



Send to:
postmottak@caa.no
or
Luftfartstilsynet
Postboks 243
8001 BODØ

Application for AeMC Organisation approval

1 Applicant	
1.1 Applicant Data	
1.1.1 Customer Number:	
1.1.2 Applicant Name (name of AeMC):	
1.1.3 Address (registered business address)	Street / Nr:
	Post Code:
	City:
	Country:
1.1.4 Contact Person (responsible for this application)	Title: Mr. Ms.
	Name:
	First name:
	Job title:
	Phone/Fax:
	Email:
1.2 Aero-medical Centre (for which approval is requested)	Same as Applicant Data in section 1.1 (→ continue with section 1.3)

1.2.1 Aero-medical Centre Name	Same as in section 1.1.2 Applicant Name	Other (please specify below)
	Name:	
1.2.2 Aero-medical Centre Address	Same as in section 1.1.3 Address	Other (please specify below)
	Street / Nr:	
	Post Code:	
	City:	
	Country:	
1.2.3 Use Annex I to list all medical and technical facilities related to scope of approval including auxiliary clinical sites. (if different from 1.2)		

1.3 Billing Data		Same as Applicant Data in section 1.1 (→ continue with section 1.4)	
1.3.1 Applicant Name	Same as in section 1.1.2 Applicant Name		Other (please specify below)
	Name:		
1.3.2 Billing Address	Same as in section 1.1.3 Address		Other (please specify below)
	Street / Nr:		
	PO Box:		
	Post Code:		
	City:		
	Country:		
1.3.3 Contact Person (Financial)	Same as in section 1.1.4 Contact Person		Other (please specify below)
	Title: Mr. Ms.		
	Name:		
	First name:		
	Job title:		
	Phone /Fax:		
1.3.4 Financial Contact Email Invoice PDF copy will be issued to this address:			
1.4 Certificate Delivery Data		Same as Applicant Data in section 1.1	

1.4.1 Applicant Name	Same as in section 1.1.2 Applicant Name	Other (please specify below)
	Name:	
1.4.2 Delivery Address	Same as in section 1.1.3 Address	Other (please specify below)
	Street / Nr:	
	PO Box:	
	Post Code:	
	City:	
	Country:	
1.4.3 Contact Person (Certificate Delivery)	Same as in section 1.1.4 Contact Person	Other (please specify below)
	Title: Mr. Ms.	
	Name:	
	First name:	
	Job title:	
	Phone/Fax:	
	Email:	

Applicant's Reference Please provide an individual reference to this application	
Identification of Activity	
Initial Approval	
Change Approval	EASA Approval N°:
Grandfathering Request ¹ Please provide a copy of the certificate	NAA Approval N°:
Intended commencement of activity on: (dd Month yyyy)	
2. Head of AeMC	
2.1. Name:	
2.2 AME certificate reference:	
2.3 Class 1 privilege since: (dd Month yyyy)	
3. Name of qualified AME(s) Use Annex II to list all qualified AMEs, medical staff and supporting specialist consultants.	
4. Proposed administration documents and manuals submitted with application	
Management System documentation Head of AeMC CV Staff Training Records	Other Manual(s) Documents of clinical attachment, or liaison with designated hospitals, or medical institutes
5. Details of proposed compliance monitoring system	
Item: Reference in the organisation's documentation	
5.1 Detailed description of the compliance monitoring function of the management system: Please enter the reference in your organisation's documentation	
5.2 List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organisation: Please enter the reference in your organisation's documentation	
5.3 Means and methods establishing the internal audit process: Please enter the reference in your organisation's documentation	

¹ Under the provisions of Article 10c paragraph (2) of Aircrew Regulation (EU) No 1178/2011 as amended by Regulation (EU) No 290/2012

5.4 Means and methods establishing the feedback system of audit findings to the accountable manager:
Please enter the reference in your organisation's documentation
5.5 Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organisation remains in compliance with the applicable requirements:
Please enter the reference in your organisation's documentation
5.6 Means and methods making personnel aware of their responsibilities:
Please enter the reference in your organisation's documentation
5.7 Procedure for amending the documentation:
Please enter the reference in your organisation's documentation
5.8 Means and methods to ensure initial and continued compliance of contracted activities:
Please enter the reference in your organisation's documentation
5.9 Compliance with the requirement for the direct safety accountability of the accountable manager:
Please enter the reference in your organisation's documentation
5.10 Compliance with the requirement for the organisation's safety policy:
Please enter the reference in your organisation's documentation
5.11 Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods):
Please enter the reference in your organisation's documentation
5.12 Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods):
Please enter the reference in your organisation's documentation
5.13 Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods):
Please enter the reference in your organisation's documentation
5.14 Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods):
Please enter the reference in your organisation's documentation

6. Notes

If answers to any of the above questions are incomplete: Please provide full details of alternative arrangements separately.

Regulation (EC) No. No 216/2008 specifies that the Norwegian Civil Aviation Authority (Luffartstilsynet) shall issue the certificates of aero-medical centres located inside the territory of Norway. Therefore please enclose with this application a copy of your Certificate of Incorporation (for profit organisations) or the equivalent official document (for non-profit organisations) confirming the legal status of your organisation.

7. 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 the Norwegian Civil Aviation Authority 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 the Norwegian Civil Aviation Authority in accordance with the applicable requirements.

