|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 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. | | | | |
| 1. Applicant’s Reference | | | | |
| **1.1 Your Reference** | Please provide a brief, unique identifier that we will use to refer to your application | | | |
| **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) | Applicant Number | **3XXXXX** (if known) | POA Number | **EASA.21G. XXXXX** |
| Company Name |  | | |
| Trade Name | if different from legal 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 Billing Data** (may be left blank, if same as 2.1 Applicant Data) | | | | |
| **2.2.1 Billing Address**  (For the receipt of EASA Fees and Charges Invoices). | Company Name | Same as in section 2.1.1 (other name only in exceptional cases) | | |
| Street / Nr |  | | |
| PO Box |  | | |
| Post Code |  | | |
| City |  | | |
| Country |  | | |
| 2.2.2 Contact Person (Responsible for ensuring the EASA terms of payment are honoured. An electronic invoice will be issued to the email address indicated here.) | Title | Mr  Ms | | |
| Name |  | | |
| First name |  | | |
| Job title |  | | |
| Phone/Fax |  | | |
| Email |  | | |

|  |  |  |
| --- | --- | --- |
| **3. Location(s) for which changes in the terms of approval are requested:** | | |
| 3.1 Location Address | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

[please copy the above table to add further locations]

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Brief summary of proposed changes at the addresses indicated under item 3** | 4.1 General: |  | |
| 4.2 Scope of approval: |  | |
| 4.3 Nature of privileges: |  | |
| 5. Description of organisational changes: |  | | |
| 6. (Nominated) Accountable Manager | Name |  | |
| Position |  | |
|  | |  | |
| Date/Location | | Signature of the (nominated) Accountable Manager | |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application.  In case of an application for a change of the accountable manager the EASA Form 51 must be signed by the new nominee for this position. In all other cases the EASA Form 51 must be signed by the accountable manager. | | | |
| This Application should be sent by e-mail or regular mail to:  **European Union Aviation Safety Agency**  Applicant Services Department Postfach 10 12 53 D-50452 Köln Germany  E-mail: [applicant.services@easa.europa.eu](mailto:applicant.services@easa.europa.eu) | | | **Completion Instructions**    Please double-click on the icon to access the completion instructions |