

THIS APPLICATION, INCLUDING EVIDENCE THAT ALL APPLICABLE REQUIREMENTS OF REGULATION (EC) NO 216/2008 AND ITS IMPLEMENTING RULES ARE FULFILLED (AND IF APPLICABLE ANY PROPOSED AMOC), IS SUBMITTED IN ORDER TO DECLARE THE APRON MANAGEMENT SERVICES.

Send to:

Luftfartstilsynet / Civil Aviation Authority Norway Postboks 243 8001 BODØ NORWAY

Declaration of providers of apron management

Initial declaration

Amendment

Provider of apron management services (AMS)		
Organisation name:	Company register number:	
Address:	Zipcode:	City, country:
Telephone number:	E-mail address:	
Accountable manager:		
Telephone number:	E-mail address:	

Aerodrome(s) at which the apron management services are provided	
Name(s) of aerodrome(s), seperate by comma (,):	

Regulatory fees may be charged in accordance with BSL A 1-2		
By signing this document the applicant declares that all information provided in this form is correct and can be documented.		
Relevant manuals and documentation as required in <u>Easy Access Rules for Aerodromes (EU 139/2014)</u> are attached with this declaration.		
Date, place:	Signature:	