



APPLICATION FOR A SWISS PART-147 INITIAL / CHANGE OF APPROVAL	EASA FORM 12 PAGE 1
Registered Name & Address of Applicant: _____ _____	
Trading Name (if different): _____	
Addresses Requiring Approval: _____ _____	
Tel.No: _____ Fax.No: _____	
E-mail: _____	
Scope of Part-147 Approval relevant to this <input type="checkbox"/> Initial / <input type="checkbox"/> Change of Application (See other side for training course designators to be used):	
Basic Training: _____ _____	
Type Training: _____ _____	
Provide reference to other approvals under the Basic Regulation: _____	
Name & Position of Accountable Manager: _____ _____	
Signature of Accountable Manager: _____	
Place and date of Application: _____	

Class	Rating		Limitations
Basic	B 1	TB 1.1	Aeroplanes Turbine
		TB 1.2	Aeroplanes Piston
		TB 1.3	Helicopters Turbine
TB 1.4		Helicopters Piston	
B 2	TB2	Avionics	
A	TA1.1	Aeroplanes Turbine	
	TA1.2	Aeroplanes Piston	
	TA1.3	Helicopters Turbine	
	TA1.4	Helicopters Piston	
Type/Tasks	B 1	T1	Quote Aircraft Type
	B 2	T2	Quote Aircraft Type
	A	T3	Quote Aircraft Type
	C	T4	Quote Aircraft Type
Other than Above: _____ _____ _____ _____			
Note: For basic training please quote designators TB 1.1 to TA 4 as appropriate to the application. _____ _____ _____			
Note: For type training please quote T 1 to T4 as appropriate to the application including the aircraft type/s _____ _____ _____			

On completion, please send this form under confidential cover to:

Federal office of Civil Aviation FOCA, STUB, CH - 3003 Bern