

Flight Operations Department

APPLICATION FOR PERMISSION TO TRANSPORT DANGEROUS GOODS BY AIR OPERATORS OF AIRCRAFT NOT REGISTERED IN THE MONTENEGRO

1 GENERAL

- 1.1 Full legal name of the operator:
- 1.2 Operating/Trading Name (if different from above):

1.3 Name of the person within the operator with overall responsibility for the transport of dangerous goods by air **in the Montenegro:**

- 1.4 Address for the person in 1.3:
- 1.5 Contact numbers for the person in 1.3:
 - (a) telephone number:
 - (b) facsimile number:
 - (c) e-mail address:

1.6 Name of the person within the operator with overall responsibility for the transport of dangerous goods by air in the State of the Operator:

- 1.7 Address for the person in 1.6:
- 1.8 Contact numbers for the person in 1.6:
 - (a) t elephone number:
 - (b) facsimile number:
 - (c) e-mail address:

1.9 Flight details (please give detail information about flight (s)):



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2 HANDLING AGENTS

Please list in the below table, all operating locations in the Montenegro and associated handling agent information.

Airport	Are Dangerous Goods accepted here? Y/N	HANDLING AGENTS			
		Cargo / Dangerous Goods Acceptance	Cargo Transfer to Aircraft	Aircraft Loading	Dispatch

3 TRAINING

3.1 If the operator does not carry out any of the functions in section 2, go to section 4.

3.2 Has the "State of the operator" (i.e. the State in which the aircraft are registered) approved the dangerous goods training programmes for staff of the operator based in Montenegro:

YES/NO (If YES go to section 4)

3.3 Is training for staff based in Montenegro carried out by the operator or another organisation:

3.4 If another organisation, give the name of the organisation and state the categories of staff (i.e. cargo staff, passenger handling staff) to whom such training has been given:

3.5 N ame of t he person within the operat or with responsibility for the training for staff of the operator based in Montenegro:

4 NATIONAL APPROVAL

4.1 Do es the operator h old an approval, permission or other certificate granted by t he competent authority of the State of the operator, permitting the transport of dangerous goods by air:

YES/NO



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A copy of the approval/permission/certificate must be enclosed with the application.



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5 CONFIRMATION OF REPRESENTATION

5.1 If the person named in 1.3 is not an employee of the operator, please ensure that a letter accompanies this application from the operator which includes the following:

- Confirmation that the operator agrees for the representing company to be responsible for the permission.
- That the operator understands that if the company referred to in 1.3 no longer represents the operator, the contact d etails of the new responsible person will be sent to the Flight Opertions Department immediately.

6 DECLARATION AND SIGNATURE

Checklist:

- Application form completed in full.
- The correct fee enclosed.
- A copy of the permission/approval/certificate granted to the operator by the competent authority of the State of the operator permitting the transport of dangerous goods.
- If applying on behalf of an operator, a copy of a letter containing the details as stated in Section 5.
- □ Noise Certificate.
- □ If applicable, any supplementary sheets.

The information given in this application form is correct to the best of my knowledge and belief.

- (a) Signed:
- (b) Name:
- (c) Position in the operator:
- (d) Date: