

TRANSPORT	[FORBIDDEN DANGEROUS GOODS MUNITIONS OF WAR Date							
Type of flight	_								
Passenger Cargo									
Flight date and time (Application must be received by the Swedish Civil Aviation Authority at least 15 working days in advance)									
yyyy-mm-dd	Time	yyyy-mm-dd	Time						
Specify below, the reason of your request. a) In instances of extreme urgency: humanitarian relief; environmental relief; pestilence; national or international security; saving of life (e.g. rescue); and limited availability at destination.									
b) or when other forms of transport are inappropriate:									
 □ Length of journey. Transport by other forms may result in an unrealistic journey time and could affect the viability of the dangerous goods; □ Infrastructure. The availability of other forms of transport may be limited; □ Security. The comprehensive security provisions of the air mode may reduce the possibility of unlawful interference (theft, etc.); □ Routing. Transport by air may result in a reduced risk of exposure of the public to the dangerous goods in the event of an incident or accident. The risk of piracy may also be significantly reduced. 									
c) or full compliance with the Technical Instructions is contrary to the public interest, for example:									
☐ medical applications;☐ new technologies; and☐ enhancements in safety.									
d) Specify below any other reason.									

Flight operator			Yo	Your reference / agent						
Address										
Tel		Mobile	Fax			E-mail				
Consignor	Consignor/Shipper		Yo	our reference / agent						
Address										
Tel		Mobile	Fax		E-mail					
Consignee			Yo	Your reference / agent						
Address										
Tel		Mobile	Fax		E-mail					
Special en	mergency response in	l nformation								
Aircraft typ	Aircraft type				Call sign					
Departure	Departure airport			De	Destination airport					
Airport(s)	of transit			l.						
Fligthplan	route over Swedish t	territory								
Dangerous Goods Identification										
UN or ID No			Class or division (Subsidary Risk)	Packin group	ig O	Quantity and type of packing	Packing instr.	Authorization		
Name of person that completed the application						Title				
Tel						E-mail				
Company	name									
Address										
radiooo										
Official use only										