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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies 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@easa.europa.eu. The Applicant shall have right of recourse at any time to the European Data Protection Supervisor. | | |
| **1. Air Operator Certificate (AOC) Data** | | |
| **1.1 AOC Name and Address** (Name and address as printed on the AOC) | AOC Name |  |
| Street / Nr |  |
| Post / Zip Code |  |
| City |  |
| Country |  |
| **1.2 Applicant Website** | www. | |
| **1.3 Doing Business as**  (if applicable) |  | |

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| **2. Contact Person** | | |
| 2.1 Contact details | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |

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| **3. Technical Data** | | | | | | | | | | | | | |
| **3.1 Air Operator Certificate** | | a) AOC issued by the Civil Aviation Authority of: | | | | | | please indicate the state | | | | | |
| b) AOC Number | | | | | | please indicate the AOC number | | | | | |
| c) AOC issue date | | | | | | DD/MM/YYYY | | | | | |
| d) Expiry date (if applicable) | | | | | | DD/MM/YYYY | | | | | |
| **Important Note:** A copy of the company’s Air Operator Certificate **(AOC)** and the associated **operations specifications** must be submitted as supporting documents with this form. | | | | | | | | | | | | | |
| **3.2 Domain of intended operations** | |  | Aeroplane | | | | | | | | | | |
|  | Helicopter | | | | | | | | | | |
|  | Aeroplane + Helicopter | | | | | | | | | | |
| **3.3 ICAO Operator 3-letter code** (if applicable) | | **\_\_\_\_ \_\_\_\_ \_\_\_\_** | | | | | | | | | | | |
| **3.4a I hereby confirm that my organisation is not subject to any operating ban or operational restriction, i.e. listed in Annex A or in Annex B of the EU Safety List pursuant to Regulation (EC) No 2111/2005?** | | | | | | | | | Yes | | | No | |
| **3.4b I hereby confirm that my organisation is not subject to a suspension or revocation pursuant to point ART.235 of Annex 2 of TCO Regulation (EU) No 452/2014?** | | | | | | | | | Yes | | | No | |
| **3.4c I hereby confirm that my organisation has not been subject to rejection of an application for TCO authorisation pursuant to point ART.200(e)(1) of Annex 2 of TCO Regulation (EU) No 452/2014?** | | | | | | | | | Yes | | | No | |
| **3.5 I hereby understand and accept that this one-off notification will become invalid if my organisation has not applied for a full TCO authorisation within the next 14 days.** | | | | | | | | | Yes | | | No | |
| **3.6 I hereby understand and accept that the final decision for the approval of the operating permits rests with the concerned EU Member States.** | | | | | | | | | Yes | | | No | |
| **3.7 I hereby understand and accept that following an unsatisfactory technical review of this notification form (and supporting information), the Agency may, at any time, immediately remove the one-off notification privileges. The basis for such a decision includes, but is not limited to: justifiable safety concerns, false declarations, an invalid Air Operator Certificate, inappropriate reasons for request, operator subject to an EU ban, etc.** | | | | | | | | | Yes | | | No | |
| **3.8 I hereby confirm that my organisation did not apply for a one-off notification within the preceding 24-months.**  If “No” (my organisation applied for a TCO one-off within the preceding 24 months), please specify the TCO code assigned to your organisation (e.g. ABC-0234): | | | | | | | | | Yes  \_\_ \_\_ \_\_ - | | No  \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | |
| **3.9 I hereby confirm that all flights will be performed in accordance with international aviation standards, as well as the applicable rules of the air and airspace requirements of EU Member States and EU territories** | | | | | | | | | Yes | | | No | |
| **3.10 Description of the envisaged commercial air transport operations under the One-off notification** | | | | | | | | | | | | | |
| 3.10.1 Do you intend to operate a single flight or series of flights? | | | Single flight | | Series of flights | | | | | | | | |
| 3.10.2 Estimated date of the first flight? | | | DD/MM/YYYY | |  | | | | | unknown | | | |
| 3.10.3 Nature of the flight(s)? | | | Air Ambulance flights that are performed to move sick or injured patients between healthcare facilities or deliver patient medical care | | | | | | | | | | |
| Flights to be performed in the public interest, to address an urgent need, such as humanitarian missions and disaster relief operations. Please specify: | | | | | | | | | | |
| 3.10.4 Please describe the envisaged operations under this one-off notification | | |  | | | | | | | | | | |
| 3.10.5 What is (are) the intended States of destination(s) for the flight(s) to be performed? | | | Austria | Belgium | | | | Bulgaria | | | Croatia | | |
| Cyprus | Czechia | | | | Denmark | | | Estonia | | |
| Finland | France | | | | Germany | | | Greece | | |
| Hungary | Iceland | | | | Ireland | | | Italy | | |
| Latvia | Liechtenstein | | | | Lithuania | | | Luxembourg | | |
| Malta | Netherlands | | | | Norway | | | Poland | | |
| Portugal | Romania | | | | Slovakia | | | Slovenia | | |
| Spain | Sweden | | | | Switzerland | | |  | | |
| 3.10.6 Are you authorized by your competent authority to operate to the selected States? | | | Yes | No | |  | | | | | | | |

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| **3.11 Description of the fleet and aircraft to be used under the One-off notification** | | |
| 3.11.1 Please list the aircraft type(s) |  | |
| 3.11.2 Please list the aircraft registration(s) |  | |
| 3.11.3 I hereby confirm that all indicated aircraft have a valid airworthiness certificate? | Yes | No |
| **Important Note:** A copy of a valid **Certificate of Airworthiness** including, if applicable, the **Airworthiness Review Certificate** must be submitted as supporting documents with this form for each aircraft declared in 3.11.2 above. | | |

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| **4. Supporting information to be submitted with this one-off application form** |
| The following supporting documents are attached to this one-off notification form:  Copy of valid Air Operator Certificate  Copy of valid Operational Specifications Document (including the list of aircraft in operation)  Valid copy of the certificate of airworthiness including, if applicable, theAirworthiness Review Certificate for each aircraft declared in 3.11.2  Information about the character and purpose of the operation  Supporting documents justifying the nature of the flight (e.g. medical request for urgent transfer, governemental flight request,…)  Information about planned destinations |

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| **5. Date of the one-off notification request (DD/MM/YYYY):** |

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| **6. Applicant’s declaration** | | |
| 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. * The Administrator User as per paragraph 2.1 of the present form is legally authorised to represent the company. | | |
|  |  |  |
| Date/Location | Name | Signature |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. | | |

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| **7. Submit you ‘one-off notification’** |
| Please submit the one-off notification form and the requested supporting document to the following email address:  [**TCO\_one\_off@easa.europa.eu**](mailto:TCO_one_off@easa.europa.eu)  Additional information may be requested during office hours on:  +49 – (0)221 - 89990 6100 or  [tco@easa.europa.eu](mailto:tco@easa.europa.eu) |