

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

Type of Submission (Check One)

<input type="checkbox"/> Original	<input type="checkbox"/> Amendment
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A. Provider of apron management services

Name of apron management services		Address	
Postal code	City		
Telephone number		E-mail address	

B. Aerodrome(s) at which the apron management services are provided

Name of Aerodrome	Name of Aerodrome
Name of Aerodrome	Name of Aerodrome
Name of Aerodrome	Name of Aerodrome
Name of Aerodrome	Name of Aerodrome

C. Appointed/nominated persons

Accountable manager	Social security number
Telephone number	E-mail address

D. Declaration

This application, including evidence that all applicable requirements of Regulation (EC) No 216/2008 and its Implementing Rules is fulfilled (and if applicable any proposed AMOC), is submitted in order declare the apron management services.		
Applicant name		Applicant signature
Applicant title		Date submitted
Postal code	Telephone number	