Name/Function | Signature |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. |
| This application and any additional documents should be sent by e-mail to:applicant.services@easa.europa.eu | **Completion Instructions**Please double-click on the icon to access the completion instructions |