

APPLICATION FOR SCHEDULED AIR SERVICES

The form shall be submitted together with accompanying documents to:
 Croatian Civil Aviation Agency
 Ulica grada Vukovara 284_10 000 Zagreb_Tel.: +385 1 2369 350_Fax.: +385 1 2369 351
 e-mail: flight-authorization@ccaa.hr

✈ Air Carrier Information	
Name:	
Address:	
IATA/ICAO Designator (2-letter/3-letter Code) (if applicable)	
Phone/Mobile No.:	
Telefax No. (if available):	
E-mail:	

✈ Aircraft Information	
Type/s:	
Registration mark/s:	
Passengers seats:	

✈ Type of operations	
<input type="checkbox"/> Passengers and their baggage only <input type="checkbox"/> Cargo only <input type="checkbox"/> Passengers/cargo in combination	

✈ IATA Season	
<input type="checkbox"/> Winter <input type="checkbox"/> Summer	



✈ Flight details

Please attach a supplementary sheet if necessary

Date/Period	Days of operation	Flight No.	Departure Airport (ICAO code)	ETD (UTC)	Arrival Airport (ICAO code)	ETA (UTC)

✈ Code Share Flight details

Please attach a supplementary sheet if necessary

Date/Period	Days of operation	Operating carrier Flight No.	Marketing carrier Flight No.	Departure Airport (ICAO code)	ETD (UTC)	Arrival Airport (ICAO code)	ETA (UTC)

Note: In case the air carrier operates flights on code-share basis as an operating carrier, all marketing carriers must be indicated.

✈ Remarks

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✈ Mandatory documents to be attached

- Certificate of Insurance against liability for damages to third parties, passengers, baggage, cargo/mail according to EC Regulation 785/2004. Certificate must include statement that it is issued in accordance with EC Regulation 785/2004,
- ACC3¹ designation when carrying cargo from third country,
- On request, Security Programme in English language and/or certificate that the Security Programme has been approved by the aviation authorities of the country of the aircraft operator.

NOTE: Other safety related documents will be checked on EASA TCO² web interface. No need for submission.

✈ Applicant

I hereby declare that all details given above and, in the annexes, attached to this form are true and correct.

Name of the organization

Name and position

Date and place

Signature

IMPORTANT: Only completed and signed application form with submitted documents will be processed.

¹ Air cargo and mail carrier operating into the Union from a Third Country Airport'

² European Union Aviation Safety Agency Third Country Operators