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| MINISTRY OF CONSTRUCTION AND TRANSPORT | | **Part-ORA AeMC**  **organisation certificate application**  In accordance with Annex VII (Part-ORA) of Regulation (EU) 1178/2011 |
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|  | **Organisation information** |  |
|  | Registered name: |  |
| Trade name (if different): |  |
|  | Accountable manager: | |
|  | Principal place of business of the organisation: | |
| 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: |
|  | Certificate number (in case of change): | |
|  | **Application for an AeMC certificate** | |
|  | ☐ initial | ☐ change (ref. no.: ) |
|  | In the event of a change, a brief description of the changes: | |
|  | The expected starting date stated in this application: | |
|  | Type of aero-medical examinations | |
| Class 1, Class 2, LAPL and Cabin crew | |
| Class 1, Class 2, LAPL, Class 3 and Cabin crew | |
|  | **Head of AeMC** | |
|  | Name: | |
| Place and date of birth: | |
| Number of AME certificate: | |
| Full-time or part-time: | |
|  | **Other senior persons in the organisation related to the application:** | |
| **Safety Manager:** | |
| Name: | |
| Place and date of birth: | |
| Full-time or part-time: | |
| **Compliance monitoring manager:** | |
| Name: | |
| Place and date of birth: | |
| Full-time or part-time: | |
|  | **Name(s) of aero-medical examiners:** | |
|  | |
|  | **Contracted hospital(s):** | |
|  | |
|  | **Contracted medical institutions / Specialists:** | |
|  | |
|  | **Medical and technical facilities:** | |
|  | |
|  | **Documents and Manuals** | |
|  | |
|  | **Details of the Compliance Monitoring System:** | |
|  | |
|  | **Declaration of the applicant** | |
| In accordance with the information given above, pursuant to Annex VII of Regulation (EU) No 1178/2011, ORA.GEN.115 and ORA.AeMC.115, I ask the Authority to issue an Aeromedical Center organisation certificate, amending my previous Aeromedical Center organisation certificate or approving a planned change to my Aeromedical Center organisation certificate.  I declare that the information provided on the form is correct at the time of submission of the application and and all persons named in the application - according to their position - meet the relevant requirements.  I understand that in the case of incompletely completed applications or incompletely attached documents, the authority requests incomplete data or documents with a deficiency notice.  I hereby declare that I am aware of the Part-MED, Part-ORA and the relevant AMC/GM and I applied for certificate according to it.  I am aware that if false information is provided, the application may be rejected.   |  |  | | --- | --- | | Signature | Date | | |
|  | **Notice to the authority:** | |
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**Completion instructions**

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| 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, tick the examination type. |
| 5. | Please, give the reference of the list of all qualified Aero-medical examiners (AME), medical staff and supporting specialist consultants including in the manual. |
| 6-7. | Please, give the reference of the contracted hospitals and clinical attachments to or liaison with designated hospitals or medical institutes for the purpose of specialist medical examinations including in the manual according to ORA.AeMC.215.  Please give the reference of the list of the hospitals and clinical attachments included in the manual, which should contain the following data at least: location, address, descriptions, equipments, dimensions, capacity, layout. |
| 8. | Please give the reference of the list of medical and technical facilities including in the manual, which should contain the following data at least: name of the medical and technical facilities, description, location, which examination used by. |
| 9. | Please, list the Manuals relevant to the AeMC application. |
| 10. | Please, give the reference of the Manual where the compliance monitoring system is decribed. |
| 11. | Must be signed by the accountable manager. |