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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) 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** |
| (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 Principle Location (may be left blank, if same as 2.1 Applicant Data) |
| 2.2.1 Name and Location Address  | (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.3 Additional Locations | [ ]  Yes [ ]  No |
| 2.3.1 Location Address | (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

*Please duplicate this table to add further locations.*

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| 2.4 Billing Data (may be left blank, if same as 2.1 Applicant Data) |
| 2.4.1 Billing Address (EASA Fees and 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 |  |
| 2.4.2 Contact Person(responsible 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 |
| 2.5 Shipping Data (may be left blank, if same as 2.1 Applicant Data) |
| 2.5.1 Approval Delivery Address (for the shipping of original EASA documents) | (Company) Name |  |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.5.2 Contact Person(shipping) | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone / Fax |  |
| Email |  |

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| 3. Identification of Activity |
| 3.1 Activity | 3.1.1 [ ]  Application for initial ATCO Training Organisation Certificate3.1.2 [ ]  Application for change  |
| 3.2 Original Approval Ref.please complete in case of 3.1.2 |  |
| 3.3 Issued byplease complete in case of 3.1.2 |  |

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| **4. Type(s) of Training**for which Certification is requested in accordance with the provision of Regulation (EU) 2015/340 |
| **4.1 [ ]  ATCO Initial Training** |
| **Course** | **Ratings** | **Rating endorsements** |
| [ ]  Basic Training | N/A | N/A |
| [ ]  Rating Training | [ ]  Aerodrome Control Visual (ADV) | N/A |
| [ ]  Aerodrome Control Instrument (ADI) | [ ]  Tower Control (TWR) |
| [ ]  Ground Movement Control (GMC) |
| [ ]  Ground Movement Surveillance (GMS) |
| [ ]  Air Control (AIR) |
| [ ]  Aerodrome Radar Control (RAD) |
| [ ]  Aerodrome Control Procedural (APP) | N/A |
| [ ]  Approach Control Surveillance (APS) | [ ]  Precision Approach Radar (PAR) |
| [ ]  Surveillance Radar Approach (SRA) |
| [ ]  Terminal Control (TCL) |
| [ ]  Area Control Procedural (ACP) | [ ]  Oceanic Control (OCN) |
| [ ]  Area Control Surveillance (ACS) | [ ]  Terminal Control (TCL) |
| [ ]  Oceanic Control (OCN) |
| **4.1.1 Remarks** |  |
| **4.2 [ ]  ATCO Unit Training** |
| **4.2.1 Remarks** |  |
| **4.3 [ ]  ATCO Continuation Training** |
| **Course** | [ ]  ATCO Refresher training[ ]  ATCO Conversion training |
| **4.3.1 Remarks** |  |
| **4.4 [ ]  ATCO Practical Instructor Training** |
| **4.4.1 Remarks** |  |
| **4.5 [ ]  ATCO Assessor Training** |
| **4.5.1 Remarks** |  |

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| 5. Description of changes applied for under existing Approval Certificate |
| 5.1 [ ]  Changes to the Organisation | *[description]* |
| 5.2 [ ]  Changes to the scope/privileges | *[description]* |
| 5.3 [ ]  Changes to the training courses / training plans / procedures | *[description]* |

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| 6. Other |
| 6.1. Number of staffinvolved in the activities under the Type of Training |  |
| 6.2 List of documentation to be provided with the application1. Organisation Exposition including company flow-charts and, as relevant, description and information on ATCO TO activities and organisation of partners or subcontractors
2. Initial Training Plan / Unit Training Plan / Unit Competence Scheme, as applicable
3. A copy of the national Companies register / Certificate of Incorporation
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| 7 Financial Estimate Request (only for initial application) |
| **[ ]**  I hereby request EASA to provide a financial estimate for the estimated total charges related to this application. EASA is to continue the processing of this application only after the financial estimate has been accepted.I am aware that the provision of a financial estimate will lead to a delayed project start. |

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| 8 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 & Charges.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. |
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| Date/Location | Name of Accountable Manager | Signature |
| This application should be sent by e-mail to:Applicant.Services@easa.europa.eu | **Completion Instructions**Please double-click on the icon to access the completion instructions |