

1. Your Reference	Please provide an u	Please provide an unique identifier that BMAA can use to refer to your request		
2. Applicant Address a	nd Contact Data			
2.1 Applicant Data				
2.1.1 Name and Address (Registered (business) name and legal seat of the Organization / Company)	Approval Reference	BE.BMAR.147.XXXX		
	(Org / Cy) Name			
	Trading Name	If different		
	Street / Nr			
	Post Code			
	City			
	Country			
2.1.2 Contact Person (Responsible for this application)	Title			
	Name			
	First name			

2.1.3 (Proposed*) **Accountable Manager** (*The term "proposed" only

remains applicable until the application has been approved.)

	Phone / Fax					
	Email					
Important Note:						
First time applicants need to submit a copy of the company's Business Registration or similar legal document stating name and						

In case the applicant is not a company but a natural person, a copy of the person's **ID or passport** needs to be provided in a **separate document** with the first application.

Job title

Email

Title

Name

seat of the company together with the application.

First name

Job title / Position

Phone / Fax



2.3 Address(es) requiring approval					Reserved for BMAA		
2.3.1 Principle Place of Activities (Please leave blank if same as 2.1.1)	Stree	et / Nr					
	Post (Code					
	City						
	Coun	try					
2.3.2 Additional	Stree	t / Nr					
Facility/Site 1	Post Code						
	City						
	Coun	try					
	Activi	ties of this	☐ Basic Theory	□ Туре Т	heory and Examination		
	facility		☐ Basic Practical	□ Туре Рі	ractical		
			☐ Basic Examination	□ Туре Е	xamination		
2.3.3 Additional	Stree	 t / Nr			-		
Facility/Site 2	Post Code						
	City						
	Country						
	Activities of this facility		☐ Basic Theory	□ Туре Т	heory and Examination		
			☐ Basic Practical	☐ Type Pi	ractical		
			☐ Basic Examination	П Туре Е	xamination		
[Duplicate table as applicable]							
Total number of facilities u	nder BN	MAA approval					
3. Request Details							
3.1 Request Type		☐ Application	for initial grant				
	Revision of	n of initial application (Please describe)					
Application for change							
			al of additional course(s)				
_			al of course(s)				
			l of additional facilities				
			al of facilities				
			ase number of staff				
		Decrease number of staff					
		☐ Change of Organization / Company name					
		☐ Change of address					

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	☐ Change of Accountable Manager					
	☐ Change of Management Personnel					
	☐ Approval of MTOE <u>procedure</u> for off-site training course delivery					
	☐ Approval of change (other than above) (Please describe)					
	Notification of surrender					
3.2 Scope of Part-147						
Approval relevant to this application						
3.3 Number of staff Please count the number of staff employed by the organisation in order to comply with BMAR 147 and the number of contracted staff associated with the proposed approval.						
	Employees	Contractors				
Main Facility						
Additional Facility 1						
Additional Facility 2						
Additional Facility n						
[Add rows as applicable]						
3.4 Total number of staff						



