|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | DOA Number | **EASA.21JXXX** |
| (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 |  | | |
| **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. In case the applicant is not a company but a natural person, a copy of the person’s **ID or passport** needs to be provided with the first application. | | | | |
| **2.2 Billing Data** (may be left blank, if same as Applicant Data under 2.1) | | | | |
| **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 |  | | |

|  |  |  |
| --- | --- | --- |
| **2.3 Shipping Data** (may be left blank, if same as Applicant Data under 2.1) | | |
| 2.3.1 Shipping 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 significant change(s) | | | | | | | | |
| 3.1 Changes to the organisation (ref. 21.A247 and GM 21A.247) | | No | | Yes (please specify changes below) | | | | |
| Change of ownership  Change of name and/or address  Other: → please specify | | | | | | |
| 3.2 Changes to the scope | | No | | Yes (please specify the new activities to be added to the DOA scope below) | | | | |
|  | | | | | | |
| 3.3 Changes to the list of products | | No | | Yes (please specify the new product(s) below) | | | | |
|  | | | | | | |
| 3.4 Changes to the limitations | | No | | Yes (please specify changes below) | | | | |
|  | | | | | | |
| 3.5 Changes to the privilege(s) | | No | | Yes (please specify new privileges below) | | | | |
|  | | | | | | |
| 3.6. Changes to the number of staff (please consult the completion instructions on how to count the number of staff) | | No | | Yes (please specify the new total number of staff below) | | | | |
|  | | | | | | |
| 3.7 Changes to the DOA category (please see completion instructions for details) | | No | | Yes (please choose your new category below) | | | | |
| 1A **2A**  3A | | | **1B**  **2B**  **3B** | | | **1C**  **2C**  **3C** |
| 4. Other Information |  | | | | | | | |
| 5. Outline of additional data requirements | | | | | | | | |
| In case of name change or new address, a copy of the Business Registration or similar legal document stating name and seat of the company must be provided. | | | | | | | | |
| **Additional information about this significant change to your design organisation will be requested at a second stage.** | | | | | | | | |
| 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 Regulation (EC) on the fees and charges levied by the European Aviation Safety Agency, available from <http://easa.europa.eu/>> Legislation > Fees & Charges.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://easa.europa.eu/>> Legislation > 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 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/Title | | | Signature | | |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. | | | | | | | | |
| This Application and a copy of the business registration, if applicable, 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. ext. 9514  E-mail: [DOA@easa.europa.eu](mailto:DOA@easa.europa.eu) | | | | | | | **Completion Instructions**    please double-click on the icon to access the completion instructions | |