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| Data protection: Personal data included in this application 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 [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) | Account Number | **3XXXXX** | (A)DOA Reference | **if applicable** |
| (Company) 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 |  | | |
| **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. In case the applicant is not a company but a natural person, a copy of the person’s **ID or passport** needs to be provided with the first application. | | | | |
| **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. EASA invoices are issued via post-mail to the address provided here.) | (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 copy will be issued to the email address indicated here.) | Title | Mr  Ms | | |
| Name |  | | |
| First name |  | | |
| Job title |  | | |
| Phone/Fax |  | | |
| Email | generic email address, if available, e.g. accounting@company.com | | |

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| **2.3 Shipping Data** (may be left blank, if same as 2.1 Applicant Data) | | |
| 2.3.1 Postal Address (for the shipping of the original EASA documents) | (Company) Name |  |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.3.2 Contact Person (Shipping) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |

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| **3. Identification of Activity** | | | | | | | | | | |
| **3.1 This application is related to an ongoing certification project that has been applied for at EASA** | | | | | No  Yes (please identify the project below) | | | | | |
|  | | | | | Type of Project | TC/RTC | STC | | | Change/Repair |
|  | | | | | EASA Project Number |  | | | | |
|  | | | | | Responsible PCM |  | | | | |
| **3.2 Scope Approval of Flight Conditions** | | | | | **3.2.1 For applicants who are not DOA holder** | | | | | |
|  | | | | | EASA Form 18B is attached (see Annex I)  EASA Form 18B is not attached (please indicate the reason below) | | | | | |
|  | | | | | Reason |  | | | | |
|  | | | | | **3.2.2 For DOA Holders applying for approval of flight conditions, for cases excluded by 21.A.263 (c)(6)** | | | | | |
|  | | | | | EASA Form 18A is attached  EASA Form 18A is not attached (please indicate the reason below) | | | | | |
|  | | | | | Reason |  | | | | |
| **3.3. Product identification** | | | | | Large aeroplane  General aviation  Rotorcraft  Balloon  Airship | | | | | |
|  | | | | | Manufacturer |  | | | | |
|  | | | | | Type |  | | | | |
|  | | | | | Model(s) |  | | | | |
|  | | | | | Serial number(s) |  | | | | |
|  | | | | | Country of registry |  | | | | |
|  | | | | | Registration mark(s) |  | | | | |
| **4. Details related to Permit to Fly** Information entered under 4.1 – 4.3 do not replace the separate application of the Permit to Fly to be made to the competent NAA of the State of Registry. | | | | | | | | | | |
| **4.1 Requested duration for the Permit to Fly** | | | | Limited Duration (maximum 12 months) | | | | From |  | |
|  | | | |  | | | | Until |  | |
|  | | | | Unlimited Duration (**Only** in combination with 4.2 Purpose, item 15) | | | | | | |
| **4.2 Purpose** | | | | | | | | | | |
| **1** |  | Development | | | | | | | | |
| **2** |  | Showing compliance with regulations or certification specifications | | | | | | | | |
| **3** |  | Design organisations or production organisations crew training | | | | | | | | |
| **4** |  | Production flight testing of new production aircraft | | | | | | | | |
| **5** |  | Flying aircraft under production between production facilities | | | | | | | | |
| **6** |  | Flying the aircraft for customer acceptance | | | | | | | | |
| **7** |  | Delivering or exporting the aircraft | | | | | | | | |
| **8** |  | Flying the aircraft for Authority acceptance | | | | | | | | |
| **9** |  | Market survey, including customer’s crew training | | | | | | | | |
| **10** |  | Exhibition and air show | | | | | | | | |
| **11** |  | Flying the aircraft to a location where maintenance or airworthiness review are to be performed, or to a place of storage | | | | | | | | |
| **12** |  | Flying an aircraft at a weight in excess of its maximum certificated take-off weight for flight beyond the normal range over water, or over land areas where adequate landing facilities or appropriate fuel is not available | | | | | | | | |
| **13** |  | Record breaking, air racing or similar competition | | | | | | | | |
| **14** |  | Flying aircraft meeting the applicable airworthiness requirements before conformity to the environmental requirements is shown | | | | | | | | |
| **15** |  | For non-commercial flying activity on individual non-complex aircraft or types for which a certificate of airworthiness or restricted certificate of airworthiness is not appropriate | | | | | | | | |
| **4.3 Description of the non-compliance with the applicable airworthiness requirements** | | |  | | | | | | | |
| **5. Remarks/ further details on activity requested** | | | | | | | | | | |
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| **6. 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 Regulation (EU) on the fees and charges levied by the European Aviation Safety Agency, as last amended and available from <http://easa.europa.eu/> > Regulations > Fees and 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 > Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges, as well 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. | | | |
|  |  | |  |
| Date/Location | Name | | Signature |
|  | | | |
| This Application 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. 4455  E-mail: [flightconditions@easa.europa.eu](mailto:flightconditions@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to access the completion instructions | |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. | | | |

