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| **Application for**  **Approval** |
| **Initial:** [ ]  **Change:** [ ]  |
| 1. Registered name of applicant:       |
| 2. Trading name (if different):       |
| 3. Approval reference (if existing): CH.      |
| 4. Addresses requiring approval:       |
| 5. Tel.:       Email:       |
| 6. Terms of approval and scope of work relevant to this application:*
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| 7. Position and name of the (proposed) Accountable Manager:       |
| 8. Signature of the (proposed) Accountable Manager: …………………………………………………... |
| 9. Place:       Date:       |
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| Note: Please send the completed EASA Form 2 to the following address: Federal Office of Civil Aviation FOCA (Assigned Inspector, Section) CH-3003 Bern |