

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
-----------------------------------	------------------------------------

A. Provider of ground handling services

Name of ground handling services		Address	
Postal code	City		
Telephone number		E-mail address	
Company registration number			

B. Aerodrome(s) at which the ground handling 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 (EU) 2018/1139 and its essential requirements set out in Annex VII and, if applicable, Annex VIII. is fulfilled, is submitted in order to declare the ground handling services		
Applicant name		Applicant signature
Applicant title		Date submitted
Postal code	Telephone number	