

**APPLICATION FORM FOR THE CERTIFICATION OF AN AIR NAVIGATION SERVICE PROVIDER ORGANIZATION**

**Civil Aviation Agency**

**Int. airport “Riga” 10/1**

**Riga, LV-1053**

**Latvia**

* Application for Certification
* Application for Change

( tick with 🗙)

**1. Registered Name of Applicant:**

**2. Trading Name (if different):**

**3. Address:**

**4. Contact Details:**

Name:

Tel:

Fax:

e-mail:

**5. Scope of Services for which Certification is Requested in accordance with the Provisions of Regulation (EC) 550/2004, March 10, 2004 and Article 8b (2) of Regulation ( EC) No 216/2008.**

⬜ ATS ⬜ CNS ⬜ AIS ⬜ MET

(tick as appropriate, for a detailed description, please refer to Page 4 of this application form)

**6. Name of Accountable Manager:**

(or equivalent position within the organization)

**7. Signature of Accountable Manager:**

(or equivalent position within the organization)

**8. Place and Date:**

**9. Organization Exposition (tick with 🗙 as appropriate)**

* **Application for certification**

Two copies of the organization exposition are forwarded together with this application form.

* **Application for Changes**

Two copies of the pages modified in the previous organization exposition are forwarded to together with this application form.

**10. Derogations (if appropriate)**

To be completed only if organization applies for specific derogations in accordance with Article 5 of Commission Regulation (EC) 1035/2011, dated 17 October 2011 and such derogations have been determined as appropriate by CAA.

(tick with 🗙 as appropriate)

* The applicant is aware that under Article 5 Commission Regulation (EC)1035/2011 the certificate will not allow for the provision of cross-border services and that will not benefit from the right to mutual recognition within the Single European Sky
* The applicant intends to provide ATS services only with respect to one or more of the following categories:
* General aviation
* Aerial work
* Commercial air transport limited to aircraft less than 10 tones of maximum take off mass or less than 20 passenger seats
* Commercial air transport with less than 10.000 movements per year, regardless of the maximum take off mass and the number of passenger seats; movements being counted as the sum of take-offs and landings and calculated as an average over the previous three years
* The applicant is an air navigation service provider other than a provider of air traffic services and has a gross annual turnover of 1.000.000 EUR or less in relation to the services it provides or plans to provide
* The applicant has documented the relevant evidences of all the above in its organization exposition

**11. Detailed description of the Scope of Services for which**

**Certification/Changes is/are Requested.**

a) Use as many attached pages as necessary to complete the table.

b) Use the types of services, their parts as they appear in the table to describe the scope of services for which certification can be requested/granted.

c) Complete only the boxes relevant to the application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services/location/Aerodrome** | **Type of the Service to be provided** | **Part of the service to be provided** | **Sub-part of the service to be provided** | **ATS airspace structural element and classification where service provided** |
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