1 (6)



Application for USSP certification

According to Commission Implementing Regulation (EU) 2021/664 and the associated AMC/GM

The information in this form and the information collected during the process is covered in applicable parts by the Publicity and Privacy Act (2009:400) ch. 19. § 1 and ch. 30 § 23

1. Applicant Address and Contact Details Company Name and Address Company Name Registration number Address/Box Postcode Town/City Country **Contact Person** Responsible for this application Job title Telephone number E-mail address 2. Principle place of business May be left blank, if same as Applicant Address and Contact Details Company name Address Town/City Postcode Country ☐ Yes **Additional Locations** \square No Company Name Address/Location Town/City Country

Telephone

Telefax

+46 771 503 503

+46 11 185 256



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3. Billing DataMay be left blank, if same as Applicant Address and Contact Details

lling		

The address stated here will be used	for invoices from the Swedish Transport	Agency invoices regarding fees and cha	rges
Company Name			Registration Number
Address/Box			
Postcode	Town/City		
Country			
Contact person If the Swedish Transport Agency is no Name	otified that electronic invoices are prefer	ed, electronic invoices will be issued to the	ne email address indicated here
Title			
Telephone number	Specific (personal) email address		
Shared mailbox or generic email addr	ess, ex. accounting@company.com		
4. Scope of the applica	ation		
4. Ocope of the applica		Original certificate/approval number, if applicable	Issued by (competent authority)
☐ Application for initial approval	Application for change		
4.1. Identification of se	ervice provision		
		Certificate/approval number	
☐ Initial certification Reason for change	Re-certification or modification		
l			
4.2. ☐ Mandatory U-sp	ace services		
Network identification servinformation service	rice, Geo-awareness service	, UAS flight authorization sei	vice and Traffic
4.2 Ontional II anges	oom/iooo		
4.3. Optional U-space Any application concerning jointly with the mandatory	g optional services can only	be issued to a certified U-spa	ace Services Provider or
☐ Conformance monitoring service ☐ Weather information service			
☐ Other optional service	e(s), please specify here;		
Conditions/ limitations identified			

Please specify the provided documentation

SWEDISH TRANSPORT AGENCY

File name/number

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ure associ	ated Alvio, Givi
5. Common information services (CIS)	
	ommon information services on an exclusive basis in all 5.6 of Regulation (EU) 2021/664.
☐ Common Information Services	
Conditions/limitations identified	
6. Provision of documentation with the applic	cation
	ion, please refer to the completion instructions below as
	Regulation (EU) 2021/664. The documentation will be
initially used to assess the applicant's level of knowled accordingly.	dge, readiness and preparedness, and to plan activities
6.1. Description of the operational concept (Conf	Ops) 2021/664 Art. 15 (1) (a)
File name/number	Please specify the provided documentation
6.2. Implementation and application plan	2021/664 Art. 15 (1) (a)
File name/number	Please specify the provided documentation
6.3. Compliance matrix	2021/664 Art. 15 (1) (a)
File name/number	Please specify the provided documentation
6.4. Management system manual including the c	organisation's exposition 2021/664 Art. 15 (1) (e), 2017/373 OR.B.005
File name/number	Please specify the provided documentation
	2021/664 Art. 15 (1) (f) & App III,
6.5. Information security management manual	2017/373 OR.D.010 Please specify the provided documentation
	ricase spesify the provided decementation
6.6. Change management procedure	2021/664 Art. 15 (1) (e), 2017/373 OR.B.010
File name/number	Please specify the provided documentation
6.7. Occurrences reporting procedure	2021/664 Art. 15 (1) (d), 2017/373 OR.A.065
File name/number	Please specify the provided documentation
6.8. Business plan File name/number	2021/664 Art. 15 (1) (c) & (h) Please specify the provided documentation
6.9. Contingency plan	2021/664 Art. 15 (1) (k)

