

APPLICATION FOR APPROVAL TO CARRY DANGEROUS GOODS AS CARGO

*This form shall be used for initial issue of approval to transport dangerous goods by air
The form shall be submitted together with all necessary appendices and documents to
CROATIAN CIVIL AVIATION AGENCY, Flight Operations and Training Department
HR-10000 ZAGREB, Ulica grada Vukovara 284
Please be aware that incomplete forms will be returned and not be processed.*

Applicant

AOC No. (if applicable)		Operator	
Place	Date	Signed by Accountable Manager	

Organization Information

Business Address	
Phone No	
Fax No	
E-mail	
IATA/ICAO Designator (2-letter/3-letter Code)	
Home Base of A/C Fleet (Aerodrome)	

Person within the Operator with overall responsibility for the transport of dangerous goods by air

Name	
Business Address	
Phone No	
Fax No	
E-mail	

TRAINING

Organization providing training for the staff of operator *(if it is another organization)*

Name	
Business Address	
Phone No	
Fax No	
E-mail	
Category of staff to whom such training has been given (e.g. cargo staff, passenger handling staff, flight crew, etc.)	

Person within the operator with responsibility for above training

Name	
Business Address	
Phone No	
Fax No	
E-mail	

APPENDICES

Please find attached copies of next documentation	
Relevant pages of the Operations Manual and other documents (describing policy and procedures for carriage dangerous goods and weapons of war)	
<input type="checkbox"/>	OM-A, Ch 9
<input type="checkbox"/>	OM-A, Ch 11
<input type="checkbox"/>	OM-D
<input type="checkbox"/>	GOM
<input type="checkbox"/>	PHM
<input type="checkbox"/>	CSPM
Other supported document (please specify)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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

Name:		Position:	
Signature:		Date	

INSPECTOR'S COMMENT

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Name and Title of Inspector	Signature	Date
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