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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 [at] easa.europa.eu. The Applicant shall have right of recourse at any time to the European Data Protection Supervisor. | | |
| 1. Applicant’s Reference | | |
| **1.1 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) | Applicant Number | **3XXXXX** |
| Legal Entity 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 |  |
| **Important Note:** First time applicants need to submit a copy of the company’s **Business Registration** or similar legal document stating name and seat of the company together with the application. | | |
| **2.2 Billing Data** (may be left blank, if same as 2.1 Applicant Data) | | |
| **2.2.1 Billing Address**  (for the receipt of EASA F&C invoice/s) | (Company) Name | Same as in section 2.1.1 (other name only in exceptional cases) |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.2.2 Contact Person (Financial) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |

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| --- | --- | --- |
| **2.3 Identification of Ramp Inspection Training Organisation (RITO) subject to verification** | | |
| 2.3.1 RITO Name and address  (registered (business) name and address/legal seat of the company) | (Company) Name |  |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.3.2 Contact Person (RITO) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |

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| --- | --- |
| 3. Identification of Activity | |
| **3.1 Service requested** | 3.1.1  Verification of compliance of a RITO |
| 3.1.2  Verification of continuous compliance of a RITO |
| **3.2 Type of Ramp Inspection Training to be provided by RITO** | 3.2.1  Initial theoretical  3.2.2  Initial practical  3.2.3  Recurrent |

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| 4. 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, that all information provided in this application form is correct and complete and that I am legally entitled to enter into a contract with EASA.  I have understood that I am submitting an application for which fees or charges will be levied by EASA in accordance with Commission Regulation (EC) on the fees and charges levied by the European Aviation Safety Agency, as last amended and available from <http://easa.europa.eu/>> Legislation > Fees & Charges.  I hereby request an estimation of the fees or charges related to this application (please tick box if applicable). This estimate will be amended if it appears that the task is simpler or can be carried out faster than initially foreseen or, on the contrary, if it is more complex and takes longer to carry out than the Agency could reasonably have foreseen. The estimation is for information purposes and has no binding effect on the Agency or applicant. I am aware that the provision of an estimation request will delay the start of the project. **Note:** For applications requesting service 3.1.1 and 3.1.2, the initial estimation will only cover service 3.1.1. EASA will provide the applicant with a further estimation only after the audit report has been approved.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://easa.europa.eu/>> The Agency > FAQs > Fees & Charges > General Conditions and Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges, as well 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. | | |
|  |  |  |
| Date/Location | Name | Signature |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. | | |
| 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. 4461  E-mail: [anp.organisation@easa.europa.eu](mailto:XXXX@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to access the completion instructions |