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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 and 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 Addressregistered (business) name and address/legal seat of the company | Account Number | **3XXXXX** |
| (Company) Name |  |
| Street / No |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.1.2 Contact Personresponsible for this application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone |  |
| 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. | | |
| 2.2 Principal Location (may be left blank if same as 2.1 Applicant Data) | | |
| 2.2.1 Name and Location Address | (Company) Name |  |
| Street / No |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.3 Additional Locations | Yes  No | |
| 2.3.1 Location Address | Name |  |
| Street / No |  |
| 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 AddressEASA 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 / No |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.4.2 Contact PersonResponsible for ensuring the EASA terms of payment are honoured - electronic invoices will be issued to the email address indicated here | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone |  |
| 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 Certificate Delivery Addressfor the shipping of original EASA documents | (Company) Name |  |
| Street / No |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.5.2 Contact Personfor shipping | Title | Mr  Ms |
| Name |  |
| First name |  |
| Email |  |

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| 3. Identification of Activity | |
| 3.1 Activity | 3.1.1  Application for initial approval (complete all sections except Section 5)3.1.2  Application for change to existing approval (complete all sections except Section 4) |
| 3.2 Original Approval Referenceplease complete in case of 3.1.2 |  |
| 3.3 Issued by |  |

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| 4. Scope of Design or Production | | |
| **4.1 Scope of Design** in accordance with Articles 4, 5 and 6 of Regulation (EU) 2023/1768.  For each area, please describe the **exact** nature of design changes planned to be performed under DPO. | | |
| **Category** | **Type of ATM/ANS equipment** | **Description**  ***Note:*** *Please describe the* ***exact*** *nature of design planned to be  performed under the DPO.* |
| **Design** of ATM/ANS equipment requiring an EASA certificate | Equipment supporting controller-pilot communications  Equipment supporting air traffic control (ATC) services when enabling the separation of aircraft  Equipment supporting air traffic control (ATC) services when enabling the prevention of collisions |  |
| **Design** of ATM/ANS equipment requiring a **declaration of design compliance** by the approved DPO | Equipment supporting ground-to-ground communications G/G COM  Equipment supporting navigation (NAV)  Equipment supporting surveillance (SUR) |  |
| **Design** of ATM/ANS equipment requiring **a statement of compliance** | Equipment supporting airspace management (ASM)  Equipment supporting air traffic flow management (ATFM)  Equipment supporting aeronautical information services (AIS)  Equipment supporting meteorological (MET) services  Equipment supporting air traffic services (ATS) |  |

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| **4.2 Scope of Production** in accordance with Articles 4, 5 and 6 of Regulation (EU) 2023/1768.  For each area, please describe the **exact** nature of design changes planned to be performed under DPO. | | |
| **Category** | **Type of ATM/ANS equipment** | **Description, as applicable**  ***Note:*** *Please describe the* ***exact*** *nature of production planned to be performed under the DPO.* |
| **Production** of ATM/ANS equipment requiring an EASA certificate | Equipment supporting controller-pilot communications  Equipment supporting air traffic control (ATC) services when enabling the separation of aircraft  Equipment supporting air traffic control (ATC) services when enabling the prevention of collisions |  |
| **Production** of ATM/ANS equipment requiring a **declaration of design compliance** by the approved DPO | Equipment supporting ground-to-ground communications G/G COM.  Equipment supporting navigation (NAV)  Equipment supporting surveillance (SUR) |  |
| **Production** of ATM/ANS equipment requiring **a statement of compliance** | Equipment supporting airspace management (ASM)  Equipment supporting air traffic flow management (ATFM)  Equipment supporting aeronautical information services (AIS)  Equipment supporting meteorological (MET) services  Equipment supporting air traffic services (ATS) |  |

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| 5. Identification of Significant Change(s) to the Organisation | | |
| 5.1 Changes to the Organisation | No | Yes (please specify changes below) |
| Change of ownership  Change of name and/or address of the applicant or of the principal or additional locations  Other: → please specify | |
| 5.2 Changes to the Scope  including changes to the limitations | No | Yes (please specify below the new activities to be added to the DPO scope) |
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| 6. Other Information | |
| **6.1 Remarks** | Please use this space to provide any other information relevant to this application |

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| 7. Supporting Documents | |
| **7.1 Documents to submit  with the application** | 1. Organisation exposition 2. A copy of the national companies register / Certificate of Incorporation (if applicable) |

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| 8. Financial Estimate Request |
| I hereby request EASA to provide a financial estimate for the total charges related to this application. EASA is to continue the processing of this application only after acceptance of the financial estimate. I am aware that the provision of a financial estimate will lead to a delayed project start. |

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| 9. 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 and Function of  Responsible Person | Signature |
| This Application should be sent by e-mail to:  [Applicant.Services@easa.europa.eu](mailto:Applicant.Services@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to access the completion instructions |