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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) No 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, 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** | (A)DOA Reference | if applicable |
| (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 Billing Data** (may be left blank, if same as 2.1 Applicant Data) | | | | |
| **2.2.1 Billing Address**  (EASA Fees & 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 |  | | |

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| 2.2.2 Contact PersonResponsible 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 / Fax |  |
| Email | generic email address, if available, e.g. accounting@company.com |
| **2.3 Shipping Data** (may be left blank, if same as 2.1 Applicant Data) | | |
| **2.3.1 Delivery Address**  (for the shipping of original EASA documents) | (Company) Name |  |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.3.2 Contact Person**  (shipping) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone / Fax |  |
| Email |  |

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| 3. Identification of Area(s) |
| UAS full design verification (SAIL III or IV)  Mitigation Means linked with design SORA Step 9 Enhanced Containment  Change to an existing design verification |

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| 4. Product Identification | | | |
| 4.1 Applicability (as applicable) | UAS design verification Holder |  | |
| Design Verification Reference |  | |
| UAS Name |  | |
| Model(s) |  | |
| **4.2 Product Category** | Light UAS Medium Risk Sail III  Light UAS Medium Risk Sail IV  other | |  |

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| 5. Design Verification | | | |
| **5.1 UAS** Compliance of UAS Design with design-related OSOs, Integrity of Mitigation Means and/or Step 9 as per EASA AMC to regulation 2019/947 and areas identified in field 3 | Identification of the elements subject to design verification (see also completion instructions): | | |
| 6. 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 and charges.  I hereby request a financial estimate of the fees or charges related to this application (please tick box if applicable). In cases where, due to the expected complexity of the project, this estimate requires a prior technical analysis by the Agency, this analysis shall be charged on an hourly basis, under a contractual agreement to be signed between the applicant and the Agency. 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 estimate is for information purposes and has no binding effect on the Agency or applicant. I am aware that EASA is to continue the processing of this application only after the estimate has been accepted and, consequently the provision of an estimate will lead to a delayed project start. 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. | | | |
|  | |  |  |
| 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 e-mail to:  [UAS@easa.europa.eu](mailto:UAS@easa.europa.eu) | | | **Completion Instructions**    Please double-click on the icon to access the completion instructions. |