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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) 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** |
| (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 |  |
| 2.2 Principle Location (may be left blank, if same as 2.1 Applicant Data) | | |
| 2.2.1 Name and Location Address | (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

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| 2.3 Additional Locations | Yes  No | |
| 2.3.1 Location Address | Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

*Please duplicate this table to add further locations.*

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| 2.4 Billing Data (may be left blank, if same as 2.1 Applicant Data) | | |
| 2.4.1 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 |  |
| 2.4.2 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 |  |
| Email | generic email address, if available, e.g. accounting@company.com |
| 2.5 Shipping Data (may be left blank, if same as 2.1 Applicant Data) | | |
| 2.5.1 Certificate Delivery Address(for the shipping of original EASA documents) | (Company) Name |  |
| Street/Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.5.2 Contact Person(shipping ) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Email |  |

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| 3. Identification of Activity | |
| 3.1 Activity | 3.1.1  Application for initial approval3.1.2  Application for change |
| 3.2 Original Approval Ref.please complete in case of 3.1.2 |  |
| 3.3 Issued byplease complete in case of 3.1.2 |  |

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| **4. Scope of Services**  for which Certification is requested in accordance with the provision of Commission Implementing Regulation (EU) 2017/373 | | |
| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Air Traffic Services (ATS) | Air Traffic Control (ATC) | Area Control Service |
| Approach Control Service |
| Aerodrome Control Service |
| Flight Information Service (FIS) | Aerodrome Flight Information Service (AFIS) |
| En-route Flight Information Service (En-route FIS) |
| Advisory Service | N/A |
| Air Traffic FlowManagement (ATFM) | ATFM | Provision of the local ATFM |
| Airspace Management (ASM) | ASM | Provision of the local ASM (tactical/ASM Level 3) service |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Communication, navigation or surveillance services (CNS) | Communications (C) | Aeronautical Mobile Service (air-ground communication) |
| Aeronautical Fixed Service (ground-ground communications) |
| Aeronautical Mobile Satellite Service (AMSS) |
| Navigation (N) | Provision of NDB signal-in-space |
| Provision of VOR signal-in-space |
| Provision of DME signal-in-space |
| Provision of ILS signal-in-space |
| Provision of MLS signal-in-space |
| Provision of GNSS signal-in-space |
| Surveillance (S) | Provision of data from Primary Surveillance (PS) |
| Provision of data from Secondary Surveillance (SS) |
| Provision of Automatic Dependent Surveillance (ADS) Data |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Aeronautical Information Services (AIS) | Aeronautical information products (including distribution services) | Aeronautical information publication (AIP) |
| Aeronautical information circular (AIC) |
| NOTAM |
| AIP data set |
| Obstacle data sets |
| Aerodrome mapping data sets |
| Instrument flight procedure data sets |
|  | Preflight information services | n/a |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Data Services (DAT) | Type 1 | Provision of Type 1 DAT authorizes the supply of aeronautical databases in the following format:  [List of the generic data format]  Provision of Type 1 DAT authorizes the supply of aeronautical databases to Type 2 DAT providers. |
| Type 2 | Provision of Type 2 DAT authorizes the supply of aeronautical databases to end-users/aircraft operators for the following airborne application/equipment for which compatibility has been demonstrated:  [Manufacturer] Certified Application/Equipment model [XXX], Part No [YYY] |
| **Conditions/limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Meteorological Services (MET) | MET | Meteorological Watch Office |
| Aerodrome Meteorological Offices |
| Meteorological Stations |
| Volcanic Ash Advisory Centre (VAAC) |
| World Area Forecast Centre (WAFC) |
| Tropical Cyclone Advisory Centre (TCAC) |
| **Conditions/limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Flight Procedure Design (FDP) | Design, documentation and validation of flight procedures | n/a |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| ATM network functions | Design of ERN | n/a |
| Scarce resources | Radio frequency |
| Transponder code |
| ATFM | Provision of the central ATFM |
| **Conditions/limitations identified** |  | |

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| 5. Description of changes applied for under existing Approval | |
| 5.1  Changes to the Organisation | please describe |
| 5.2  Changes to the Services | please describe |

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| 6. Other | | | |
| 6.1. Number of staffinvolved in the activities under the Scope of Services |  | | |
| 6.2 Name and Signature of the Chief Executive Officer (or equivalent position within the Organisation) | | | |
| enter name | | enter position |  |
| Name  of CEO (or equivalent position) | | Position | Signature |
| 6.3 List of documentation to be provided with the application  1. Organisation Exposition 2. A copy of the national Companies register / Certificate of Incorporation or in the case of an individual Service Provider proof of self-employment status | | | |

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| 7. 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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| 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 & 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 of Accountable Manager | Signature |
| 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 |