

SWEDEN a member of the EUROPEAN UNION

## Application for Part-147 Approval

Initial       Change of approval

**1. Registered Name & Address of applicant:**

**2. Trading name (if different):**

**3. Addresses requiring approval:**

**4. Tel:**

**Fax:**

**E-mail:**

**5. Scope of Part-147 Approval relevant to this application:**

**Basic Training:**

**Type Training:**

Does the organisation hold approval under Part-21 \* / Part-145 \* / Part-M \*  
\* Cross out whichever is not applicable

**6. Name & Position of Accountable Manager:**

**7. Signature of Accountable Manager:**

**8. Place:**

**9. Date of Application:**

**On completion, please send this form with any required fee to be paid under National Legislation to:**  
Transportstyrelsen, SE-601 73 NORRKÖPING.

This space for official use