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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Requesting Organisation information** | | | | | | | | | | | | | | | | | | |
| * 1. Name of the Organisation |  | | | | | | | | | | | | | | | | | |
| * 1. AltMoC focal point | Title: | | | | | | | | |  | Mr | |  | | Ms | | | |
|  | First Name: | | | | | | | | |  | | | | | | | | |
|  | Name: | | | | | | | | |  | | | | | | | | |
|  | Job title: | | | | | | | | |  | | | | | | | | |
| * 1. Contact details of the AltMoC focal point | E-mail: | | | | | | | | |  | | | | | | | | |
| Tel. No: | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **Alternative means of compliance (AltMoC)** | | | | | | | | | | | | | | | | | | |
| * 1. Subject | |  | | | | | | | | | | | | | | | | |
| * 1. Regulatory reference | |  | | | | | | | | | | | | | | | | |
| * 1. Regulation paragraph(s) | |  | | | | | | | | | | | | | | | | |
| * 1. Agency acceptable means of compliance (AMC) available | | Yes | |  | | | Ref.: | | | | |  | | | | | | |
| No | |  | | | | |  | | | | | | | | | |
| * 1. AltMoC based on an AltMoC from another CA | | Yes | | |  | Name of the CA: | | | | | | | | | |  | | |
| No | | |  |  | | | | | | | |  | | | | |
| * 1. Summary of the AltMoC | |  | | | | | | | | | | | | | | | | |
| * 1. Summary of the AltMoC compliance statement | |  | | | | | | | | | | | | | | | | |
| * 1. Attachments required to the AltMoC application form | | *Please tick in the boxes bellow.* | | | | | | | | | | | | | | | | |
| 1. Full organisation’s description of the AltMoC, which includes reasoning of the AltMoC | | | | | | | |  | | | 1. Regulatory wording of the proposed AltMoC | | | | | |  | |
| 1. Compliance to Rule statement including safety risk assessment | | | | | | | |  | | | 1. Relevant revisions to manuals/procedures | | | | | |  | |
| 1. List of the attachments in addition to the above required if relevant | | | | | | | |  | | |  | | | | | |  | |
| * 1. List of the attachments in addition to 2.8, if relevant | | |  | | | | | | | | | | | | | | | |
| 1. **Date and signature** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| This application should be sent by email to your European Union Aviation Safety Agency focal point. | | | | | | | | | | | | | | | | | |  |

**Completion Instructions on next page.**

**Notification Completion Instruction Sheet.**

The use of English language in completing the form is highly appreciated.

|  |  |
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| **# - Field Name** | **Completion Instructions** |
| **1.1 Name of the Organisation** | Name of the Organisation requesting the AltMoC. |
| **1.2 AltMoC focal point** | Indicate the title, the first name, the name and the job title of the person in the Organisation to whom further communication on this AltMoC should be addressed. |
| **1.3 Contact details of the AltMoC focal point** | Include the email address and the telephone number of the AltMoC focal point in the Organisation. |
| **2.1 Subject** | Briefly indicate the issue that the AltMoC intends to address. |
| **2.2 Regulatory reference** | Indicate the Regulation that the AltMoC refers to (ex: Regulation (EU) 1178/2011). |
| **2.3 Regulation paragraph(s)** | Indicate the paragraph(s) of the Regulation to which the AltMoC refers to (ex: FCL.055). |
| **2.4 Agency acceptable means of compliance (AMC) available** | Indicate whether there is already an Agency AMC on the same issue. If so, include the reference(s) (ex: AMC 2 FCL.055). |
| **2.5 AltMoC based on an AltMoC from another CA** | Please indicate whether this AltMoC is based on an AltMoC from another Competent Authority (CA) and, if yes, indicate which CA and associated reference. |
| **2.6 Summary of the AltMoC** | Summarise the AltMoC, describing how it proposes to achieve compliance with the rule. |
| **2.7 Summary of the AltMoC assessment** | Summarise the assessment you performed, and why you concluded that compliance with the rule is achieved by this AltMoC. |
| **2.8 Attachments required to the AltMoC notification form** | Tick in the relevant boxes to make sure you submit all the required documentation. |
| **2.9 List of the attachments in addition to 2.8 if relevant** | Indicate the number of documents you attach and include a brief description of each of them (ex: organisation’s internal procedures, studies or safety assessments) if in addition to the above requested. |
| **4. Date and signature** | The form should be dated (dd/mm/yyyy) and signed by the AltMoC focal point indicated under 1.2. By signing the form the Organisation focal point confirms that all of the information provided is correct and complete. |