|  |  |
| --- | --- |
| **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 forofficial use |

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