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| To be filled in **only** by the European Aviation Safety Agency/NAA/QE | | | | | |
| **7. Statement of Technical Satisfaction** | | | | | |
| **The certification team is satisfied that the applicant has shown that the aircraft is capable of safe flight under the conditions or restrictions necessary for safe operation of the aircraft in accordance with the hereby approved flight conditions.** | | | | | |
| **7.1. Identification of Flight Conditions for a Permit to Fly - Approval Form (EASA Form 18A/18B)**  (Please indicate the EASA Form 18A/18B Approval Form nr and issue nr (as stated in field nr 2 of EASA Form 18A/18B) and date of issue (as stated in field nr 11 of EASA Form 18A/18B) for traceability purposes) | | | | | |
| **Approval Form N°:** |  | | **Issue N°:** |  | |
| **Date of issue:** |  | | | | |
| **7.2. Remarks** (Please use this space for any project relevant information that does not need to be mentioned on the EASA Form 18A/18B.) | | | | | |
|  | |  | | |  |
| Date/Location | | Name Project Certification Manager | | | Signature |
| **7.3. Contact in … *(EASA / name of NAA)***, to which the approved approval form and all other communications with respect to the above must be sent:  *(name, postal address, telephone, fax, e-mail)* | |  | | | |
| **Please send this Technical Visa to:** [**Technical.Visa@easa.europa.eu**](mailto:Technical.Visa@easa.europa.eu) | | | | | |

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| **1. Applicant** | | | | | | | | | | **2. Approval Form N°**  **Issue** | | | | | | | | | | | | |
| **3. Aircraft manufacturer/type** | | | | | | | | | | **4. Serial number(s)** | | | | | | | | | | | | |
| **5. Purpose (i.a.w. 21.A.701(a))** | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | | **5** | | **6** | **7** | **8** | | | **9** | **10** | | **11** | | **12** | **13** | **14** | | **15** | |
|  |  |  |  | |  | |  |  |  | | |  |  | |  | |  |  |  | |  | |
| **Initial duration for Permit to Fly:** | | | | | | **From:** | | | | | **Until:** | | | | | **Unlimited** | | | |  | |  |
| **6. Aircraft configuration** | | | | | | | | | | | | | | | | | | | | | | |
| The above aircraft for which a Permit to Fly is requested is defined in | | | | | | | | | | | | | | | | | | | | | | |
| **7. Substantiations** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **8. Conditions/Restrictions** | | | | | | | | | | | | | | | | | | | | | | |
| The above aircraft must be used with the following conditions or restrictions:  The flight conditions approval remains valid provided the declared configuration is applicable, the aircraft is maintained in accordance with defined instructions, and compliance with airworthiness directives is observed. | | | | | | | | | | | | | | | | | | | | | | |
| **9. Statement** | | | | | | | | | | | | | | | | | | | | | | |
| The flight conditions have been established and justified in accordance with 21.A.708.  The aircraft as defined in Field 6 above has no features and characteristics making it unsafe for the intended operation under the identified conditions and restrictions. | | | | | | | | | | | | | | | | | | | | | | |
| **10. Approved under Organisation Approval Number** (if applicable**):** | | | | | | | | | | | | | |  | | | | | | | | |
| **11. Date of issue** | | | | **12. Applicant name and signature** | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | |
| Date | | | | Name | | | | | | | | | | Signature | | | | | | | | |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application and the Flight Conditions for a Permit to Fly – Approval Form | | | | | | | | | | | | | | | | | | | | | | |

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| **13. EASA Approval** - To be filled in **only** by the European Aviation Safety Agency | |  | **Completion instructions**    Please double-click on the icon to access the completion instructions |
| **EASA Approval Number** |  |  |
| Name |  |  |
|  |  |
| Date | Signature |  |