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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, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC. 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/her personal data and the right to rectify any such data that is inaccurate or incomplete. To exercise the mentioned rights, you can contact the controller by sending an email to: [foreign145@easa.europa.eu](mailto:foreign145@easa.europa.eu). Should the Applicant consider that his/her data protection rights have been breached, he/she can always lodge a complaint with the EASA’s Data Protection Officer: [dpo@easa.europa.eu](mailto:dpo@easa.europa.eu). The Applicant shall have right of recourse at any time to the European Data Protection Supervisor ([edps@edps.europa.eu](mailto:edps@edps.europa.eu)).  The Applicant can further consult how to exercise his/her rights on the privacy statement provided on EASA website: [www.easa.europa.eu/data-protection](http://www.easa.europa.eu/data-protection). |

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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 (if known) |
| Registered Name | | Registered Name as specified in the Certificate of Incorporation |
| Trading Name | | if applicable, enter Trading Name/Doing Business-as 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:** An approval may be granted to an organisation which may be either a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation. | | | | |
| **2.2 Date of Certificate of Incorporation (CoI)** | | | dd/mm/yyyy | |
| **2.3 Billing Data** (may be left blank, if same as 2.1 Applicant Data) | | | | |
| **2.3.1 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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| **2.3.2 Contact Person**  (Responsible for ensuring the EASA terms of payment are honoured.) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone / Fax |  |
| Email |  |
| **2.3.3 Invoice Recipient**  (The electronic invoice will be issued to the email address indicated here) | Email |  |
| **2.4 Shipping Data** (may be left blank, if same as 2.1 Applicant Data) | | |
| 2.4.1 Delivery Address(for the shipping of original EASA documents) | Company Name |  |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.4.2 Contact Person**  (shipping) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone / Fax |  |
| Email |  |

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| **Technical Application Data** | | |
| **3. References** | | |
| **EASA Part-145 N°** | Please enter your EASA approval number (EASA.145.XXXX) or enter N/A in case of inital application | |
| **EASA Part-MG/CAMO N°** | Please enter your current EASA approval number (EASA.MG/CAMO.XXXX) or enter N/A in case of inital application | |
| **EASA Part-CAO N°** | Please enter your EASA approval number (EASA.CAO.XXXX) or enter N/A in case of inital application | |
| **EASA Part-MF Nº** | Please enter your EASA approval number (EASA.MF.XXXX) or enter N/A in case of inital application | |
| **4. Addresses of location (s) requiring approval** | | |
| 4.1 Principal place of business(may be left blank, if same as 2.1 Applicant Data) | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |
| **4.2 Additional locations** Enter “Not applicable” in the case the Additional Location where **maintenance or continuing airworthiness functions** are exercised are the same as **3.1 Principal Place of Business**. | | |
| 4.2.1 Location 1 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |
| 4.2.2 Location 2 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

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| 4.2.n Location n | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

[duplicate table as applicable]

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| **4.3 Line Maintenance Location(s)**  Enter “Not applicable” in the case the Line Maintenance Location is the same as **4.1 Place of Business** or in the case of EASA Form 2 used for Part- MF/CAO/MG/CAMO applications/approvals. | | |
| 4.3.1 Location 1 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |
| 4.3.2 Location 2 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

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| 4.3.n Location n | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

[duplicate table as applicable]

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| **5. Contacts** | | |
| 5.1 Accountable Manager | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| 5.2. Quality/Safety Manager | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| **5.3. Organisation Generic Email** | | This address will be used for all technical communication including the automatic technical notifications sent by Inspection and Findings Platform Service |

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| 6. Identification of Activity |