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6.10. Emergency management plan (USSP o	only) 2021/664 Art. 15 (2)
File name/number	Please specify the provided documentation
6.11. Record-keeping procedure	2021/664 Art. 15(1) (g)
File name/number	Please specify the provided documentation
6.12. Technical description of the services to	•
(U-space services/CIS) File name/number	2021/664 Art. 15 (1) (a) & (b) Please specify the provided documentation
The Hame/Hamber	Trease specify the provided documentation
6.12 Other: For example a convert cortificate	of registration, cortificates already issued or other
documents that may be relevant to help and s	e of registration, certificates already issued or other
decentions that may be relevant to help and t	support the definition prodess
7. Other	
5.1. Number of staff	
, ,	s working in connection with what is described under
Mandatory U-space se	ervices/Common information services (CIS)
Name and signature of the Chief Free cutive	o Office :
Name and signature of the Chief Executive	
Date Printed name	Position
Signature	
Oignature	



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8. Applicant's declaration and acceptance of the General Conditions and Terms of Payment

I certify that I am mandated to submit this application to the Swedish Transport Agency 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 will be charged, after the application has been confirmed, in accordance with TSFS 2016:105 The Swedish Transport Agency's regulations on fees, available at the following link <u>Transportstyrelsens föreskrifter om avgifter (in swedish).</u>

|--|

Date	Name
Signature	
Signature	

This application, together with all requested documentation according to section 6, must be sent to the Swedish Transport Agency via email to luftfart@transportstyrelsen.se.

If parts of the documentation cannot be sent in via email, regular post can be used. Documents should be sent to the Swedish Transport Agency, SE-601 73 Norrköping. Questions about the application or requirements for documentation should be sent to asm@transportstyrelsen.se.

For assistance in completing the application form, please see below for further instructions and description of what is needed to complete the application for U-space service provider or common information service provider. Please enter information in a concise but clear manner.

Information service prov	ider. Flease enter information in a concise but clear manner.
Section	Instructions
1. Applicant Address and Contact Details	The name and address/legal seat of the company applying for a certificate.
1. Contact Person	The name and contact details specified in this section are those of the person responsible for the application. Primary contact with the company in matters relating to the application will be with this person.
2. Principal place of business	The head office or registered office of a U-space or common information service provider in the Member State within which the principal financial functions and operational control of the service provider are exercised. The name and address detailed specified in this section will be printed onto the certificate issued by the Swedish Transport Agency.
3. Billing Address	The company's name and address stated in this section will be printed on the invoice(s) that the Swedish Transport Agency issues in connection with the application and ongoing subsequent oversight.
4. Issued by (authority)	State the competent authority that issued the existing certificate.
4.3. Identified conditions/limitations	State the conditions/limitations identified by the organization in terms of scope of services, opening hours, organization structure etc. If no restrictions are identified, the field should be left blank.
6. Provision of documentation with the application	These documents must be cross-referenced in the compliance matrix mentioned under section 6.3.

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6.1. Description of the operational concept (ConOps)	The description of the operational concept (ConOps) should include the information required to raise understanding of the applicant's operations, and their underlying principles, as regards the concerned service provision. The ConOps may include the following information:
	description of the stakeholders and of the operational environment;
	2. scope of the services, including the assumptions, policies, limitations and constraints affecting the services;
	3. use-cases and overview of operational processes, to show:
	i. interactions between stakeholders, capabilities, data and other relevant resources;
	ii. initiation, interruption, and termination processes;
	iii. exception management.
	The description of interactions should depict as a minimum the method(s) and the targeted performances, in a quantitative or a qualitative form.
6.2. Implementation and application plan	The implementation and certification plans should present the key milestones and phases of the intended deployment of capabilities and services. The documentation should enable the Swedish Transport Agency to understand how the applicant plans to demonstrate that the statutory and/or technical requirements have been met.
6.3. Compliance matrix	The compliance matrix shall catalogue the applicable regulatory requirements and cross-reference the evidence of compliance. The applicant is responsible for producing its own compliance matrix. A template is, however, available on the Swedish Transport Agency's website.
6.4. Management system manual	The organisation's exposition should include as a minimum the following information:
including the organisation's exposition	1. 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;
	2. 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;
	3. a general description of manpower resources;
	4. a general description of the facilities of the Organisation;
	5. a general description of the activities for which the Service Provider's certificate is requested;
	6. the procedure for the notification of organisational changes to the competent authority;
	7. a description of the management system and the procedures;
	8. a list of organisations of partners, subcontractors or contracted organisations, if any.
7. Other - 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, but may be entered as full-time equivalents.