



ЗАЯВЛЕНИЕ за HEMS одобрение *APPLICATION for HEMS approval*

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>

ПОПЪЛВА СЕ ОТ ГД ГВА / BG CAA USE ONLY	CAO № (ако има) / AOC № (if applicable)
№ / Reference No	BG ____

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 / <i>APPLICATION ATTACHMENTS</i>	ДА YES	НЕ NO
1.	Compliance Statement which shows how the criteria of <i>Part-SPA Subpart J</i> 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 / <i>AIRWORTHINESS</i>				
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:		<i>To be completed by applicant</i> 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 ЕКСПЛУАТАЦИЯ / <i>FLIGHT OPERATIONS</i>	
Operating Practices and Procedures (*)		
The applicant must institute HEMS Operating Practices and Procedures. These practices and procedures should cover the following subjects:		<i>To be completed by applicant</i> 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):		<i>To be completed by applicant</i> 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			
<p>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.</p> <p>Ние, долуподписаните от страна наавиационен оператор, притежаващ CAO 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</p>			
РЪКОВОДИТЕЛ СЪОТВЕТСТВИЕ: <i>Compliance Manager</i>		Подпис: <i>Signature:</i> Дата: <i>Date:</i>	
ОТГОВОРЕН РЪКОВОДИТЕЛ: <i>Accountable Manager</i>		Подпис: <i>Signature:</i> Дата: <i>Date:</i>	

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.