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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, 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(s) 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. Identification of Activity |
| 3.1 Application Type | [ ]   | Initial Approval(**→** continue with section4. Product Identification) |
| [ ]   | Minor Change which requires a change of the ETSOA (**→** please complete 3.2 and 3.3) |
| **3.2 Authorisation N°**(only complete in case of Minor change to approved equipment) |  | 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. Product Identification |
| **4.1 Kind of Part/Non-installed Equipment in accordance with the Fees and Charges Regulation** |
| **[ ]**  Part/Non-installed Equipment – value above € 20,000 | CS-ETSO.A |
| **[ ]**  Part/Non-installed Equipment – value between € 2,000 and € 20,000 | CS-ETSO.B |
| **[ ]**  Part/Non-installed Equipment – value below € 2,000 | CS-ETSO.C |
| **4.2 Type/ Model** |  |
| **4.3 Description** |  |
| **4.4 Part Number(s)** |  |
| **4.5 Equipment Category** | Please enter the ID-Category according to the scheme in Annex 1. |  |

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| 5. Certification Basis |
| **5.1 ETSO Standard(s)** |  |
| **5.2 Deviations** | **[ ]**  None | **[ ]**  Deviations (→ please specify below) |
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| 6. Data Requirements |
| **6.1 Demonstration for Capability for Production**  | if applicable |
| **6.2 Remarks**(e.g. DDP in process) |  |

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| **7. Part 21 demonstration of eligibility** |
| **I declare that this application is:** |
| **[ ]**  | Within the current approved scope of work of the applicant’s DOA/ADOA |
| **[ ]**  | Undertaken by another person than the applicant for, or holder of, a certificate (Part 21.A.2) | Name | (Company) Name |
| DOA/ADOA N**°** | DOA/ADOA N° |
| **[ ]**  | Following a new application for Design Organisation Approval (**FO.DOA.00080**)or Alternative Procedures to Design Organisation Approval (**FO.DOA.00081**). | Application Date |  |
| **[ ]**  | Following an application for a change to the scope of work via EASA Form **FO.DOA.00081** or **FO.DOA.00082.** | Application Date |  |
| **[ ]**  | Without an (A)DOA (only for organisations not located in an EASA member state). |

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| 8. 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 | 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:etsoa@easa.europa.eu | **Completion Instructions**Please double-click on the icon to access the completion instructions |