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| --- |
| **Note:** – this form applies to requests for Approval / Exemption for the transport of dangerous goods that are forbidden for transport by passenger and/or cargo aircraft as required by Articles 6 and 7 of the Regulation 8/2014 on the Conditions and methods of transporting dangerous goods by air. Application should be made at least 10 days before the date of the flight on which the dangerous goods are to be carried and should be submitted to the: **Civil Aviation Authority of Kosovo**Flight Safety DepartmentArbëria District, Ahmet Krasniqi Street - 10000 PrishtinaRepublic of KosovoFailure to complete this form in full may result in a delay in processing the application. The issuing of this form does not itself constitute an authorization to carry dangerous goods |

1. **APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation / Company: |       | Tel: |       |
| Fax: |       |
| Name of responsible person: |       | e-mail: |       |

1. **SHIPPER**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation / Company (Name and Address): |       | Tel: |       |
| Fax: |       |
| Name of responsible person: |       | e-mail: |       |

1. **CONSIGNEE**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation / Company (Name and Address): |       | Tel: |       |
| Fax: |       |
| Name of responsible person: |       | e-mail: |       |

1. **FLIGHT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operator |       | EU-OPS Operator? | [ ]  Yes | [ ]  No |
| A/C Type |       | Date of Flight | \_\_\_.\_\_\_.\_\_\_\_\_ | Flight Number |       |
| Departure Airport |       | Transit Airport |       | Destination Airport |       |
| AWB Number |       |

1. **THE REASON FOR TRANSPORTING THE ARTICLES OR SUBSTANCES BY AIR**

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|       |

1. **A STATEMENT ON THE ACHIEVED LEVEL OF SAFETY DURING TRANSPORT WHICH IS EQUIVALENT TO THAT PROVIDED BY THE TECHNICAL INSTRUCTIONS**

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|       |

1. **DANGEROUS GOODS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **UN No.** | **Proper Shipping Name** | **Class / Division** | **Packing Instruction** | **Number of packages** | **Type of package** | **Gross mass (kg)** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  | **Total** |       |

1. **ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Import/Export license no. and Expiry Date *(if applicable please attach)* |       |
| Commercial Names of Items and Quantity: |       |
| Proposed packaging: |       |
| Specific handling required: |       |
| Specific unloading point at destination airport: |       |
| Specific loading point at departure airport: |       |
| Specific emergency response information: |       |
| Other: |       |
| *Please use additional sheet if necessary* |

1. **APPENDICES**

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| --- |
| Please attach copies of the following documents: |
| [ ]  |

|  |
| --- |
| Air Operator Certificate (AOC)  |

 |
| [ ]  |

|  |
| --- |
| Operations Specifications  |

 |
| [ ]  |

|  |
| --- |
| Approval for carriage of weapons of war and munitions of war granted by the State responsible for AOC  |

 |
| [ ]  |

|  |
| --- |
| Relevant pages of the Operations Manual or other document (describing policy and procedures for carriage dangerous goods and weapons of war)  |

 |
| [ ]  |

|  |
| --- |
| Initial Exemption issued by the State of origin  |

 |
| [ ]  |

|  |
| --- |
| Shipper’s Declaration for Dangerous Goods  |

 |
| [ ]  |

|  |
| --- |
| Air waybill  |

 |
| Other supported document |

1. **INFORMATION PROVIDED IN THIS APPLICATION FORM AND ITS APPENDICES ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Position** |       |
|  |
| **Signature** |  | **Date** | \_\_\_.\_\_\_.\_\_\_\_\_ |

1. **CAA INSPECTOR’S COMMENT** *(for CAA only)*

|  |
| --- |
|       |
|  |
| **Name and Title of Inspector**      | **Signature** | **Date**\_\_\_.\_\_\_.\_\_\_\_\_ |