

Application for AeMC Organisation Approval
1 Applicant

Data protection: Personal data included in the application related to the "Application for AeMC Organisation Approval" is processed by EASA pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies 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@easa.europa.eu. The Applicant shall have right of recourse at any time to the European Data Protection Supervisor.

1.1 Applicant Data
1.1.1 Customer Number
1.1.2 Applicant Name
1.1.3 Address

(registered business address)

Street / Nr

Post Code

City

Country

1.1.4 Contact Person

(responsible for this application)

Title

 Mr. Ms.

Name

First name

Job title

Phone/Fax

Email

1.2 Aero-medical Centre

(for which approval is requested)

 Same as Applicant Data in section 1.1 (→ continue with section 1.3)

1.2.1 Aero-medical Centre Name
 Same as in section 1.1.2 Applicant Name

 Other (please specify below)

Name

1.2.2 Aero-medical Centre Address
 Same as in section 1.1.3 Address

 Other (please specify below)

Street / Nr

Post Code

City

Country

1.2.3 Use Annex I to list all medical and technical facilities related to scope of approval including auxiliary clinical sites. (if different from 1.2)

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1.3 Billing Data		<input type="checkbox"/> Same as Applicant Data in section 1.1 (→ continue with section 1.4)	
1.3.1 Applicant Name	<input type="checkbox"/> Same as in section 1.1.2 Applicant Name		<input type="checkbox"/> Other (please specify below)
	Name		
1.3.2 Billing Address	<input type="checkbox"/> Same as in section 1.1.3 Address		<input type="checkbox"/> Other (please specify below)
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
1.3.3 Contact Person (Financial)	<input type="checkbox"/> Same as in section 1.1.4 Contact Person		<input type="checkbox"/> Other (please specify below)
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
	Name		
	First name		
	Job title		
	Phone /Fax		
1.3.4 Financial Contact Email Invoice PDF copy will be issued to this address			
1.4 Certificate Delivery Data		<input type="checkbox"/> Same as Applicant Data in section 1.1	
1.4.1 Applicant Name	<input type="checkbox"/> Same as in section 1.1.2 Applicant Name		<input type="checkbox"/> Other (please specify below)
	Name		
1.4.2 Delivery Address	<input type="checkbox"/> Same as in section 1.1.3 Address		<input type="checkbox"/> Other (please specify below)
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
1.4.3 Contact Person (Certificate Delivery)	<input type="checkbox"/> Same as in section 1.1.4 Contact Person		<input type="checkbox"/> Other (please specify below)
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
	Name		
	First name		
	Job title		
	Phone/Fax		
	Email		

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Applicant's Reference Please provide an individual reference to this application		
Identification of Activity		
<input type="checkbox"/> Initial Approval		
<input type="checkbox"/> Change Approval	EASA Approval N°:	
<input type="checkbox"/> Grandfathering Request¹ Please provide a copy of the certificate	NAA Approval N°:	
Intended commencement of activity on	(dd Month yyyy)	
2. Head of AeMC		
2.1 Name		
2.2 AME certificate reference		
2.3 Class 1 privilege since	(dd Month yyyy)	
3. Name of qualified AME(s) Use Annex II to list all qualified AMEs, medical staff and supporting specialist consultants.		
4. Proposed administration documents and manuals submitted with application		
<input type="checkbox"/> Management System documentation <input type="checkbox"/> Other Manual(s) <input type="checkbox"/> Head of AeMC CV <input type="checkbox"/> Documents of clinical attachment, or liaison with designated hospitals, or medical institutes <input type="checkbox"/> Staff Training Records		
5. Details of proposed compliance monitoring system		
Item	Reference in the organisation's documentation	
5.1 Detailed description of the compliance monitoring function of the management system	Please enter the reference in your organisation's documentation	
5.2 List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organisation	Please enter the reference in your organisation's documentation	
5.3 Means and methods establishing the internal audit process	Please enter the reference in your organisation's documentation	
5.4 Means and methods establishing the feedback system of audit findings to the accountable manager	Please enter the reference in your organisation's documentation	
5.5 Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organisation remains in compliance with the applicable requirements	Please enter the reference in your organisation's documentation	
5.6 Means and methods making personnel aware of their responsibilities	Please enter the reference in your organisation's documentation	

¹ Under the provisions of Article 10c paragraph (2) of Aircrew Regulation (EU) No 1178/2011 as amended by Regulation (EU) No 290/2012

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5.7 Procedure for amending the documentation	Please enter the reference in your organisation's documentation
5.8 Means and methods to ensure initial and continued compliance of contracted activities	Please enter the reference in your organisation's documentation
5.9 Compliance with the requirement for the direct safety accountability of the accountable manager	Please enter the reference in your organisation's documentation
5.10 Compliance with the requirement for the organisation's safety policy	Please enter the reference in your organisation's documentation
5.11 Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods)	Please enter the reference in your organisation's documentation
5.12 Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)	Please enter the reference in your organisation's documentation
5.13 Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)	Please enter the reference in your organisation's documentation
5.14 Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)	Please enter the reference in your organisation's documentation

6. Notes

If answers to any of the above questions are incomplete: Please provide full details of alternative arrangements separately.