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| **6.1 Application for** | **Part-145 Approval** | **Part-CAO Approval** | | | **Part-CAMO Approval** |
| **Part-MF Approval** | **Part-MG Approval** | | |  |
| **6.2 Application Type** | Initial application | | Art. 64/65 Regulation (EU) 2018/1139 | | |
| **Revision of initial application** | | | | |
| Organisation name  Address data  Nominated persons | | Scope  Contact detail(s)  Number of staff | | |
| **Application for change** | |  | | |
| Organisation name  Address data  Nominated persons | | Scope Others  Contact detail(s)  Number of staff | | |
| **Application for transition** | | | | |
| Part-M Subpart F to Part-CAO  Part-M Subpart G to Part-CAMO  Part-M Subpart G to Part-CAO  Part-145 to Part-CAO | | | | |
| **Notification of surrender** | |  | | |
| **6.3 Terms of Part-145/ Part-MF/ Part-CAO/**  **Part-MG/CAMO Approval and scope of work relevant to this application** | Provide information on this application’s scope - e.g.: A1 rating and D1 rating; Change of Quality Manager; Addition of a line station. Complete sections 8 to 10 (as applicable) for details of the scope of work. | | | | |
| 7. Number of staffa) The total number of staff employed by the organisation in order to comply with EASA Part-145/ Part-CAO/ Part-MG/CAMO/Part-MFb) The number of contracted staff associated with the proposed approval  (Please also see the user guide “CAO declaration of the staff number”) | | | | | |
|  | **a) Employees** | | | **b) Contractors** | |
| **Total** |  | | |  | |

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| **8. Scope of requested Part-145 or Part-MF Approval (\*)** | | | | | | | | | | |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. | | | | | | | | | | |
| **AIRCRAFT** | **RATING** | | | **LIMITATION** | | | **BASE** | | **LINE** | |
| Yes | No | Yes | No |
| **A1**  Aeroplanes/airships above 5700 Kg | | | See completion instructions in WI.CAO.00113 | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
| **A2**  Aeroplanes/airships 5700 Kg and below | | | See completion instructions in WI.CAO.00113 | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
| **A3**  Helicopters | | | See completion instructions in WI.CAO.00113 | | |  |  |  |  |
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| **A4**  Aircraft other than A1, A2 or A3 | | | See completion instructions in WI.CAO.00113 | | |  |  |  |  |
|  | | |  |  |  |  |
| **ENGINES** | **B1**  Turbine | | | See completion instructions in WI.CAO.00113 | | | | | | |
|  | | | | | | |
| **B2**  Piston | | | See completion instructions in WI.CAO.00113 | | | | | | |
|  | | | | | | |
| **B3**  APU | | | See completion instructions in WI.CAO.00113 | | | | | | |
|  | | | | | | |
| **COMPONENTS OTHER THAN COMPLETE ENGINES OR AUXILIARY POWER UNITS** | **C1** | Air Cond & Press |  | See completion instructions in WI.CAO.00113 | | | | | | |
| **C2** | Auto Flight |  |
| **C3** | Comms and Nav |  |
| **C4** | Doors – Hatches |  |
| **C5** | Electrical Power & Lights |  |
| **C6** | Equipment |  |
| **C7** | Engine – APU |  |
| **C8** | Flight Controls |  |
| **C9** | Fuel |  |
| **C10** | Helicopter – Rotors |  |
| **C11** | Helicopter – Trans |  |
| **C12** | Hydraulic Power |  |
| **C13** | Indicating/Recording System |  |
| **C14** | Landing Gear |  |
| **C15** | Oxygen |  |
| **C16** | Propellers |  |
| **C17** | Pneumatic & Vacuum |  |
| **C18** | Protection Ice/Rain/Fire |  |
| **C19** | Windows |  |
| **C20** | Structural |  |
| **C21** | Water Ballast |  |
| **C22** | Propulsion Augmentation |  |
| **SPECIALISED SERVICES** | **D1**  Non Destructive Testing | | |  | Eddy Current Inspection | See completion instructions in WI.CAO.00113 | | | | |
|  | Liquid Penetrant Inspection |
|  | Magnetic Particle Inspection |
|  | Radiography Inspection |
|  | Shearography Inspection |
|  | Thermography Inspection |
|  | Ultrasonic Inspection |
|  | Other Method | State particular NDT method(s) | | | | |
| **SPECIALISED ACTIVITIES IN THE COURSE OF MAINTENANCE** | | | | See completion instructions in WI.CAO.00113 | | | | | | |

