|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Applicant** | | | | | | |
| Organization Name |  | | | | | |
| Applicant Name and Surname |  | | | | | |
| Title within the organization |  | | | | | |
| Address |  | | | | | |
| E-mail |  | | | | | |
| Tel. No |  | | | | | |
|  | | | | | | |
| **2. Alternative Means of Compliance (AltMoC)** | | | | | | |
| Subject |  | | | | | |
| Regulation (IR) Reference |  | | | | | |
| Regulation (IR) Paragraph |  | | | | | |
| Acceptable Means of Compliance (AMC) available? | □ EASA | | | □ DGCA-TR | | □ Not Available |
| If available, state AMC reference and paragraph. | Reference: |  | | | | |
|  | | | | | |
| Alternative Means of Compliance - AltMoC paragraph |  | | | | | |
|  | | | | | | |
| **3. Assessment** | | | | | | |
| Summary of the AltMoC assessment |  | | | | | |
| Attachments to the AltMoC application form | □ Full AltMoC paragraph if it is attached as a separate letter due to its length  □ Relevant draft revisions to manuals/procedures introduced by the organization after AltMoC approval  □ Risk assessment of the AltMoC performed by the organization demonstrating that an equivalent level of safety to that established by the AMC is reached  □ Other supporting documents if available | | | | | |
| **Personnel making assessment** | | | | | | |
| Name and Surname |  | | | | | |
| Title and Section within DGCA |  | | | | | |
| Date |  | | | | | |
| Signature |  | | | | | |
|  | | | | | | |
| □ **Approved** | | | □ **Not Approved** | | | |
| Name and Surname |  | | | |  | |
| Title and Section within DGCA | … Coordinator | | | | Head of Airworthiness Department | |
| Date |  | | | |  | |
| Signature |  | | | |  | |