

APPLICATION FOR PRIOR APPROVAL IN ACCORDANCE WITH STATE VARIATION HR 2

Note: – This form applies to requests of operators (AOC holders) whose head office is located outside of European Union for carriage of dangerous goods to and from Republic of Croatia. Application 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:					
Aircraft type:		Date of flight:		Flight number(s):	
Airport of departure:		Airport of transit:		Airport of destination:	
AWB number:					

5. DANGEROUS GOODS

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

6. APPENDICES

Please find attached copies of next documentation	
<input type="checkbox"/>	Air Operator Certificate (AOC)
<input type="checkbox"/>	Operations Specifications
<input type="checkbox"/>	Relevant pages of the Operations Manual or other document (describing policy and procedures for carriage dangerous goods)
<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.

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

Name:		Position:	
Signature:		Date	

8. INSPECTOR'S COMMENT

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Name and Title of Inspector	Signature	Date
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