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| **EMAR Form 12** | **Application for EMAR 147**  **Initial\* / Change\* of approval** | |
| Registered name and address of applicant:  Trading name (if different):  Addresses requiring approval:  Tel. .................................................. Fax ...................................... E-mail ................................. | | |
| Scope of EMAR 147 approval relevant to this initial\*/change of\* application  (see EMAR Form 11 for training course designators to be used):  Basic Training:  Military Aircraft Type Training:  State here any existing approvals:  \*delete as applicable | | |
| Name & position of Accountable Manager:  Signature of Accountable Manager:  Date of application:  Note 1: State here the NMAA address to which the Form(s) should be sent.  Note 2: State here any fees payable if applicable. | | Space for  official use |

EMAR Form 12 (EMAR 147 AMC & GM edition 1.1)