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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: [CAMO@easa.europa.eu](mailto:CAMO@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 the EASA website: [www.easa.europa.eu/data-protection](http://www.easa.europa.eu/data-protection). |

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| To fill out this application please refer to the completion instructions (WI.CAMO.00014 “EASA Form 2-CAMO Instructions” as amended) at: <https://www.easa.europa.eu/en/domains/aircraft-products/continuing-airworthiness-organisations/part-camo-part-cao>  This Application should be sent by e-mail to: [CAMO@easa.europa.eu](mailto:CAMO@easa.europa.eu) |

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| 1. Your Reference Mandatory for any application | Please provide a brief and unique identifier used inside your institution for this application and EASA can use to refer to |
| 2. EASA Reference Mandatory for any application | EASA.CAMO-XXXX (EASA reference number) – For Initial Application enter “N/A” |
| 3. Organisation Generic Email Mandatory for any application | This email address will be used for all technical communication including: the automatic technical notifications sent by the Oversight Management Software used by EASA |

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| 4. Administrative Contact Data and Billing Data Note: these fields are **mandatory** for any application | | | | |
| 4.1. Applicant Data | | | | |
| 4.1.1. Organisation Name and Address (The registered (business) name and address / the legal seat of the organisation) | EASA Account Number | 3XXXXX (if known) | | |
| Registered Name | Enter registered Name as specified in the Certificate of Incorporation | | |
| Trading Name | If applicable, enter Trading Name / Doing Business as Name | | |
| Street / Nr | Click or tap here to enter text. | | |
| Post Code | Click or tap here to enter text. | | |
| City | Click or tap here to enter text. | | |
| Country | Click or tap here to enter text. | | |
| 4.1.2. Contact Person(The Contact responsible for this EASA application) | Title | Mr | | Ms |
| Surname / Family name | Surname as stated in a government issued ID like a passport or driver’s license | | |
| Given name / Forename | Given name as stated in a government issued ID like a passport or driver’s license | | |
| Job title | Click or tap here to enter text. | | |
| Phone / Fax | Click or tap here to enter text. | | |
| Email | Click or tap here to enter text. | | |
| **Important Note:** First time applicants need to submit a copy of the company’s **Certificate of Incorporation**/**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 in a **separate document** with the first application. | | | | |
| 4.2. Billing Data | | | | |
| 4.2.1. Billing Address (EASA Fees & Charges invoices will state the address entered here)  Same address as 4.1.1  (if box is ticked the spaces on the right can stay blank) | Organisation Name | Enter same name as in section 4.1.1 (other name only in exceptional cases) | | |
| Street / Nr | Click or tap here to enter text. | | |
| Postal Box | Click or tap here to enter text. | | |
| Post Code | Click or tap here to enter text. | | |
| City | Click or tap here to enter text. | | |
| Country | Click or tap here to enter text. | | |
| 4.2.2. Contact Person (The Contact responsible for ensuring the EASA terms of payment are honoured.)  Same Contact as 4.1.2  (if box is ticked the spaces on the right can stay blank) | Title | Mr | | Ms |
| Surname / Family name | Surname as stated in a government issued ID like a passport or driver’s license | | |
| Given name / Forename | Given name as stated in a government issued ID like a passport or driver’s license | | |
| Job title | Click or tap here to enter text. | | |
| Phone / Fax | Click or tap here to enter text. | | |
| Email | Click or tap here to enter text. | | |
| 4.2.3. Invoice Recipient Email (The electronic invoice will be issued to the email address indicated here) | | | Click or tap here to enter text. | |

