

APPLICATION FOR THE CERTIFICATION OF AN AIR NAVIGATION SERVICE PROVIDER ORGANISATION

1. Reference

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)

(Company) Name

Street / Nr

Post Code

City

Country

2.1.2 Contact Person

(responsible for this application)

Title

☐ Mr ☐ Ms

Name

First name

Job title

Phone / Fax

Email

2.2 Principle Location (may be left blank, if same as 2.1 Applicant Data)

2.2.1 Name and Location Address

(Company) Name

Street / Nr

Post Code

City

Country

2.3 Additional Locations

☐ Yes ☐ No

2.3.1 Location Address

Name

Street / Nr

Post Code

City

Country

Please duplicate this table to add further locations.

3. Identification of Activity

3.1 Activity	3.1.1 ☐ Application for initial approval 3.1.2 ☐ Application for change 3.1.3 ☐ Application for certificate renewal
3.2 Original Approval Ref. please complete in case of 3.1.2 and 3.1.3	
3.3 Issued by please complete in case of 3.1.2 and 3.1.3	

4. Scope of Services

for which Certification is requested in accordance with the provisions of Regulation (CAA) 09/2020 (transposing Commission Implementing Regulation (EU) 2017/373)

(in case of 3.1.2 complete only if different from current Certificate)

Services/Functions	Type of Service/Functions	Scope of Service/Functions
☐ Air Traffic Services (ATS)	☐ Air Traffic Control (ATC)	☐ Area Control Service
		☐ Approach Control Service
		☐ Aerodrome Control Service
	☐ Flight Information Service (FIS)	☐ Aerodrome Flight Information Service (AFIS)
		☐ En-route Flight Information Service (En-route FIS)
	☐ Advisory Service	N/A
☐ Air Traffic Flow Management (ATFM)	☐ ATFM	☐ Provision of the local ATFM
☐ Airspace Management (ASM)	☐ ASM	☐ Provision of the local ASM (tactical/ASM Level 3) service
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
☐ Communication, navigation or surveillance services (CNS)	☐ Communications (C)	☐ Aeronautical Mobile Service (air-ground communication)
		☐ Aeronautical Fixed Service (ground-ground communications)
		☐ Aeronautical Mobile Satellite Service (AMSS)
	☐ Navigation (N)	☐ Provision of NDB signal-in-space
		☐ Provision of VOR signal-in-space
		☐ Provision of DME signal-in-space
		☐ Provision of ILS signal-in-space
		☐ Provision of MLS signal-in-space
		☐ Provision of GNSS signal-in-space
	☐ Surveillance (S)	☐ Provision of data from Primary Surveillance (PS)
		☐ Provision of data from Secondary Surveillance (SS)
		☐ Provision of Automatic Dependent Surveillance (ADS) Data
	Conditions/ limitations identified	

Services/Functions	Type of Service/Functions	Scope of Service/Functions
☐ Aeronautical Information Services (AIS)	AIS	Provision of the whole AIS service
Conditions/limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
☐ Data Services (DAT)	☐ Type 1	Provision of Type 1 DAT authorizes the supply of aeronautical databases in the following format: [List of the generic data format] Provision of Type 1 DAT authorizes the supply of aeronautical databases to Type 2 DAT providers.
	☐ Type 2	Provision of Type 2 DAT authorizes the supply of aeronautical databases to end-users/aircraft operators for the following airborne application/equipment for which compatibility has been demonstrated: [Manufacturer] Certified Application/Equipment model [XXX], Part No [YYY]
Conditions/limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
☐ Meteorological Services (MET)	☐ MET	☐ Meteorological Watch Office
		☐ Aerodrome Meteorological Offices
		☐ Meteorological Stations
		☐ Volcanic Ash Advisory Centre (VAAC)
		☐ World Area Forecast Centre (WAFC)
		☐ Tropical Cyclone Advisory Centre (TCAC)
Conditions/limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
☐ ATM network functions	☐ Design of ERN	n/a
	☐ Scarce resources	☐ Radio frequency
		☐ Transponder code
	☐ ATFM	☐ Provision of the central ATFM

