



Application for an USSP certificate in accordance with Implementing Regulation (EU) 2021/664

Applicant Detail			
(a)	Legal name of the applicant		
(b)	Name of the USSP		
(c)	Identification of the company (UID ¹)		
(d)	Contact Person	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
		Last Name	
		First Name	
		Job Title	
		Phone	
		Email	
(e)	Address of registry ²	Name	If different from (b)
		Street, Nr.	
		ZIP, City	
(f)	Principal place of business ³	Street, Nr.	
		ZIP, City	
(g)	Billing Address	<input type="checkbox"/> Address of registry <input type="checkbox"/> Principal place of business	
(h)	Email		
(i)	Envisaged start of the operations	DD.MM.YYYY	
(j)	Optional U-Space services the applicant intends to provide and be certified for	<input type="checkbox"/> Conformance monitoring service <input type="checkbox"/> Weather information service	

¹ Unique identifier (CHE-xxxxxxx) available on Zefix.

² Administrative address of a company. It is the place where the management bodies take decisions. It is also where the company meets its administrative obligations (secretariat, invoicing...).

³ The principal place of business corresponds to the premises in which a company mainly carries out its commercial activity. It operates a business or an activity there, and this is what differentiates it from the "address of registry". The "address of registry" can be the principal place of business, but this is not necessarily the case.



Herewith, as the accountable manager, I apply for a certification conducted by the Federal Office of Civil Aviation (FOCA) of the company indicated above as U-Space Service Provider in accordance with Implementing Regulation (EU) 2021/664.

Full name of the accountable manager

Signature of the accountable manager

Place, date of application

This form, hand-signed, shall be submitted as PDF to ussp@bazl.admin.ch.