|  |
| --- |
| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) No 2018/2175 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 Union 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 Union Data Protection Supervisor. |

|  |  |
| --- | --- |
| 1 Your Reference | Please provide a brief, 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 Address(registered (business) name and address/legal seat of the company) | | Account Number | **3XXXXX** | | | |
| (Company) Name |  | | | |
| Street / Nr |  | | | |
| Post Code |  | | City |  |
| Country |  | | | |
| 2.1.2 Contact Person(In charge of this application) | | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email |  | | | |
| 2.1.3 FSTD Certificate ID # | | EU-**XXXXXX** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Changes (Only complete the parts affected by the change) | | | | | |
| 3.1 Changes to Billing Data  No (Proceed to 3.2)  Yes (Please specify changes below) | | | | | |
| 3.1.1 Billing Address(EASA Fees and Charges Invoices will state the address entered here.) | (Company) Name | Same as in section 2.1.1 | | | |
| Street / Nr |  | | | |
| PO Box |  | | | |
| Post Code |  | | City |  |
| Country |  | | | |
| 3.1.2 Contact Person(The electronic invoice(s) will be issued to the email address indicated here.) | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email | / generic email address, if available, e.g. accounting@company.com | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.2 Change of PPoB (Principal Place of Business) or FSTD Location  No (Proceed to 3.3)  Yes (Please specify changes below) | | | | |
| 3.2.1 New PPoB Address | (Company) Name |  | | |
| Street / Nr |  | | |
| Post Code |  | City |  |
| Country |  | | |
| 3.2.2 New FSTD Location Address | (Company) Name |  | | |
| Street / Nr |  | | |
| Post Code |  | City |  |
| Country |  | | |

|  |  |
| --- | --- |
| 3.3 Changes to FSTD  No (Proceed to 3.4)  Yes (Please specify changes below) | |
| 3.3.1 Modification | Modification  This application has to be sent only if a special evaluation on-site is requested by EASA after the review of the FSTD Modification Information Sheet.  The EASA response sheet requesting a special evaluation (form FO.FCTOA.00137) must be submitted with this application. |
| 3.3.2 EEP (See paragraph 5) | FSTD to be considered for Extended Evaluation Programme (EEP)  Proposed starting date: Click or tap to enter a date.  Proposed period:  2 years  3 years |
| 3.3.3 Certificate (See paragraph 5) | Administrative re-issuance of an FSTD qualification certificate |
| Reason for re-issuance |
| 3.3.4 Deactivation (See paragraph 5) | FSTD de-activation  (This should be sent to EASA **at least FIVE months** prior to the FSTD due date for recurrent evaluation with a deactivation plan)  Date of De-activation: Click or tap to enter a date. |
| 3.3.5 Reactivation | FSTD re-activation  Date of Re-activation: Click or tap to enter a date. |
| 3.3.6 Surrender (See paragraph 5) | FSTD qualification certificate surrender  (This should be sent to EASA **at least FIVE months** prior to the FSTD due date for recurrent evaluation)  Date of surrender: Click or tap to enter a date.  Please return ALL certificate revisions (current and previous) to EASA when not electronic. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3.4 Changes to the FSTDO  No (Proceed to 4)  Yes (Please specify changes below) | | | |
| 3.4.1 Post holder Nominee - Accountable Manager  - Compliance Manager  - Safety Manager  - Compliance Monitoring Manager  - Information Security Manager | Name / First name | Mr  Ms |  |
| Nominated for the post (see completion instructions) |  | |
| Phone / email |  | |
| Qualification relevant to the post |  | |
| Experience relevant to the post |  | |
| 3.4.2 Documentation **(Management System Manuals, Procedures)**  (See paragraph 5) | Major changes to the management system documentation | | |

|  |  |
| --- | --- |
| 4 Dates | |
| 4.1 Requested onsite audit or FSTD evaluation start date | Click or tap to enter a date. |
| 4.2 Intended Ready For Training (RFT) date | Click or tap to enter a date. |
| **Important Note:** A minimum of three (3) months’ notice is required before any evaluation or audit may be conducted. | |

|  |  |
| --- | --- |
| 5 Documents and manuals to be submitted with application (as applicable) | |
| FSTD modification EASA response sheet (form FO.FCTOA.00137)  Amendment to the Management System documentation describing the EEP process  Amended Management System manual, procedures | Surrendered certificate documentation  (all previously issued revisions of the qualification certificate)  FSTD De-activation supporting plan, documentation |

|  |
| --- |
| 6 Additional comments (Additional features, capabilities or special equipment not covered in section 4, or any other information considered to be relevant to be able to complete the requested activity.) |
|  |

|  |  |  |
| --- | --- | --- |
| 7 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 & 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 that I am 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. For travel cost estimates a calculator is available here: <http://easa.europa.eu/travel-cost-estimate-calculator>  I declare that I am aware of the consequences of non-payment. | | |
|  |  |  |
| Date/Location | Name of the Accountable Manager | Signature of the Accountable Manager |
| **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:  [applicant.services@easa.europa.eu](mailto:Applicant.services@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to access the completion instructions |