



Croatian Civil Aviation Agency

APPLICATION FORM FOR TRANSPORT OF DANGEROUS GOODS

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: MTOM (kg):
✈ <i>Type of operations</i>	<input type="checkbox"/> Overflight <input type="checkbox"/> Landing/Take off



✈ FLIGHT DETAILS

Date/Period	Flight number/s	Airport Departure – Airport Arrival	ETD (UTC)	ETA (UTC)	Total cargo quantity

✈ DANGEROUS GOODS DETAILS

UN No.	Proper Shipping Name	Class/ Division	Packing Instruction	Number of Packages	NEQ in kg (Class 1 only)	Net Quantity (other than Class 1)

Please use additional sheet if necessary

Total

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Are the dangerous goods also weapons of war?

Yes

No



Croatian Civil Aviation Agency

✈ CHARTERER

✈ <i>Name of the Charterer</i>	
✈ <i>Address, e-mail address, phone</i>	

✈ REMARKS

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✈ 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.