



Send to
HKV FLYGI
107 85 Stockholm
SWEDEN

Application

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

Contact Person

Name	Phone
Job title	Email

Identification of significant change(s)

Changes to the organisation (ref 21.A.247 and GM 21.A.247)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify changes below)
	<input type="checkbox"/> Change of ownership <input type="checkbox"/> Change of name and / or address <input type="checkbox"/> Other:
Changes to the scope	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify the new activities to be added to the MDOA scope below)
Changes to the list of products	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify the new product(s) below)
Changes to the limitations	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify changes below)
Changes to the privilege(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify new privileges below)
Changes to the number of staff	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify the new total number of staff below)
Changes to the MDOA category	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify the new category below)
	<input type="checkbox"/> Military Type Certificate
	<input type="checkbox"/> MTSO Applicant
	<input type="checkbox"/> Changes repairs

Other information

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Outline of addition data requirements

Data to be submitted together with this application

- In case of name change or new address, a copy of the Business Registration or similar legal document stating name and seat of the company must be provided.*
- The proposed revised Exposition (MDOE) and / or applicable procedures.*
- The results of a pre-audit performed by the organisation against the applicable requirements.*
- SE-EMAR Form 4 for the nominated manager(s) (if applicable).*

Additional information about your design organisation may be requested.

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	