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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: |
| 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 |