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| 1. **APPLICANT DATA** | | |
| 1. **Name and Address** (registered (business) name and address/legal seat of the company) | (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| 1. **CEO or Accountable Manager of the Organisation** | Title | Mr  Ms |
| Name |  |
| Email |  |
| 1. **Contact Person** (responsible for this application) | Title | Mr  Ms |
| Name |  |
| Job title |  |
| Email |  |

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| 1. **Additional Locations** | | Yes  No |
| * 1. **Location Address** | Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

*If applicable, please duplicate table 4 to add further location*

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| 1. **TYPE OF REQUEST** | |
| 1. **Activity** | Application for initial certification Application for change (new service to be certified for) |
| 1. **Certificate Ref.** please complete in case of 3.1.2 |  |
| 1. **Issued Date** please complete in case of 3.1.2 |  |

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| 1. **SCOPE OF SERVICES** for which Certification is requested in accordance with the Commission Implementing Regulation (EU) 2017/373 | | |
| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Air Traffic Services (ATS)  Air Traffic Services (ATS) for flight tests | 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 |
| Aeronautical Information Services (AIS) | AIS | Provision of the whole AIS service |
| 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** |  |  |

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| 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** | |  | | | |
| 1. **ATTACHMENTS** | | | | | |
| DAC-NSA Form 105-01 | | | | | |
| 1. **SIGNATURE** | | | | | |
| **I wish to apply for [initial certification/ change to the existing certificate] as ATM/ANS Service Provider in accordance with the relevant and applicable requirements of the (EU) 2017/373 as indicated before and confirm that the information contained on the points A, B and C in this form was correct at the time of application.** | | | | | |
|  | |  | | |  |
| Date/Location | | Name of the CEO or Accountable Manager | | | Signature |

**INFORMATION NOTE ON DATA PROTECTION**

**NOTICE D’INFORMATION SUR LA PROTECTION DES DONNEES**

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| **Certification of ATM/ANS Service provider** |
| **Agrément de prestataire de service de ATM/ANS** |

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| Personal data are processed for the purpose of aviation safety by guaranteeing that only entities possessing the required organisation, personnel and competences perform air traffic control services. | Les données à caractère personnel sont traitées en vue de la sécurité des activités aériennes en garantissant que seules des organismes possédant l’organisation, le personnel et les compétences requises effectuent des services de contrôle aérien. |
| The data subject has the right :   * to access to their personal data, * to rectification or erasure of personal data or restriction of processing, * to object to processing,   by contacting the data protection officer ([dpo@av.etat.lu](mailto:dpo@av.etat.lu)). Proof of identity has to be included in the request (ex. copy of identity card or passport, licence number, etc.). | Toute personne concernée a le droit :   * d’accéder à ses données personnelles, * de demander la rectification ou l’effacement des données personnelles, ou la limitation du traitement, * de s’opposer au traitement,   en contactant le délégué à la protection des données ([dpo@av.etat.lu](mailto:dpo@av.etat.lu)). Une preuve de l’identité doit être jointe à la demande (ex. copie de la carte d’identité ou du passeport, numéro de la licence, etc.). | |
| Failure to provide the requested data will prevent the issuance of the ATM/ANS Service provider certificate. | Le fait de ne pas fournir les données à caractère personnel requises à la DAC fera obstacle à la délivrance de l’agrément de prestataire de service de ATM/ANS. |
| **For more detailed information on the protection of your personal data, please consult our website:**  [**https://dac.gouvernement.lu/en/data-protection.html**](https://dac.gouvernement.lu/en/data-protection.html) | **Pour des informations plus détaillées sur la protection de vos données personnelles, veuillez consulter notre site web :**  [**https://dac.gouvernement.lu/fr/protection-donnees.html**](https://dac.gouvernement.lu/fr/protection-donnees.html) |

