|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. General** | | | | |
| Transfer of Type Certificate (TC) | | | Transfer of Supplemental Type Certificate (STC) | |
| **2. Details of Certificate to be transferred** | | | | |
| 2.1 Certificate No. | | Certificate no. | | |
| 2.2 Manufacturer | | Manufacturer | | |
| 2.3 Type/Model | | Type/Model | | |
| 2.4 Foreign Approval Reference *(if applicable)* | | Foreign Approval Reference | | |
| 2.5 Title | | Title of Certificate to be transferred | | |
| 2.6 Description | | Description | | |
| 2.7 Limitations and Conditions | | Limitations and Conditions | | |
| 2.8 Reason for transfer | | Reason for transfer of certificate | | |
| 2.9  The original certificate is attached. | | | | |
| **3. Applicant / Current certificate holder** | | | | |
| 3.1 Name | | Name | | |
| 3.2 Address *(registered business/postal address)* | | Address | | |
| 3.3 Contact Person | | Contact Person | | |
| 3.4 Telephone | | Phone | | |
| 3.5 Fax | | Fax | | |
| 3.6 E-mail | | E-mail | | |
| 3.7 Part 21 Demonstration of Capability *(if applicable)* | | Part 21 Demonstration of Capability | | |
| 3.8.1 Financial Contact  *(if applicable)* | | Financial Contact | | |
| 3.8.2 Complete Address | | Address | | |
| 3.8.3 Telephone | | Phone | | |
| 3.8.4 Fax | | Fax | | |
| 3.8.5 E-Mail | | E-mail | | |
| **4. Transfer to new Certificate holder** | | | | |
| 4.1 Name | | Name | | |
| 4.2 Address *(registered business/postal address)* | | Address | | |
| 4.3 Contact Person | | Contact Person | | |
| 4.4 Telephone | | Phone | | |
| 4.5 Fax | | Fax | | |
| 4.6 E-mail | | E-mail | | |
| 4.7 Part 21 Demonstration of Capability *(if applicable)* | | Part 21 Demonstration of Capability | | |
| **5. Charges information** | | | | |
| Applicants will be charged in accordance with the Commission Regulation (EU) No. 319/2014 of 27 March 2014 and any subsequent amendment, on the fees and charges levied by the European Aviation Safety Agency (<http://www.easa.europa.eu/> > Regulations > Fees and Charges).  In the event of cancellation of the application, the working hours already spent will be fully recovered at the hourly fee set out in Part II of the Annex. EASA will also recover travel costs outside the territories of the EU Member States. | | | | |
| **6. Financial information** | | | | |
| EASA will only be able to return prepaid amounts if the attached THIRD PARTY FINANCIAL INFORMATION page is duly provided. | | | | |
| **7. Applicant’s declaration** | | | | |
| I confirm that the information contained herein is correct and complete. I have accessed, read and agree to be bound by the Agency’s Terms of Payment (available here: <http://www.easa.europa.eu/> > the Agency > FAQs > Fees & Charges > Terms of Payment). Accordingly, I agree to pay the fees levied by EASA in respect of the transfer of a certificate and am aware of the consequences of non-payment.  I confirm that all certificate related documents and records will be transferred to the new certificate holder.  I confirm that all continuing airworthiness related documents and records will be transferred to the new certificate holder.  A declaration of the new certificate holder to take on the new privileges and obligations as certificate holder is attached. | | | | |
| **8. Quote Request** | | | | |
| I hereby request EASA to provide a quote for the estimated total charges related to this application. EASA is to continue the processing of this application only after the quote has been accepted. | | | | |
| **9. Signature** | | | | |
| Date | Name | | | Signature |
| This Application should be sent by fax, e-mail or regular mail to:  **European Aviation Safety Agency** Certification and Approval Support Department Postfach 10 12 53 D-50452 Köln Germany   Fax: +49 (0)221 89990 ext. 4458  E-mail: [CertificateTransfer@easa.europa.eu](mailto:CertificateTransfer@easa.europa.eu) | | | | |

**DO NOT FORGET TO SIGN THE APPLICATION FORM**

Information to be entered into transfer of certificate application form :

The use of this form is required to enable EASA to process applications without undue delay. The individual fields of the application form may be varied in size to allow entry of all required information. It is strongly recommended to use the English language.

Field 1: please tick the dedicated box for Type Certificate or Supplemental Type Certificate transfer; no certificate other than TC or STC can be transferred

Field 2.1-2.3: enter details of the certificate to be transferred for TC and STC

Field 2.4-2.6: for STC also enter title, description and limitations/conditions

Field 2.7: enter the reason for the transfer

Field 2.8: if the original certificate cannot provided at the time of application, at least a copy shall be attached. The transfer will be made only if the original certificate was sent to EASA.

Field 3.1: enter the name of the current holder of the certificate

Field 3.2: enter registered business address as printed on the certificate; add postal address if different e.g. for mailing or billing purposes

Field 3.3-3.6: enter name, telephone, fax and e-mail of contact person for this application

Field 3.7: for EU applicants: make reference to DOA / alternative procedures approval or related application made to EASA

Field 3.8.1-3.8.5: enter name, address, telephone, fax and e-mail of financial contact of the current holder of the certificate

Field 4.1: enter the name of the new holder of the certificate

Field 4.2: enter registered business address to be printed on the re-issued certificate; add postal address if different e.g. for mailing or billing purposes

Field 4.3-4.6: enter name, telephone, fax and e-mail of contact person for this transfer

Field 4.7: for EU applicants: make reference to DOA / alternative procedures approval or related application made to EASA, e.g. for extension of scope related to this transfer

Field 6: once the financial information is registered in the EASA database with the first application, there is no need to complete the form again, unless the data have been changed

Field 7: if the declaration of the new certificate holder cannot be provided at the time of application, it can be provided at a later stage; the final transfer can only be made after the new certificate holder has made this declaration

Field 8: signature of an authorised representative of the applicant

Annex to form FO.CERT.00038 “Application for transfer of certificate”

*<Name and address of new certificate holder>*

*<Date and location>*

I hereby accept the transfer of the certificate <*certificate number>*

and agree to take on all responsibilities and obligations as new holder of the certificate in accordance with

Part 21.A.44 (**Type Certificate**) and/or

Part 21.A.118A (**Supplemental Type Certificate**).

The eligibility as new holder of the certificate is met in accordance with

Part 21.A.13 (**Type Certificate**) and/or

Part 21.A.112 (**Supplemental Type Certificate**).

DOA / APDOA number : <*DOA/APDOA number*>

others:

Signature of the new certificate holder