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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Notifying competent authority (CA)** | | | | | | | | | | | | | | | | | | | | | |
| * 1. Name of the CA |  | | | | | | | | | | | | | | | | | | | | |
| * 1. AltMoC focal point | Title: | | | | | | | | | |  | | Mr | |  | | | Ms | | | |
|  | First Name: | | | | | | | | | |  | | | | | | | | | | |
|  | Name: | | | | | | | | | |  | | | | | | | | | | |
|  | Job title: | | | | | | | | | |  | | | | | | | | | | |
| * 1. Contact details of the AltMoC focal point | E-mail: | | | | | | | | | |  | | | | | | | | | | |
| Tel. No: | | | | | | | | | |  | | | | | | | | | | |
| 1. **Alternative means of compliance (AltMoC)** | | | | | | | | | | | | | | | | | | | | | |
| * 1. Subject | |  | | | | | | | | | | | | | | | | | | | |
| * 1. Regulatory reference | |  | | | | | | | | | | | | | | | | | | | |
| * 1. Implementing Rule (IR) paragraph(s) | |  | | | | | | | | | | | | | | | | | | | |
| * 1. Agency acceptable means of compliance (AMC) available | | Yes | |  | | | | Ref.: | | | | | |  | | | | | | | |
| No | |  | | | | | |  | | | | | | | | | | | |
| * 1. AltMoC proposer | |  | | Organisation | | | | | | | | | | | | | | | | | |
|  | | Name of the organisation: | | | | | | | | | | | | | |  | | | | | |
| Date when the AltMoC was approved by the CA: | | | | | | | | | | | | | | | | | |  | |
|  | | | Competent authority | | | | | | | | | | | | | | | | |
| Date when the AltMoC was made available to organisations and persons under its oversight: | | | | | | | | | | | | | | | | | |  | |
| * 1. AltMoC based on an AltMoC from another CA | | Yes | | |  | | Name of the CA: | | | | | | | | | | | |  | | |
| No | | |  | |  | | | | | | | | | |  | | | | |
| * 1. Summary of the AltMoC | |  | | | | | | | | | | | | | | | | | | | |
| * 1. Summary of the AltMoC assessment | |  | | | | | | | | | | | | | | | | | | | |
| * 1. Attachments to the AltMoC notification form | | *Please tick in the boxes bellow to verify that you have attached all the required documentation depending on the AltMoC proposer/user.* | | | | | | | | | | | | | | | | | | | |
| AltMoC proposed by an organisation: | | | | | | | | | | | | | AltMoC used by a competent authority itself: | | | | | | | | |
| 1. Full organisation’s description of the AltMoC, which includes reasoning of the AltMoC | | | | | | | | |  | | | | 1. Full description of the AltMoC, which includes reasoning of the AltMoC | | | | | | | |  |
| 1. CA’s evaluation of the AltMoC | | | | | | | | |  | | | | 1. Assessment demonstrating that the IR(s) are met | | | | | | | |  |
| 1. CA’s signed statement that the AltMoC was assessed[[1]](#footnote-1) by the CA and it establishes compliance with the IR(s) | | | | | | | | |  | | | | 1. Regulatory wording of the used AltMoC | | | | | | | |  |
| ***Note:*** *The Agency reserves its right to raise additional questions and request for the following AltMoC documentation in the context of Regulation (EU) No 628/2013 article 5:*   * *Relevant revisions to manuals/procedures introduced by an organisation or a competent authority, depending on the AltMoC proposer/user; and* * *Risk assessment of the AltMoC performed by an organisation demonstrating that an equivalent level of safety to that established by the Agency AMC is reached.* | | | | | | | | | | | | | | | | | | | | | |
| * 1. List of the attachments in addition to the above required if relevant | | |  | | | | | | | | | | | | | | | | | | |
| 1. **Information** | | | | | | | | | | | | | | | | | | | | | |
| * 1. Other Member States have been informed about the organisation proposed AltMoC | | | Yes | | |  | | How: | | | | | |  | | | | | | | |
| No | | |  | | | | | | | | | | | | | | | |
| **4. Date and signature** | | | /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| This Notification should be sent by email to:  **European Aviation Safety Agency**  [altmoc@easa.europa.eu](mailto:altmoc@easa.europa.eu)  ***NOTE:*** *Every AltMoC notification should relate to one AltMoC only.* | | | | | | | | | | | | **Completion Instructions**    *Please double-click on the icon to access the completion instructions* | | | | | | | | | |

1. The CA’s assessment also includes an evaluation of an AltMoC’s risk assessment where relevant. [↑](#footnote-ref-1)