

Complete all sections of the form and submit the form to Civil Aviation Department
luftfart@transportstyrelsen.se

Type of Submission (Check One)

<input type="checkbox"/> Original	<input type="checkbox"/> Amendment
-----------------------------------	------------------------------------

A. Aerodrome

Name of Aerodrome		Address	
Postal code	City		
Name of focal point during certification process			
Telephone number		E-mail address	
Applicant name		Applicant signature	
Applicant title		Date submitted	

B. Notifying competent authority, only used by Swedish Transport Agency

Name of Competent Authority	Competent Authority Focal Point
Titel of Competent Authority Focal Point	E-mail address

C. Alternative Means of Compliance (AltMoC)

5. Regulatory reference		Subject	
7. Implementing Rule (IR) paragraph(s)			
EASA AMC(s) available Ref:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Proposed by organisation		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of approval	Name	Contact details	
Proposed by Competent Authority		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Date of when AltMoC was made available	Persons under its oversight		
Is the AltMoC based on an AltMoC from another authority Name of CA:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summary of AltMoC			
Summary of AltMoC assessment			
Additional information			
Number and descriptions of attachments			

Application for EU certificate two separate certificate - aerodrome

2 (2)

D. Information, only used by Swedish Transport Agency

Have other Member States been informed	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Is information publicly available	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

E. Date and signature

Applicant Name	Applicant Signature
Applicant title	Date submitted

Instructions for completion

1. Name of the CA notifying the AltMoC
2. Indicate the name and position of the person in the Competent Authority to whom questions on this AltMoC should be addressed.
3. Indicate the title of the person.
4. Include at least the e-mail address and phone number of the Focal Point.
5. Indicate the Regulation that the AltMoC refers to (ex: Regulation (EU) 139/2014).
6. Briefly indicate the issue that the AltMoC intends to address.
7. Indicate the paragraph(s) of the IRs to which the AltMoC refers to (ex: ADR.OR.D.017(e)(1)).
8. Indicate whether there is already an Agency AMC on the same issue. If so, include the reference(s) (ex: ADR.OR.D.017(e)(a)).
9. Indicate whether the AltMoC was proposed by an organisation. If so, provide the name of the organisation, and the contact details (postal address, or e-mail address and phone number), as well as the date of approval (dd/mm/yy).
10. Indicate whether the AltMoC was proposed by the CA. If so, provide the date when the AltMoC was made available to all the organisations and the persons under its oversight.
11. Please indicate whether this AltMoC is based on an AltMoC from another competent authority and, if yes, indicate which authority.
12. Summarise the AltMoC, describing how it proposes to achieve compliance with the rule.
13. Summarise the assessment you performed, and why you concluded that compliance with the rule is achieved by this AltMoC.
14. Give any additional relevant information.
15. Indicate the number of documents you attach and include a brief description of each of them (ex: organisation's internal procedures, studies/safety assessments).
16. Indicate whether other MS have already been informed about this AltMoC.
17. Indicate whether information on this AltMoC is publicly available, and if yes, give a reference of where it can be found (ex: a link to your website).
18. The form should be signed by the person that has been indicated to the Agency as focal point for AltMoCs in your organisation or by the AltMoC Focal Point indicated in 1.
19. Applicant signature.
20. Indicate the title of the person.
21. Date of submitted.