

Type of Submission (Check One)

Application for EU certificate two separate certificate - operator

Complete all sections of the form and submit the form to Civil Aviation Department $\underline{\text{luftfart@transportstyrelsen.se}}$

□ Original		□ Amendment		
A. Aerodrome operator				
Name of Aerodrome operator		Address		
Postal code	City			
		-		
Name of focal point during certification process		Name of Aerodrome Operator		
Telephone number		E-mail address		
B. Aerodrome(s)				
Name of Aerodrom		ICAO code	Proposed date for conversion	
Name of Aerodrom		ICAO code	Proposed date for conversion	
Name of Aerodrom		ICAO code	Proposed date for conversion	
Name of Aerodrom		ICAO code	Proposed date for conversion	
Name of Association		ICAO anda	Drawaged data for comparator	
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Name of Aerodrom		ICAO code	Proposed date for conversion	
			'	
Name of Aerodrom		ICAO code	Proposed date for conversion	
C. Appointed/nominated persons Accountable manager: E-mail address				
Accountable manager.		L-mail address		
Telephone number		Social security number		
Safety manager:		E-mail address		
Telephone number		Social security number		
Operational services manager		E-mail address		
Telephone number		Social security number		
Maintenance manager		E-mail address		
Telephone number		Social security number		
Totophone number		ĺ		

Telephone

Telefax

+46 771 503 503

+46 11 185 256





Application for EU certificate two separate certificate - aerodrome

D. Certification

This application is submitted in order to convert national Certificate.	al aerodrome certificate to an EU Aerodrome
Applicant Name	Applicant Signature
Applicant title	Date submitted
Telephone number	E-mail address