Regulation (EC) No. No 216/2008 specifies that EASA shall issue and renew the certificates of aero-medical centres located outside the territory of the EU Member States.
Therefore please enclose with this application a copy of your Certificate of Incorporation (for profit organisations) or the equivalent official document (for non-profit organisations) confirming the legal status of your organisation.

7. Quote Request

I hereby request EASA to provide a quote for the estimated total charges related to this application. EASA is to continue the processing of this application only after the quote has been accepted. I am aware that the provision of a quote will lead to a delayed project start.

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8. 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 the Commission Regulation (EC) No. 593/2007 of 31 May 2007 on the fees and charges levied by the European Aviation Safety Agency, as last amended, available from <http://easa.europa.eu/>> Legislation > Fees & Charges.

I acknowledge that I have read and understood the Agency's Terms of Payment (see <http://easa.europa.eu/>> Legislation > Fees & Charges>General Conditions and 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.

I, the undersigned, on behalf of the applicant identified in 1.1.2 above certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.

Date/Place	Name of Accountable Manager	Signature

This Application and the additional document as outlined in Chapter 6 should be sent by fax, e-mail or regular mail to:

European Aviation Safety Agency
Certification and Approval Support Department
Postfach 10 12 53
D-50452 Köln
Germany

Fax: +49 – (0)221 - 89990 ext. ext. 4461

E-mail: anp.organisation@easa.europa.eu

PLEASE DO NOT FORGET TO SIGN THE APPLICATION FORM

Application for AeMC Organisation Approval
Annex I: List of medical and technical facilities including auxiliary clinical sites.

Medical & technical facilities related to scope of approval & auxiliary clinical sites.			Type of Training
1.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
2.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
3.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
4.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
5.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		

Insert additional lines if necessary

Application for AeMC Organisation Approval
Annex II: List of qualified AMEs, medical staff and supporting specialist consultants

Identification and qualifications		Certificate & role	Type of Employment
1.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
2.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
3.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
4.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
5.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	

Insert additional lines if necessary

Application for AeMC Organisation Approval

Completion Instructions for FO.AEMCA.00010:

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for AeMC Organisation Approval. Please complete the form in a **clearly legible** way.

Chapter 1: Applicant

- 1.1.1 If known, please enter your EASA customer number. This number follows the pattern 3XXXXX and can be found on any application acceptance letter received for previous applications.
- 1.1.2 Please enter the full **name of the company** as it appears on the Article/Certificate of incorporation of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. In case the applicant is not a company but a **natural person**, please enter the full name as it appears in your ID Card/Passport.
- 1.1.3 Please enter the address of the registered office as it appears on the Article/Certificate of incorporation of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered.
- 1.1.4 The name and contact details specified in this section are those of the person responsible for the application.
- 1.2.1 The (company) name specified in this section will be printed on the certificate EASA will issue.
- 1.2.2 The address specified in this section, the registered business address, will be printed on the certificate EASA will issue.
- 1.3.1 The (company) name specified in this section will be printed on the invoice/s EASA will issue.
- 1.3.2 The address specified in this section will be printed on the invoice/s EASA will issue.
- 1.3.3 The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the EASA invoices. (e.g. accounts payable clerk)
- 1.3.4 Invoice PDF copy will be issued to this email address
- 1.4.1 The (company) name specified in this section is where EASA will send the original certificate/approval.
- 1.4.2 The address specified in this section is where EASA will send the original certificate/approval.
- 1.4.3 The contact person of this section is the person the approval will be sent to.

Applicant's Reference: IMPORTANT: Please provide an individual internal reference to this application which you would like to see on all communication with EASA.

Chapter 2. to 5.

- 2.1 Please provide the First Name and the surname of Head of AeMC
- 2.2 Reference of AME Certificate of the Head of AeMC
- 2.3 Date when AME Certificate of the Head of AeMC was extended to class 1 privilege
- 3. Please list in Annex II all qualified AMEs, medical staff and supporting specialist consultants. This list shall match the lists in the manuals of the organisation.
- 4. Tick each relevant box to indicate if the document is joined to the application form.
- 5. For each item listed (**5.1 to 5.14**), provide the reference of the documented evidence available in the organisation's manuals or controlled documentation.
AeMCs under Grandfathering shall enter the reference to their the relevant part of their implementing plan explaining how the organisation is going to adapt its management system, training programmes, procedures and manuals to be compliant with Part-ORA (Annex VII) by 8 April 2014 at the latest as required by Article 10c paragraph 2 of Aircrew Regulation (EU) 1178/2011 as amended by Regulation (EU) 290/2012
- 6. Do not forget to provide the copy of your Certificate of Incorporation or the equivalent official document confirming the legal status of your organisation.
- 7. Please indicate whether you require EASA to provide a quote prior to the project start by ticking the box. Please note that the provision of a quote will lead to delays in the start of the project.
- 8. Please make sure that the Accountable Manager signs the application form.