3.5 Type Training Course(s) - List of training courses relevant to this application						
Course #	01	Type Course	CAT	T/P	Action required	Reserved for BMAA
Course Description		☐ Full course	Па	☐ Theoretical	☐ Approval of Course	
Please enter: Airframe (engine) OR Airframe x (engine a) to Airframe y (engine b) OR engine		☐ Differences course to	□ B1	☐ Practical	☐ Removal of Course	
		☐ Airframe only	□ в2	☐ Theoretical + Practical		
type only, as applicable		☐ Avionic only	☐ B1 + B2			
		☐ Engine only	□с			
Course #	02	Course Type	CAT	T/P	Action required	Reserved
Course Description	02	□ Full course		<u> </u>		for BMAA
<u> </u>	nginol		□ A	☐ Theoretical	☐ Approval of Course ☐ Removal of Course	
Please enter: Airframe (e OR Airframe x (engine a)	to	☐ Differences course	□ B1	☐ Practical	Removal of Course	
Airframe y (engine b) OR type only, as applicable	engine	☐ Airframe only	□ B2	☐ Theoretical + Practical		
,, ,, ,,		☐ Avionic only	☐ B1 + B2			
		☐ Engine only	С	1. 3		
[Duplicate table as applic	able, for	each training course one	table has to be fille	ed inj		
_		- List of training count http://easa.europa.eu/		o this application arges, for further information.		
Course # 01	*					
Course Type		CAT			Action required	Reserved for BMAA
☐ Basic Course	□ в1	1 (aeroplanes turbine)	□ A1	☐ B1.1 + B2 (combined)	☐ Approval of Course	
☐ Bridging Course	□ в1	1.2 (aeroplanes piston) \square A2 \square B1.2 + B2 (combined)		☐ B1.2 + B2 (combined)	☐ Removal of Course	
☐ Combined Course	□ B1	3 (helicopters turbine)	□ A3	☐ B1.3 + B2 (combined)		
	□ B1	4 (helicopters piston)	□ A4	☐ B1.4 + B2 (combined)		
	□ в1	1 to. B1.2 (bridging)	☐ B2 (avionics)	☐ B1.1 + B1.2 (combined)		
	□ в1	1.3 to B1.4 (bridging)	□ вз	☐ B1.3 + B1.4 (combined)		
□ Ot		her: Please describe				
Course # 02	*					
Course Type			CAT		Action required	Reserved for BMAA
☐ Basic Course	□в1	1 (aeroplanes turbine)	□ A1	☐ B1.1 + B2 (combined)	☐ Approval of Course	je. z.i
☐ Bridging Course	□ B1	1.2 (aeroplanes piston)	□ A2	☐ B1.2 + B2 (combined)	☐ Removal of Course	
☐ Combined Course	□ B1	3 (helicopters turbine)	□ A3	☐ B1.3 + B2 (combined)		
	□ B1	4 (helicopters piston)	□ A4	☐ B1.4 + B2 (combined)		
	□ B1	1 to B1.2 (bridging)	☐ B2 (avionics)	☐ B1.1 + B1.2 (combined)		
	□ B1	L.3 to B1.4 (bridging)	□ вз	☐ B1.3 + B1.4 (combined)		
		her: Please describe				

[Duplicate table as applicable, for each training course one table has to be filled in]



3.7 Total number of training course(s)		Reserved for BMAA				
3.8 MTOE Off-site training / examinat		□ Yes □ No	Reserved for BMAA			
3.9 Does the organisation hold	Part 21 Approval N° if appl		pplicable, BMAR.21.XXX			
approval under Part 21 / Part 145 / Part CAMO?	Part 145 Approval N°	if applicable, BMAR.145.XXX				
	Part CAMO Approval N°	if applicable, BMAR.CAMO.XXX				
4. Applicant's declaration and acce	ptance of the General Conditions					
I declare that : I have the legal capacity to submit this application to the BMAA and ; All information provided in this application form is correct and complete.						
Date/Location	Signature/Date of Quality Manager	Signature/Date of Accountable Manage				
5. Applicant's declaration and acceptance of the Terms of Payment						
I have understood that I am submitting an application for which fees or charges may be levied by Belgian Defense Department in accordance with Belgian Defense Regulations on the fees and charges.						
I acknowledge that I have read and understood the Belgian Defense Terms of Payment that are explained in the Convention / Agreement in force between my Organization / Company and Belgian Defense Department* and agree to abide by them.						
I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable.						
Moreover, I declare that I am aware of the consequences of non-payment.						
* Fees and charges regarding the required BMAA activities to grant the requested BMAA approval will be provided to the applicant before the start of activities.						
Date/Location	Name of proposed* Accountable Manager	Signature of proposed* Accountable Manager				
Important Note: BMAA cannot accept applications without signature. Please make sure that you sign the application.						
		C	Completion Instruction	ons		
This Application shou		POF				
COMOPSAIR		BMAA_Form_12_Com pletion_Instructions.pc				
			uble-click on the icon to completion instruction			