



Croatian Civil Aviation Agency

SCHEDULE SERVICES APPLICATION FORM

Only completed application form with submitted documents will be processed.

The form shall be submitted together with appendices 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

✈ <i>Name of the Air Carrier</i>	
✈ <i>Address</i>	
✈ <i>ICAO Three letter code</i>	✈ <i>Phone No.</i>
✈ <i>Telefax No.</i>	✈ <i>E-mail:</i>
✈ <i>Aircraft Information:</i>	Aircraft type: Registration marks: Passenger seats:
✈ <i>Type of operations</i>	<input type="checkbox"/> Passengers <input type="checkbox"/> Winter <input type="checkbox"/> Cargo <input type="checkbox"/> Summer



✈ FLIGHT DETAILS

Please attach a supplementary sheet if necessary

Date/Period	Flight number/s	Airport Departure – Airport Arrival	ETD (UTC)	ETA (UTC)	Days of operation (1/2/3/4/5/6/7)

✈ CODE SHARE FLIGHT DETAILS

Date/Period	Operating Carrier Flight No.	Marketing Carrier Flight No.	Route	ETD (UTC)	ETA (UTC)	Days of Operation 1/2/3/4/5/6/7

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

✈ REMARKS

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Croatian Civil Aviation Agency

✈ APPLICANT

✈ <i>Name of the organization</i>	✈ <i>Name and title</i>
✈ <i>Place and date</i>	✈ <i>Signature</i>

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