**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 ApprovalDocumentation, 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? |  |  |

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| **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.). |  |

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| **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. |  |

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| **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.