**С политиката за защита на личните данни в ГД ГВА може да се запознаете на интернет страницата на ГД ГВА – раздел „За ГД ГВА“, Политика на защита на личните данни в Главна дирекция „Гражданска въздухоплавателна администрация“ -** [**https://www.caa.bg/bg/category/747/8879**](https://www.caa.bg/bg/category/747/8879)

|  |  |
| --- | --- |
| **ПОПЪЛВА СЕ ОТ ГД ГВА / *BG CAA USE ONLY*** | **САО №** (ако има) ***/ AOC №*** *(if applicable)* |
| № / *Reference No* | **BG \_\_\_** |
| Дата / *Date* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I.** | **ОБЩА ИНФОРМАЦИЯ / *GENERAL INFORMATION*** | | | | |
| 1. | Име на организацията |  | | | |
| *Name of Organization* |  | | | |
| 2. | Адрес на регистрация |  | | | |
| *Legal seat* |  | | | |
| 3. | Адрес на опериране  (ако е различен от този на регистрация) |  | | | |
| *Address of operation*  *(if different from that of legal seat)* |  | | | |
| 4. | Телефон / *Phone* |  | | | |
| 5. | Факс / *Fax* |  | | | |
| 6. | Електронен адрес / *E-mail* |  | | | |
| 7. | Интернет адрес / *Home page* |  | | | |
| 8. | Вид на организацията / *Type of organisation* | **COMPLEX** |  | **NON-COMPLEX** |  |
| 9. | Отговорен ръководител (име, презиме, фамилия) |  | | | |
| *Accountable Manager (name, middle name, Surname)* |  | | | |
| 10. | Лице за контакт(име, презиме, фамилия) |  | | | |
| *Contact person* (*name, middle name, Surname)* |  | | | |
| 11. | Телефон / *Phone* |  | | | |
| 12. | Електронен адрес / *E-mail* |  | | | |
| 13. | Дата / *Date* |  | | | |

| **II.** | **ЗАЯВЛЕНИЕ ЗА / *Scope of Application*** | **ДА/*YES*** | **НЕ/*NO*** |
| --- | --- | --- | --- |
| 1. | Application for **Helicopter emergency medical service (HEMS)** operations |  |  |
| 2. | Other |  |  |

| **III.** | **СПЕЦИАЛНА ИНФОРМАЦИЯ / *special INFORMATION*** | |
| --- | --- | --- |
| 1. | Name of Operator |  |
| 2. | Aircraft Registration No |  |
| 3. | Aircraft Manufacturer |  |
| 4. | Aircraft Type designation / Model Designation |  |
| 5. | Aircraft Serial No |  |

| **IV.** | **ПРИЛОЖЕНИЯ КЪМ ЗАЯВЛЕНИЕТО / *APPLICATION ATTACHMENTS*** | **ДА**  ***YES*** | **НЕ**  ***NO*** |
| --- | --- | --- | --- |
| 1. | Compliance Statement which shows how the criteria of ***Part-SPA Subpart J***have been satisfied (\*) |  |  |
| 2. | Sections of the AFM or AFM Supplements that document HEMS airworthiness approval |  |  |
| 3. | Flight crew HEMS training programs and syllabi for initial and recurrent training (\*) |  |  |
| 4. | Operation Manuals and Checklists that include HEMS operating practices and procedures  (OM-A, OM-B, OM-D, AOM, FCOM, Route Manuals, stand-alone HEMS manual, etc.) (\*) |  |  |
| 5. | Minimum Equipment List (MEL) that include items pertinent to HEMS operations (\*) |  |  |
| 6. | Maintenance Program or revision thereof that include item pertinent to HEMS equipment (\*) |  |  |
| 7. | HEMS maintenance practices & procedures  (CAME, Maintenance Program, Stand-alone equipment) (\*) |  |  |
| 8. | Service Bulletin, Supplemental Type Certificate (STC) or Mayor Modification Approval  Documentation, if approval based on documents as detailed in V.9 below  (except if based on approved type design) |  |  |
| 9. | Compliance Checklist PART- SPA\_HEMS |  |  |

| **V.\*** | **ЛЕТАТЕЛНА ГОДНОСТ / *AIRWORTHINESS*** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type Design Approval for referenced Aircraft Type Designation** | | | | | | | | | | |
| 1. | HEMS type design approval is reflected in: | | | | | | | | YES | NO |
| Aircraft Flight Manual | | | | | | | |  |  |
| Aircraft Flight Manual Supplements | | | | | | | |  |  |
| Type certification Data sheet | | | | | | | |  |  |
| Supplemental Type Certificate | | | | | | | |  |  |
| Other | (Description) | | | | | | |  |  |
| 2. | Aircraft Flight Manual (AFM) or AFM Supplement refers to following airworthiness approval basis for HEMS system installation: | | | | | | | | YES | NO |
| Regulation (EC) No 748/2012 | | | | | | | |  |  |
| Other: | | | | | | | |  |  |
| 3. | In addition to that required by CAT.IDE.H: do the helicopters conducting HEMS flights have communication equipment capable of conducting two-way communication with the organisation for which the HEMS is being conducted and, where possible, to communicate with ground emergency service personnel? | | | | | | | |  |  |
| 4. | Is the installation of all helicopter dedicated equipment and any subsequent modification and, where appropriate, its operation approved in accordance with Regulation (EC) No 748/2012? | | | | | | | |  |  |
| **System Eligibility for referenced Aircraft Serial Number** | | | | | | | | | | |
| 8. | Equipment for HEMS operations: | | | | | | | | | |
| Hoist equipment | | | Make: |  | | Model: |  | | |
| Radio equipment | | | Make: |  | | Model: |  | | |
| 9. | The HEMS type design approval is reflected in | | | | | | | | | |
| Type design | | CAA STC | | | FAA STC | | | | |
| EASA STC | | CAA Major Modification | | | Service Bulletin | | | | |
| Other | |  | | |  | | | | |
| **Maintenance Program (\*)** | | | | | | | | | YES | NO |
| 10. | The applicant should have an established Maintenance Program that contains all HEMS related maintenance requirements prescribed by manufacturer or design organization.  HEMS Maintenance Program established? | | | | | | | |  |  |
| **Minimum Equipment List (MEL) (\*)** | | | | | | | | | YES | NO |
| 11. | The applicant should revise the relevant parts of MEL to reflect system requirements  (e.g. redundancy levels) appropriate to the intended HEMS operations.  Minimum Equipment List revised? | | | | | | | |  |  |

