

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 (,): | |
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| 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: | |
| | | |