

APPLICATION FOR APPROVAL OR EXEMPTION TO CARRY DANGEROUS GOODS UNDER SPECIAL CIRCUMSTANCES

Note: – This form applies to requests to carry dangerous goods where they do not comply with the normal requirements of the Technical Instructions. Application should be made at least 10 days before the date of the flight on which the dangerous goods are to be carried and should be submitted to the:

*CROATIAN CIVIL AVIATION AGENCY
Flight Operations Department
HR-10000 ZAGREB, Ulica grada Vukovara 284*

*Failure to complete this form in full may result in a delay in processing the application
The issuing of this form does not itself constitute an authorization to carry dangerous goods*

1. APPLICANT DETAILS

Company / Organization		Telephone:	
		Fax	
Name of responsible person:		E-mail	

2. SHIPPER

Company / Organization		Telephone:	
		Fax	
Name of responsible person:		E-mail	

3. CONSIGNEE

Company / Organization		Telephone:	
		Fax	
Name of responsible person:		E-mail	

4. FLIGHT DETAILS

Operator:		EU-OPS Operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aircraft type:		Date of flight:		Flight number(s):
Airport of departure:		Airport of transit:		Airport of destination:
AWB number:				

5. The reason why it is essential the article or substance must be carried by air

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6. A statement why applicant believes the proposal will achieve a level of safety equivalent to that provided by Technical Instructions

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7. DANGEROUS GOODS

UN No.	Proper Shipping Name	Class / Division	Packing Instruction	Number of package	Type of package	NEQ in kg
Total NEQ						

8. ADDITIONAL INFORMATION

Import/Export Licence No. and Expiry Date (if applicable please attach)	
Commercial Names of Items and Quantity:	
Proposed packaging:	
Specific handling required:	
Specific unloading point at destination airport:	
Specific loading point at departure airport:	
Specific emergency response information:	
Other:	

Please use additional sheet if necessary.

9. APPENDICES

Please find attached copies of next documentation	
<input type="checkbox"/>	Air Operator Certificate (AOC)
<input type="checkbox"/>	Operations Specifications
<input type="checkbox"/>	Approval for carriage of weapons of war and munitions of war granted by the State responsible for AOC
<input type="checkbox"/>	Relevant pages of the Operations Manual or other document (describing policy and procedures for carriage dangerous goods and weapons of war)
<input type="checkbox"/>	Initial Exemption issued by the State of origin
<input type="checkbox"/>	Shipper's Declaration for Dangerous Goods
<input type="checkbox"/>	Air waybill
<input type="checkbox"/>	Evidence that prescribed fee in amount of 70,00 HRK is paid (see NOTE)
Other supported document (please specify) :	

NOTE:

Fee should be paid in foreign currency in accordance with the mean rate of exchange of the Croatian national currency (kuna, HRK) set by the Croatian central bank (the Croatian National Bank, HNB) on the day the transaction is being carried out.

1. BANK: HRVATSKA NARODNA BANKA, TRG HRVATSKIH VELIKANA 3, 10000 ZAGREB

2. SWIFT CODE: NBHRHR2XXX

3. BENEFICIARY: MINISTARSTVO FINANCIJA RH, Zagreb

4. ACCOUNT NUMBER: 1863000160

5. IBAN CODE: HR121 001 0051 8630001 60

In the field of REMARKS of the bank transfer order the following number 5002-1087-76108805525 must be, obligatorily, indicated.

10. INFORMATION GIVEN IN THIS APPLICATION FORM AND APPENDICES ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Name:		Position:	
Signature:		Date	

11. INSPECTOR'S COMMENT

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Name and Title of Inspector	Signature	Date
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