|  |  |
| --- | --- |
| C:\Users\bpatyi\AppData\Local\Temp\Temp1_TIM_cimeres_logo_EN-20220617T090746Z-001.zip\TIM_cimeres_logo_EN\JPG\TIM_cimeres_logo_FEKETE_EN.jpg | **EASA FORM 12****Application for Part-147 approval certificate**Annex VI to the EU Commission (EC) No. 1321/2014 (Part-147) |
|  |  |
|  | **Organisational information** |
|  | Registered name:  |   |
| Trade name (if different):  |   |
|  | Name of the accountable manager:  | Place and date of birth: |
| Position of the accountable manager: |
|  | Registered address: |
| Postal code:  | Country, city: |
| Street:  | Number: |
|  | Mailing address: |  |
| Postal code:  | Country, city: |
| Street:  | Number: |
|  | Invoicing address: |  |
| Invoicing name:  |  |
| Postal code:  | Country, city: |
| Street:  | Number: |
|  | Telephone number:  | Email: |
| Fax:  | Home page: |
|  | Provide reference to other approvals under the Basic Regulation (if any):  |
|  | **Application for maintenance training organisation approval certificate** |
|  | ☐ initial | ☐ change (approval ref. no.: ) |
|  | Addresses Requiring Approval: |
|  | In the case of change, a brief description of the changes: |
|  | Activity | Type | Category |
| Basic training ☐ | n/a |  |
| Type training ☐ |  |  |
| Type examination ☐ |  |  |
|  | **Declaration by the applicant** |
| In accordance with the above data, pursuant to point 147.A.15 of Annex IV (Part-147) to Regulation (EU) 1321/2014, I ask the authority to issue a Part-147 maintenance training organisation approval for my organisation or to amend my Part-147 maintenance training organisation approval.I declare that the information provided on the form is correct at the time of submission of the application.I understand that in the case of incomplete application or incomplete documents, the authority requests additional data or documents with a deficiency notice.When completing the application, I knew and understood the requirements of Part-147 and accordingly attached the necessary documents to the application.I am aware that if false information is provided, the application may be rejected.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |
|  |
|  | **Procedural fee paid** |
|  |
|  | **Remark to the authority:** |
|  |

**Completion instructions**

|  |  |
| --- | --- |
| 1.4, 1.5 | The postal or invoicing address shall be provided only if it is different from the registered office. |
| 2.1 | In the event of an amendment, only the parts that are affected by the change shall be filled in in the application form. |
| 2.4 | Please indicate the type i.a.w Appendix 1. of Part-66 AMC. Please indicate the subcategory also at the category field or in the case of B2L the system ratings i.a.w Part-66 66.A.3 |
| 3. | Must be signed by the accountable manager. |