I, the undersigned, on behalf of the applicant identified in 1.1.2 above certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.

Date/Place	Name of Accountable Manager	Signature

This Application and the additional document as outlined in Chapter 6 should be sent by fax, e-mail or regular mail to:

Luffartstilsynet
Postboks 243
8001 BODØ

Fax: 75 58 50 05

E-mail: postmottak@caa.no

PLEASE DO NOT FORGET TO SIGN THE APPLICATION FORM

Regulatory fees to be charged in accordance with BSL A 1-2

By signing this document the applicant declares that all information provided in this form is correct and can be documented.

Date, place:

Signature:

Annex I: List of medical and technical facilities including auxiliary clinical sites.

Medical & technical facilities related to scope of approval & auxiliary clinical sites.		Type of Training
1.	Name:	Clinical attachment for initial class 1
	Street / Nr.:	
	PO Box:	
	Post Code:	
	City:	
	Country:	
2.	Name:	Clinical attachment for initial class 1
	Street / Nr.:	
	PO Box:	
	Post Code:	
	City:	
	Country:	
3.	Name:	Clinical attachment for initial class 1
	Street / Nr.:	
	PO Box:	
	Post Code:	
	City:	
	Country:	
4.	Name:	Clinical attachment for initial class 1
	Street / Nr.:	
	PO Box:	
	Post Code:	
	City:	
	Country:	

5.	Name:	Clinical attachment for initial class 1
	Street / Nr:	
	PO Box:	
	Post Code:	
	City:	
	Country:	

Insert additional lines if necessary

Annex II: List of qualified AMEs, medical staff and supporting specialist consultants

	Identification and qualifications	Certificate & role	Type of Employment
1.	Name:	Certificate Number:	Full Time Part Time
	Qualifications:	AME Supporting specialist consultant	
2.	Name:	Certificate Number:	Full Time Part Time
	Qualifications:	AME Supporting specialist consultant	
3.	Name:	Certificate Number:	Full Time Part Time
	Qualifications:	AME Supporting specialist consultant	
4.	Name:	Certificate Number:	Full Time Part Time
	Qualifications:	AME Supporting specialist consultant	
5.	Name:	Certificate Number:	Full Time Part Time
	Qualifications:	AME Supporting specialist consultant	

Insert additional lines if necessary

Completion Instructions for FO.AEMCA.00010:

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for AEMC Organisation Approval. Please complete the form in a **clearly legible** way.

Chapter 1: Applicant

- 1.1.1 If known, please enter your the Norwegian Civil Aviation Authority customer number.
- 1.1.2 Please enter the full **name of the company** as it appears on the Article/Certificate of incorporation of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. In case the applicant is not a company but a **natural person**, please enter the full name as it appears in your ID Card/Passport.
- 1.1.3 Please enter the address of the registered office as it appears on the Article/Certificate of incorporation of the company. In case the applicant is not a company but natural person, please enter the address at which you are registered.
- 1.1.4 The name and contact details specified in this section are those of the person responsible for the application.
- 1.2.1 The (company) name specified in this section will be printed on the certificate the Norwegian Civil Aviation Authority will issue.
- 1.2.2 The address specified in this section, the registered business address, will be printed on the certificate the Norwegian Civil Aviation Authority will issue.
- 1.3.1 The (company) name specified in this section will be printed on the invoice/s the Norwegian Civil Aviation Authority will issue.
- 1.3.2 The address specified in this section will be printed on the invoice/s the Norwegian Civil Aviation Authority will issue.
- 1.3.3 The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the Norwegian Civil Aviation Authority invoices. (e.g. accounts payable clerk)
- 1.3.4 Invoice PDF copy will be issued to this email address
- 1.4.1 The (company) name specified in this section is where the Norwegian Civil Aviation Authority will send the original certificate/approval.
- 1.4.2 The address specified in this section is where the Norwegian Civil Aviation Authority will send the original certificate/approval.
- 1.4.3 The contact person of this section is the person the approval will be sent to.

Applicant's Reference: IMPORTANT: Please provide an individual internal reference to this application which you would like to see on all communication with the Norwegian Civil Aviation Authority.

Chapter 2. to 5.

- 2.1 Please provide the First Name and the surname of Head of AeMC
- 2.2 Reference of AME Certificate of the Head of AeMC
- 2.3 Date when AME Certificate of the Head of AeMC was extended to class 1 privilege
- 3. Please list in Annex II all qualified AMEs, medical staff and supporting specialist consultants. This list shall match the lists in the manuals of the organisation.
- 4. Tick each relevant box to indicate if the document is joined to the application form.
- 5. For each item listed (5.1 to 5.14), provide the reference of the documented evidence available in the organisation's manuals or controlled documentation.
AeMCs under Grandfathering shall enter the reference to their the relevant part of their implementing plan explaining how the organisation is going to adapt its management system, training programmes, procedures and manuals to be compliant with Part-ORA (Annex VII) by 8 April 2014 at the latest as required by Article 10c paragraph 2 of Aircrew Regulation (EU) 1178/2011 as amended by Regulation (EU) 290/2012
- 6. Do not forget to provide the copy of your Certificate of Incorporation or the equivalent official document confirming the legal status of your organisation.
- 7. Please make sure that the Accountable Manager signs the application form.

