



Send to
HKV FLYGI
107 85 Stockholm
SWEDEN

Applicant

Name of the organisation	Trading name (if different)
Address	MDOA Reference

Contact Person

Name	Phone
Job title	Email

Identification of Activity

<input type="checkbox"/> Military Type Certificate	<input type="checkbox"/> Restricted Military Type Certificate
Note: for the transfer of an approved Military Type Certificate to a new holder, please submit an Application for Transfer of Certificate to SE-MAA .	

Product Identification

Applicability	Designated Type Name	
	Designated Model Name(s)	
Airworthiness Code	Please specify the applicable airworthiness code	
Product Category	<input type="checkbox"/> Aeroplane	<input type="checkbox"/> Engine
	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Propeller

Description

Title	
Restriction (if applicable)	
Remarks	

SE-EMAR 21 demonstration of eligibility

I declare that this application is within the current approved scope of work of the applicant's MDOA.

Applicant's declaration and acceptance of the General Conditions

I declare that I have the legal capacity to submit this application to SE-MAA and that all information provided in this application form is correct and complete.

Signature

Date (yyyy-mm-dd) and Location	Signature
Name and title	