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| 5. Identification of Activity **Depending on the application type (5.1) different information input in the different parts of this form is needed by the authority. Please follow the guidance provided in the Form 2-CAMO Instructions (Doc # WI.CAMO.00014-001) linked at the beginning of this form.** | | | | | | | |
| 5.1. Application Type | | | | | | | |
| Initial application Fill out all sections starting from 5.2 | | | | Art. 64/65 Regulation (EU) 2018/1139  Aircraft Maintenance Programme (AMP) | | | |
| **Revision of initial application** (revising an application before the approval is granted)  Fill 4.2, 10, 11 and all fields where changes occurred, fill fields with the updated information and not with the old one. Fields where no change occurred shall stay blank. Please use the selection boxes to mark the field in which changes have been made (see the corresponding sections in brackets). | | | | | | | |
| Organisation name | | (4.1.1) | Scope | | (7a) | | |
| Address data / location | | (4.1.1 / 4.2.1 / 8) | Contact detail(s) | | (3 / 4) | | |
| Nominated persons | | (6.1 / 6.2) |  | |  | | |
| **Application for change**  Fill 5.2, 10, 11 and all fields where changes occurred; fill fields with the updated information and not with the old one. Fields where no change occurred shall stay blank. Please use the selection boxes to mark the field in which changes have been made (see the corresponding sections in brackets).  **Important Note:** Fee relevant changes need to be submitted at least 3 months before the next invoice cycle starts, for the change to be considered in the next surveillance invoice. | | | | | | | |
| Organisation name | | (4.1.1) | Scope | | | (7a) | Others (describe under 5.2) |
| Address data / location | | (4.1.1 / 4.2.1 / 8) | Contact detail(s) | | | (3 / 4) |
| Nominated persons | | (6.1 / 6.2) |  | | |  | |
| **Notification of surrender** (only information section1, 2, 3, 6 and the signature under 11 necessary) | | | | | | | |
| 5.2. Terms of Part-CAMO Approval and scope of work relevant to this application | Please describe the scope of the application, providing a summary and any additional information. List, in bullet points, the new scope or the changes to the existing approval you are requesting for, and mention the section numbers of the change.  Example:   * Change of compliance monitoring manager with effect from DD/MM/YYYY (6.2) * Addition of subcontracted organisation (8) * Removal of an aircraft type from the existing Scope of Work (7a) * Addition of Airworthiness Review/Permit to Fly privileges (7a) | | | | | | |

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| **6. Technical Contact Data** (the contacts responsible for this application) | | | |
| 6.1. Accountable Manager Same as Contact person in 4.1.2  (If box is ticked the spaces on the right can stay blank) | Title | Mr | Ms |
| Surname / Family name | Surname as stated in a government issued ID like a passport or driver’s license | |
| Given name | Given name as stated in a government issued ID like a passport or driver’s license | |
| Job title/Position | Click or tap here to enter text. | |
| Phone/Fax | Click or tap here to enter text. | |
| Email | Click or tap here to enter text. | |
| 6.2. Compliance Monitoring Manager Same as Contact person in 4.1.2  (If box is ticked the spaces on the right can stay blank) | Title | Mr | Ms |
| Surname / Family name | Surname as stated in a government issued ID like a passport or driver’s license | |
| Given name | Given name as stated in a government issued ID like a passport or driver’s license | |
| Job title/Position | Click or tap here to enter text. | |
| Phone/Fax | Click or tap here to enter text. | |
| Email | Click or tap here to enter text. | |

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| 7a. Scope of requested Part-CAMO 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** | **Aircraft type/series/group (with engine type)** | **Airworthiness Review** | **Permits to Fly** | **Subcontracted organisations** |
| **A1**  Aeroplanes/airships above 5700 Kg |  |  |  |  |
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|  |  |  |  |
| **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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[add rows as applicable]

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| **7b. Scope of requested AMP Approval** | | | |
| **AMP Reference** | **Aircraft type/series/group (with engine type)** | **AMP issue (initial or revision)** | **AMP issue date** |
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[add rows as applicable]

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| 8. Sub-contracted organisations address data | |
| **Name/Address** |  |
| **Name/Address** |  |

[add rows as applicable]

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| 9. Other EASA approvals held by the applicant | | | |
| **EASA POA Approval** | EASA.21G.**XXX** | **EASA DOA Approval** | EASA.21J.**XXX** |
| **EASA MTOA Approval** | EASA.147.**XXX** | **EASA AOC Approval** | EASA.AOC.**XXX** |
| **EASA MOA Approval** | EASA.145.**XXX** | **EASA Part-CAO Approval** | EASA.CAO.**XXX** |

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| 10. Applicant’s declaration and acceptance of the Terms of Use for the EASA Oversight Management Software (OMS Service) | | |
| I, as Compliance Monitoring 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 Oversight Management Software (OMS Service).  I acknowledge that I have read, understood the [Terms of Use of the OMS Service](https://www.easa.europa.eu/en/downloads/137320/en), and I agree to abide by them.  Note: the reference to “OMS” is a generic reference to the oversight management software used by EASA, where the specific name may be subject to change. | | |
| Enter Date (DD.MM:YYYY) / Location | Enter Name |  |
| Date/Location | Name | Signature of Compliance Monitoring Manager |

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| 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://www.easa.europa.eu/> > Regulations > Fees & Charges.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://www.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 (DD.MM:YYYY) / 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.** | | |