

Complete all sections of the form and submit the form to Civil Aviation Department
luftfart@transportstyrelsen.se

Type of Submission (Check One)

<input type="checkbox"/> Original	<input type="checkbox"/> Amendment
-----------------------------------	------------------------------------

A. Aerodrome

Name of Aerodrome		Address	
Postal code	City		
Name of focal point during application process			
Telephone number		E-mail address	
Applicant Name		Applicant signature	
Applicant title		Date Submitted	

B. Equivalent level of safety (ELOS)

Regulatory reference
Subject
Rule paragraph(s)
Summary of ELOS
Summary of assessment
Additional information
Number and descriptions of attachments

1. Indicate the Regulation that the ELOS refers to (ex: Regulation (EU) 139/2014, CS).
2. Briefly indicate the issue that the ELOS intends to address.
3. Indicate the paragraph(s) of the CSs to which the ELOS refers to (ex: CS ADR-DSN.M.665).
4. Summarise the ELOS, describing how it proposes to achieve compliance with the rule.
5. Summarise the assessment you performed, and why you concluded that compliance with the rule is achieved by this ELOS.
6. Give any additional relevant information.
7. Indicate the number of documents you attach and include a brief description of each of them (ex: organisation's internal procedures, studies/safety assessments).