|  |  |  |
| --- | --- | --- |
| **VI.\*** | **ТЕХНИЧЕСКО ОБСЛУЖВАНЕ / *Maintenance*** | |
| **Maintenance Practices and Procedures (\*)** | | |
| The applicant must institute procedures in respect of continuing airworthiness practices for HEMS.  These procedures should cover the following subjects: | | ***To be completed by applicant***  Maintenance Practices and Procedures are described in (add manual reference, chapter and subchapter): |
| 1. | Maintenance of HEMS equipment (adherence to manufacturer’s maintenance instructions, modification procedures, repair procedures, system calibration policy, HEMS maintenance practices, handling of on-board systems, etc.). |  |
| 2. | Action for non-compliant aircraft (downgrading, technical log entries, corrective actions, placarding, upgrading, release to service procedures, monitoring and reporting of repetitive defects, reliability reporting, reporting to the BG CAA, etc.). |  |
| 3. | Maintenance training (initial training and recurrent training of applicant’s maintenance management staff and contractor’s maintenance personnel, training syllabi qualification of maintenance personnel, etc.). |  |
| 4. | Test equipment (use of test equipment, handling, calibration, etc.). |  |

|  |  |  |
| --- | --- | --- |
| **VII.\*** | **ЛЕТАТЕЛНА ЕКСПЛОАТАЦИЯ / *FLIGHT OPERATIONS*** | |
| **Operating Practices and Procedures (\*)** | | |
| The applicant must institute HEMS Operating Practices and Procedures. These practices and procedures should cover the following subjects: | | ***To be completed by applicant***  Operating Practices and Procedures are described in (add manual reference, chapter and sub-chapter): |
| 1. | Flight planning procedures (HEMS status of aircraft, review of technical log, use of minimum equipment list (MEL), external inspection (navigation antennas), etc.). |  |
| 2. | Pre-flight procedures for each flight with HEMS (review of technical log, external inspection, functional check of HEMS equipment and radio equipment, etc.). |  |
| 3. | HEMS in-flight procedures (serviceability of required equipment, HEMS equipment and radio equipment, etc.) |  |
| 4. | Procedures with respect to flight crew response to abnormal situations |  |
| 5. | Post-flight procedures (technical log entries, defects description, reporting of HEMS equipment and radio equipment errors, etc.). |  |
| **Flight crew training and qualification (\*)** | | |
| The applicant is required to establish the following  (covering the subjects under **1** to **5**): | | ***To be completed by applicant***  Description in (add manual reference, chapter and subchapter): |
| 6. | Flight crew and HEMS technical crew qualification requirements. |  |
| 7. | Description of initial and recurrent training, checking and training-syllabi. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VIII**. | **ДЕКЛАРАЦИЯ НА ЗАЯВИТЕЛЯ / *applicant’s DECLARATION*** | | | |
|  | *We, the undersigned of behalf of………..……… Air Operator, holder of AOC BG….. hereby confirm that the application form and compliance checklists PART- SPA\_HEMS are in accordance with the COMMISSION REGULATION (EU) No 965/2012 of 5 October 2012 laying down technical requirements and administrative procedures related to air operations pursuant to Regulation (EC) № 1139/2018 of the European Parliament and of the Council.*  *Ние, долуподписаните от страна на ………………..авиационен оператор, притежаващ САО BG…….декларираме съответствието на Заявлението и приложената контролна карта PART- SPA\_HEMS съгласно изискванията на Регламент (ЕС) № 965/2012 на Комисията от 5 октомври 2012 година за определяне на технически изисквания и административни процедури във връзка с въздушните операции, в съответствие с Регламент (ЕО) № 1139/2018 на Европейския парламент и на Съвета и във връзка с неговите изменения и допълнения, както и с приемливите средства за съответствие* | | | |
| **Ръководител Съответствие**:  *Compliance Manager* | |  | **Подпис:**  *Signature:*  **Дата:**  *Date:* |  |
| **Отговорен Ръководител:**  *Accountable Manager* | |  | **Подпис:**  *Signature:*  **Дата:**  *Date:* |  |

**INSTRUCTIONS FOR COMPLETING THE FORM**

Each relevant Box should be completed with a (X). Items marked with an asterisk (\*)to be completed only for first aeroplane of each aeroplane type / model in operators fleet. Where form must be completed by referring to a document of applicant’s documentation system, add manual reference, chapter and sub-chapter. Please ensure all applicable areas are completed.