

To be filled in by the aircraft owner/operator or pilot in command

| Note: If you apply on behalf of the aircraft owner/operator or pilot in command Aircraft manufacturer and type | | Aircraft nationality and registration marks |
|--|---|---|
| 3. Name | | |
| 4. Address | | |
| 4. /Marcos | | |
| 5. Phone number | 6. E-mail address | |
| 7. Name and billing address, if same | as above leave blank | |
| 8. E-mail billing address, if same as | above leave blank | |
| 9. Contact person, if same as above | leave blank | |
| 10. Purpose of flight | | |
| 11. Restrictions/limitations, other than | below | |
| 12. Expiry date of the state of registry | permit to fly | |
| 13. Expected target date(s) for the flig | ht(s) and duration in Sweden | Until |
| 15 Postrictions/limitations | | |
| associated documents Please attach a copy of the valid The aircraft has to be r Please attach a copy of the Aircr | (Flight Manual etc.). permit to fly or similar showing the egistered. | |
| | own features and charac | teristics, other than already stated or referred too, making dentified conditions and restrictions. |
| This permission has to | be carried on-board | |
| For official use only | | |
| Date(s) for the flight(s) and duration | | Approval reference |
| Date of issue | Print name | |
| Signature | | |
| | | |
| Send this application via m | ail or e-mail to: luftfart@ | <u>transportstyrelsen.se</u> |

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