Conditions/limitations identified	
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5. Description of changes applied for under existing Approval	
5.1 ☐ Changes to the Organisation	please describe
5.2 ☐ Changes to the Services	please describe

6. Other			
6.1. Number of staff involved in the activities under the Scope of Services			
6.2 Name and Signature of the Accountable Manager			
enter name	enter position		
Name of CEO (or equivalent position)	Position	Signature	Date/Location
6.3 List of documentation to be provided with the application			
a) Organisation Exposition b) A copy of the national Companies register / Certificate of Incorporation			

This Application should be sent to: Civil Aviation Authority of Kosovo Zejnel Salihu st. 22, 10000 Prishtina, Republic of Kosova
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# - Field Name	Completion Instructions
1. Reference	Completed by CAA.
2.1.1 Name and Address	Please enter the full name of the company as it appears on the Business Registration or similar legal document stating name and seat of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. Please enter the address of the registered office as it appears on the Business Registration or similar legal document. 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. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.
2.1.2 Contact Person	The name and contact details specified in this section are those of the person responsible for the application.
2.2.1 Principle Location Address	The (company) name and address of the principal location. The name and address detailed specified in this section will be printed onto the EASA certificate.
2.3 Additional Locations	The address of any additional location. In case of several locations, you may duplicate table to add further locations.
3.1 Activity	Tick the appropriate box to indicate whether this is an application for initial approval, change to existing approval or renewal of existing Approval.
3.2 Original Approval Ref.	Indicate the reference of the existing Approval Certificate
3.3 Issued by	Indicate the competent authority that issued the existing approval
4. Scope of Services	a) Tick the service/functions, types of service/function, scope of service/function as they appear to describe the scope of activities for which certification can be requested/granted. b) The "conditions/limitations" proposed by the applicant should include all those operational conditions/limitations identified by the organisation in relation to the services/functions for which certification is requested. The operational conditions proposed should be clearly formulated and fall under the categories of possible conditions to be attached to certificates in accordance with Article 6 and Annexes III, VII, XII and XIII of Regulation (CAA) 09/2020. c) Wherever necessary, the operational conditions can be described by means of references to documents attached to this application form or other relevant documentation. d) In case of application for renewal of the existing Approval only complete if the scope of services is different from those in the Current Approval
5. Description of changes applied for under existing Approval	Please provide a short summary of the changes applied for in accordance with ATM/ANS.OR.A.040(a)(2) of Regulation (CAA) 09/2020. NOTE: Change to Functional Systems requires separate notification as referred to by ATM/ANS OR.A.040(a)(1) of Regulation (CAA) 09/2020, and should not be notified with this Notification Form.
6.1. Number of staff	The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the approval and therefore must include also any associated administrative staff. Staff not working full time should be counted, with appropriate ratio.
6.2 Name and Signature of the Accountable Manager	State the position and name and provide signature of the accountable manager (Chief Executive Officer or equivalent position within the Organisation)
6.3 List of documentation to be provided with the application	Please provide together with this application form the requested documentation. The Exposition should include as a minimum the following information: a statement signed by the accountable manager confirming that the exposition and any associated manuals which define the organisation's compliance with the requirements will be

	complied with at all times; - the duties and responsibilities of the manager(s) including matters on which they may deal directly with the competent authority on behalf of the organisation; - an organisational chart showing lines of responsibility and accountability throughout the Organisation; - a general description of manpower resources; - a general description of the facilities of the Organisation; - a general description of the activities for which the Service Provider's certificate is requested; - the procedure for the notification of organisational changes to the competent authority; - a description of the management system and the procedures; - a list of organisation of partners, subcontractors or contracted organisations, if any.
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