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| http://sjo.transportstyrelsen.se/behguideweb/Logga/TS_Sv_2V_Blue2.jpg**Civil Aviation and Maritime Department** | **DECLARATION OF PROVIDERS OF GROUND HANDLING** |
| **Complete all sections of the form and submit the form to Civil Aviation Department.**  | luftfart@transportstyrelsen.se |
|  **Type of Submission (Check One)**  |  |
| [ ]  Original [ ]  Amendment  |  |
| A. Provider of ground handling services |
| 1. Name of ground handling services      | 2. Address      |
| 3. Zip Code      | 4. Town      |
| 5. E-mail      | 5. Company registration number      |
| 6. Telephone (Office)      | 7. Telephone (Mobile)      |
| B. Aerodrome(s) at which the ground handling services are provided: |
| 1. Name of Aerodrome      | 2. Name of Aerodrome      |
| 3. Name of Aerodrome      | 4. Name of Aerodrome      |
| 5. Name of Aerodrome      | 6. Name of Aerodrome      |
| 7. Name of Aerodrome       | 8. Name of Aerodrome      |
| C. Appointed/nominated persons |
| 1. **Accountable manager:**      | 2. E-mail      |
| 3. Telephone (Office)      | 4. Telephone (Mobile)      |
| 5. Social Security Number      |
| 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 declare the ground handling services. |
| Applicant Name      | Applicant Title      |
| Date Submitted      | Zip Code        |  Telephone       |