|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. |