

Complete all sections of the form and submit the form to Civil Aviation and Maritime Department luffart@transportstyrelsen.se

Type of Submission, check one

<input type="checkbox"/> Original	<input type="checkbox"/> Amendment
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A. Organisation

1. Name of Organisation	
Address	
Postcode	Town/city
2. Certificate, approval etc. issued by the Swedish Transport Agency.	
3. Name of focal point during application process	
4. Telephone number	4.E-mail address

B. Alternative Means of Compliance (AltMoC)

5. Regulatory reference	5. Implementing Rule (IR) paragraph(s)	
6. Subject/Motivation and Risk assessment		
7. EASA AMC(s) available		
Ref:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Proposed by another organisation		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of approval	Name	
Contact details		
9. Is the AltMoC based on an AltMoC from another authority		
Name of CA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Summary of the AltMoC		
11. Summary of the AltMoC assessment		

12. Additional information
13. Number and descriptions of attachments

C. Information, only used by Swedish Transport Agency

14. Have other Member States been informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Is information publicly available	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Date and signature

16. Date submitted	17. Applicant Name
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Instructions for completion

- 1 Name of the organisation applying for the AltMoC.
- 2 Information about certificate, approval etc. issued by the Swedish Transport Agency.
- 3 Indicate the name and position of the person to whom questions on this application should be addressed.
- 4 Include at least the e-mail address and phone number of the Focal Point.
- 5 Indicate the Regulation that the AltMoC refers to (ex: Regulation (EU) 139/2014).
- 6 Indicate the issue that the AltMoC intends to address and the risk assessment performed.
- 7 Indicate whether there is already an Agency AMC on the same issue. If so, include the reference(s).
- 8 Indicate whether the AltMoC was proposed by another organisation. If so, provide the name of the organisation, and the contact details (postal address, or e-mail address and phone number), as well as the date of approval (dd/mm/yy).
- 9 Please indicate whether this AltMoC is based on an AltMoC from another competent authority and, if yes, indicate which authority.
- 10 Summarise the AltMoC, describing how it proposes to achieve compliance with the rule.
- 11 Summarise the assessment you performed, and why you concluded that compliance with the rule is achieved by this AltMoC.
- 12 Give any additional relevant information.
- 13 Indicate the number of documents you attach and include a brief description of each of them (ex: organisation's internal procedures, studies/safety assessments).
- 14 Indicate whether other MS have already been informed about this AltMoC.
- 15 Indicate whether information on this AltMoC is publicly available, and if yes, give a reference of where it can be found (ex: a link to your website).
- 16 Date submitted.
- 17 The form should be filled in by the person that has been indicated to the Agency as focal point for AltMoCs in your organisation or by the AltMoC Focal Point indicated in 1.