

**Zahtjev za izvanaerodromsko slijetanje i uzlijetanje helikoptera**  
**Application for helicopter operations to and from natural helicopter landing sites**

**Obrazac zahtjeva podnosi se zajedno s priloženom dokumentacijom na adresu:**  
**The form shall be submitted together with accompanying documents to:**  
 Hrvatska agencija za civilno zrakoplovstvo / 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](mailto:flight-authorization@ccaa.hr)

✈ Informacije o operatoru / <i>Operator Information</i>	
Ime i prezime ili naziv operatora / <i>Name of the Operator (natural or legal person)</i>	
Adresa / <i>Address:</i>	
Broj telefona (Mobilni) / <i>Phone/Mobile No.:</i>	
Broj telefaksa / <i>Telefax No. (if available):</i>	
E-mail:	
✈ Informacije o helikopteru / <i>Helicopter Information</i>	
Tip / <i>Type/s:</i>	
Registarska oznaka / <i>Registration mark/s:</i>	
Broj putničkih sjedala / <i>Passengers seats:</i>	
MTOM (kg):	
✈ Vrste operacija / <i>Type of operations</i>	
<input type="checkbox"/> Nekomercijalne operacije / <i>Non-commercial Operations</i>	<input type="checkbox"/> Specijalizirane operacije (radovi iz zraka) / <i>Specialized Operations (Aerial Work)</i>
<input type="checkbox"/> Komercijalni zračni prijevoz / <i>Commercial Air Transport</i>	
✈ Datum ili vremensko razdoblje / <i>Date or period</i>	
Od / <i>From:</i>	Do / <i>Until:</i>

✈️ Podaci o pilotima / <i>Pilot information</i>				
	Ime i prezime pilota / <i>Pilot name and surname</i>	Broj pilotske dozvole i datum valjanosti ovlaštenja / <i>Licence No/ Rating valid till</i>	Zdravstvena sposobnost Kategorija i valjanost <i>Medical class/Exp date</i>	<i>English Proficiency Level / Exp Date for foreign pilots</i>
1.				
2.				
3.				
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10.				
11.				

✈️ Priložena dokumentacija / <i>Accompanying documents (copies of):</i>
<b>Hrvatski operatori (nekommercijalni)</b>
<input type="checkbox"/> preslika pilotske knjižice letenja (prva i posljednja stranica) <input type="checkbox"/> preslika pilotske dozvole i certifikata o zdravstvenoj sposobnosti ukoliko nije izdana od strane HACZ <input type="checkbox"/> potvrda o osiguranju izdana u skladu sa zahtjevima Uredbe (EZ) 785/2004

Foreign operators	
Commercial operations	Non-commercial operations
<input type="checkbox"/> AOC or other applicable certificate or equivalent for requested type of operations <input type="checkbox"/> Standard Operating Procedure or applicable part of the OM in English language ( <i>third country operators</i> ) <input type="checkbox"/> Pilot licence <input type="checkbox"/> Pilot logbook (first and last page) <input type="checkbox"/> Pilot medical certificate <input type="checkbox"/> Certificate of Airworthiness <input type="checkbox"/> Airworthiness Review Certificate (if applicable) <input type="checkbox"/> Certificate of Insurance issued in accordance with EC Regulation 785/2004 <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Noise Certificate – if applicable <input type="checkbox"/> Aircraft Radio License <input type="checkbox"/> Copy of the last flight in Airplane Technical Log (EU operators) <input type="checkbox"/> Latest Maintenance Release (third country operators)	<input type="checkbox"/> Pilot licence <input type="checkbox"/> Pilot logbook (first and last page) <input type="checkbox"/> Pilot medical certificate <input type="checkbox"/> Certificate of Airworthiness <input type="checkbox"/> Airworthiness Review Certificate (if applicable) <input type="checkbox"/> EASA OPS NCC Declaration ( <i>EU operators if applicable</i> ) <input type="checkbox"/> Certificate of Insurance issued in accordance with EC Regulation 785/2004 <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Noise Certificate – if applicable <input type="checkbox"/> Aircraft Radio License

✈ **Izjave operatora helikoptera / Statements of the helicopter operator**

- Ovime izjavljujem da prirodno mjesto za slijetanje helikoptera i okolni prostor udovoljava uvjetima iz članka 7. Pravilnika o izvanaerodromskom slijetanju i uzlijetanju helikoptera (Narodne novine 57/19) te da će se operacije izvanaerodromskog slijetanja i uzlijetanja helikoptera obavljati sukladno tom Pravilniku i drugim propisima primjenjivim na vrstu operacije i tip helikoptera.  
*Hereby I declare that natural landing operating site(s) and surrounding area(s) comply with the requirements of the Article 7 of the Regulation on helicopter operations to and from natural helicopter landing sites (Official Gazette 57/19) and that helicopter operations to the natural helicopter landing sites will be conducted in accordance with that Regulation and other regulations applicable to the type of operations and helicopter type.*
- Pod punom materijalnom i kaznenom odgovornošću izjavljujem da su podaci kojima se dokazuje letačko iskustvo točni, istiniti i potpuni.  
*Under full material and criminal responsibility, I declare that the data proving the flying experience is accurate, true and complete.*

✈ <b>Podnositelj zahtjeva / Applicant</b>	
Ime, prezime i potpis odgovorne osobe / <i>Name, position and signature of the responsible person</i>	
Datum i mjesto / <i>Date and place</i>	
<b>VAŽNO / IMPORTANT: Samo popunjen i potpisan obrazac zahtjeva s priloženim dokumentima će se uzimati u obradu / Only completed and signed application form with submitted documents will be processed.</b>	