


Form for notification to the Agency of AltMOC

This template is recommended to be used for notification to the Agency of Alternative Means of Compliance. Once completed by the Competent Authority, this template should be sent to [AltMOC\[at\]easa.europa.eu](mailto:AltMOC[at]easa.europa.eu).

Notifying Competent authority	
1. Competent Authority Focal Point	Mr Mark Armitage
2. Contact Details	Ext 3263
Alternative Means of Compliance (AltMOC)	
3. Regulatory reference	COMMISSION REGULATION(EU) No 290/2012; Annex: VI Authority Requirements for Aircrew [part-ARA]
4. Subject	Aeromedical Forms: Application form for a Medical Certificate
5. Rule paragraph(s)	ARA.MED.135
6. EASA AMC(s)	Yes <input checked="" type="checkbox"/> Ref.: _AMC1 ARA.MED.135(a) Aeromedical forms. Application for a Medical Certificate__ No <input type="checkbox"/>
7. Proposed by organisation	Yes <input type="checkbox"/> Date of approval: ____/____/_____ Name: _____ _____ Contact details: _____ _____ No <input checked="" type="checkbox"/>
8. Is the AltMOC based on an AltMOC from another authority	Yes <input type="checkbox"/> Which: _____ No <input checked="" type="checkbox"/>
9. Summary of AltMOC	The UK CAA will use amended templates for Class 1, Class 2 and LAPL application forms for compliance with national law. The wording of the Consent under the 31 Declaration is more robust to comply with the UK Civil Aviation Act Section 23.
10. Summary of assessment	The wording for the consent was checked against the Aircrew Regulation and was found to be compliant.

<p>11. Additional information</p>	<p>Currently the wording on the application form section 31 Declaration states:</p> <p>(31) Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statement in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law. CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the Medical Assessor of the Licensing Authority, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Licensing Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.</p> <p>The UK CAA will amend this wording to:</p> <p>(31) Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statement in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.</p> <p>CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the Medical Assessor of the Licensing Authority, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Licensing Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times. Please read the statement below in relation to disclosure of information. The CAA takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to medicalweb@caa.co.uk.</p> <p>In submitting this application, I am consenting to the disclosure to third parties of all information which I have provided to the CAA and that relates to me. I understand that information would only be disclosed to third parties by the CAA for regulatory purposes. This may include providing information to other medical professionals. Administrative workers and/or IT workers who are assisting the CAA with its regulatory functions may also be given access to personal information in the course of their professional duties.</p> <p>My attention has been drawn to the CAA Medical Department's Fair Processing Notice which is published on the CAA's website.</p>
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12. No. and description of attachments	none
Information	
13. Have other MS been informed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14. Is information publicly available	Yes <input checked="" type="checkbox"/> On CAA website _____ No <input type="checkbox"/>
15. Would you like EASA to include information on its website	Yes <input type="checkbox"/> Details: _____ _____ _____ No <input checked="" type="checkbox"/>
Date and signature	
16.	
01/September/2014	_____
Date	Signature

Instructions for completion

1. Indicate the name and position of the person in the CA to whom questions on this AltMOC should be addressed.
2. Include at least the e-mail address and phone number of the Focal Point.
3. Indicate the Regulation that the AltMOC refers to (ex: Regulation (EU) 1178/2011, Annex I).
4. Briefly indicate the issue that the AltMOC intends to address.
5. Indicate the paragraph(s) of the IRs to which the AltMOC refers to (ex: FCL.055).
6. Indicate whether there is already an Agency AMC on the same issue. If so, include the reference(s) (ex: AMC 2 FCL.055).

7. Indicate whether the AltMOC was proposed by an 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).
8. Please indicate whether this AltMOC is based on an AltMOC from another competent authority and, if yes, indicate which authority.
9. Summarise the AltMOC, describing how it proposes to achieve compliance with the rule.
10. Summarise the assessment you performed, and why you concluded that compliance with the rule is achieved by this AltMOC.
11. Give any additional relevant information.
12. Indicate the number of documents you attach and include a brief description of each of them (ex: organisation's internal procedures, studies/safety assessments).
13. Indicate whether other MS have already been informed about this AltMOC.
14. 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).
15. Indicate whether you wish EASA to include information on this AltMOC on its website. If yes, please include the wording you would like to be published. Should you not indicate any wording, the Agency will publish only a minimum amount of information: the country that notified the AltMOC, the relevant rule paragraph and, if available, the link to your website.
16. The form should be signed 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.