

Application Form for Approval of Military Supplemental Type Certificate

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)

Applicant Number	3XXXXXX	(A)MDOA Reference	if applicable
(Company) Name			
Street / Nr			
Post Code			
City			
Country			

2.1.2 Contact Person (responsible for this application)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> 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 Shipping Data (may be left blank, if same as 2.1 Applicant Data)

2.2.1 Certificate Delivery Address (for the shipping of original AAN documents)

(Company) Name			
Street / Nr			
PO Box			
Post Code			
City			
Country			

2.2.2 Contact Person (Shipping)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Name	
First name	
Job title	
Phone/Fax	
Email	

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3. Identification of Activity	
<p>Military Supplemental Type Certificate</p> <p><input type="checkbox"/> Simple</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Complex</p>	<p>For revisions to an (M)STC, please complete an Application for Major Change/Major Repair Design or Minor Change/Minor Repair Design, as applicable.</p> <p>For a transfer to a new (M)STC holder, please complete an Application for Transfer of Certificate.</p>
<p>Including change to approved parts of Flight Manual (FM) <input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> No</p>	

4. Product Identification									
4.1 Information									
<p>Aircraft</p> <p><input type="checkbox"/> Large Aeroplanes</p> <p><input type="checkbox"/> Small Aeroplanes</p> <p><input type="checkbox"/> Large Helicopters</p> <p><input type="checkbox"/> Small Helicopters</p> <p><input type="checkbox"/> Sailplanes</p> <p><input type="checkbox"/> Very Light Aeroplanes</p> <p><input type="checkbox"/> Aircraft for military transport of troops, reconnaissance, patrols, tankers, electronic warfare missions</p> <p><input type="checkbox"/> Combat fixed wing aircraft and advanced trainers</p> <p><input type="checkbox"/> Combat Helicopters</p> <p><input type="checkbox"/> Fixed wing UAV</p> <p><input type="checkbox"/> Rotor Wing UAV</p>	<p>Propulsion</p> <p><input type="checkbox"/> Turbine Engine</p> <p><input type="checkbox"/> Piston Engines</p> <p><input type="checkbox"/> APU's</p> <p><input type="checkbox"/> Propellers</p>								
4.2 Applicability	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">(M)Type Certificate Number</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 2px;">(M)Type Certificate Holder</td> <td></td> </tr> <tr> <td style="padding: 2px;">(M)Type Name</td> <td></td> </tr> <tr> <td style="padding: 2px;">Model(s)</td> <td></td> </tr> </table>	(M)Type Certificate Number		(M)Type Certificate Holder		(M)Type Name		Model(s)	
(M)Type Certificate Number									
(M)Type Certificate Holder									
(M)Type Name									
Model(s)									
4.3 Airworthiness Code	Please specify the applicable airworthiness code, e.g. CS-25								

5. Original Approval (if applicable)		
5.1 Authority Approval/Project N°	Approval/Project Number	
	Issued by	
	Issued on	
5.2 Other Authority Approval N°	Approval Number	
	Issued by	
	Issued on	
6. Description		
6.1 Title	Please restrict to 40 characters	
6.2 Description		
6.3 Affected Areas (including manuals)		
6.4 Re-Investigations		
6.5 Justification		

7. EMAR 21 demonstration of eligibility		
I declare that this application is:		
<input type="checkbox"/> Within the current approved scope of work of the applicant's MDOA/AMDOA		
<input type="checkbox"/> Undertaken by another person than the applicant for, or holder of, a certificate (EMAR 21.A.2)	Name	(Company) Name
	MDOA/AMDOA N°	DOA/ADOA N°
<input type="checkbox"/> Following an application for Military Design Organisation Approval or Alternative Procedures to Military Design Organisation Approval.	Application Date	
	Project N°	if known
<input type="checkbox"/> Following an application for a change to the scope of work via AAN Application Form APMDOA or AAN Application Form for significant changes to Military DOA	Application Date	
	Project N°	if known
<input type="checkbox"/> Without DOA/ADOA		
<input type="checkbox"/> Use of equivalent system of approvals of Design Organisation issue by other Authority		
<input type="checkbox"/> Covered by a Certification Programme in accordance with EMAR 21.A.20(c)		
<input type="checkbox"/> Recognition Agreement/Working Arrangement is in force		

8. Applicant's declaration		
I declare that I have the legal capacity to submit this application to AAN and that all information provided in this application form is correct and complete.		
Date/Location	Name	Signature
Important Note: AAN cannot accept applications without signature. Please make sure that you sign the application.		
<p>This Application should be sent by fax, e-mail or regular mail to:</p> <p style="text-align: center;">Autoridade Aeronáutica Nacional Gabinete da Autoridade Aeronáutica Nacional Avenida da Força Aérea Portuguesa 2614-506 Amadora</p> <p>Fax: +351214715330 E-mail: aeronavegabilidade@aan.pt</p>		<p>Completion Instructions</p>  <p>Completion Instructions</p> <p>Please double-click on the icon to access the completion instructions</p>