

Competent authority of **Sweden** a Member State of the European Union or EASA**1. Name and address of the POA holder**

Name		
Address		
Post code	City	
Telephone number	Fax	E-mail address

**2. Approval reference number**

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**3. Locations for which changes in the terms of approval are requested**

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**4. Brief summary of proposed changes to the activities at the item 3 addresses**

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## a) General

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## b) Scope of approval

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## c) Nature of privileges

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**5. Description of organisational changes**

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**6. Position and name of the accountable manager or nominee**

Position	Name
Date	Signature of the accountable manager

Send this form to

Transportstyrelsen, 601 73 NORRKÖPING

Internet: [transportstyrelsen.se](http://transportstyrelsen.se)