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| **8bis. Scope of requested Part-CAO Approval (\*)** | | | |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. | | | |
| **RATING** | | | **PRIVILEGES** |
| **AIRCRAFT** | Aeroplanes — other-than-complex motor-powered aircraft | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| Aeroplanes up to 2 730 kg maximum take-off mass (MTOM) | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| Helicopters — other-than-complex motor-powered aircraft | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| Helicopters up to 1 200 kg MTOM, certified for a maximum of up to 4 occupants | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| Airships | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| Balloons | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| Sailplanes | | □ Maintenance  □ Continuing-airworthiness management  □ Airworthiness review  □ Permit to fly |
| **COMPONENTS** | Complete piston engines |  | □ Maintenance |
| Complete piston engines |  |
| Electrical engines |  |
| Components other than complete engines | |
| **SPECIALISED SERVICES** | Non-destructive testing (NDT) | | □ NDT  Specify the particular NDT methods |

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| **9. Scope of requested Part-MG/CAMO Approval (\*)**  Please do not enter any data in this table in case of EASA Part-145, EASA Part-MF or EASA Part-CAO application | | | | |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. | | | | |
| **Rating** | **Aircraft type/series/group (with engine type)** | **Airworthiness Review** | **Permits to Fly** | **Subcontracted organisations** |
| **A1**  Aeroplanes/airships above 5700 Kg |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **A2**  Aeroplanes/airships 5700 Kg and below |  |  |  |  |
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| **A3**  Helicopters |  |  |  |  |
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| **A4**  Aircraft other than A1, A2 or A3 |  |  |  |  |
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| **10. Sub-contracted organisations address data** | |
| **Name/Address** | Enter N/A in case of EASA Part-145 or EASA Part-CAO or EASA Part-MF |
| **Name/Address** | Enter N/A in case of EASA Part-145 or EASA Part-CAO or EASA Part-MF |

[add rows as applicable]

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| 11. Other EASA approvals held by the applicant | | | | | |
| **EASA POA Approval** | EASA.G. **XXX** | **EASA DOA Approval** | | EASA.21J. **XXX** |
| **EASA MTOA Approval** | EASA.147. **XXXX** | **EASA AOC Approval** | EASA.AOC. **XXXX** | |
| **EASA AMO Approval** | EASA.145.XXX | **EASA Part-MG/CAMO Approval** | EASA.MG.XXX  EASA.CAMO.XXX | |

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| 12. Applicant’s declaration and acceptance of the Terms of Use for the EASA Inspection and Finding Platform Service (IFP Service) | | |
| I, as Quality/Safety Manager of the Organisation, herewith declare to be duly authorised/empowered to validly represent the company as detailed above for the purpose of accessing and using the EASA Inspection and Finding Platform Service (IFP Service).  I acknowledge that I have read,understood the Terms of Use of the IFP Service available on EASA CAO web page [[link to the EASA website](https://www.easa.europa.eu/sites/default/files/dfu/IFP%20Terms%20of%20use%20-%20Issue%202.pdf)] and I agree to abide by them. | | |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Quality/Safety Manager |

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| 13. 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 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. | | |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Accountable Manager\*\* |
| **\*\*Important note:** EASA does not accept applications without signature. **The signature** of either the Accountable Manager or of the new proposed Accountable Manager **is always required.** | | |
| This Application should be sent by e-mail, as applicable to:  [Foreign145@easa.europa.eu](mailto:Foreign145@easa.europa.eu)  OR  [Foreigncamo@easa.europa.eu](mailto:Foreigncamo@easa.europa.eu) | | **Completion Instructions**  Please refer to EASA Form 2 instructions WI.CAO.00113 as amended |