### APPLICATION

### **for high risk commercial specialised operations**

The completed form and supporting documentation should be submitted to Civil Aviation Agency of Latvia (LV CAA) at least 60 days before the intended start date of operation at the address listed below:

Airport “Rīga” 10/1, Mārupes novads, LV-1053

Phone +371 67830936,

Fax +371 67830967,

E-mail: [caa@caa.gov.lv](mailto:caa@caa.gov.lv)

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| **Official name and business name, address, and mailing address of the applicant:** Click here to enter text. |
| **Reference to the letter to LV CAA with the statement of intent to obtain an authorisation, or for a change to the authorisation, or for the renewal of the authorisation of high risk commercial specialised operation, or for a cross-border high risk commercial specialised operation for a single event, a defined series of flights or for an unlimited duration:** Click here to enter text.  **Intended start date of operation:** Click here to enter text. |
| **Reference to the description of the management system, including organisational structure:** Click here to enter text. |
| **Reference to the type of activity that will be carried out over an area where the safety of third parties on the ground will be likely to be endangered in the event of an emergency, or** **that, as determined by the competent authority of the place where the operation will be conducted, due to its specific nature and the local environment in which it will be conducted, poses a high risk, in particular to third parties on the ground:** Click here to enter text. |
| **Reference to the risk assessment documentation and related standard operating procedures according to SPO.OP.230:** Click here to enter text. |
| **Reference to the list of all controlled documents, including a statement that all the documentation sent to the competent authority has been verified by the applicant and found in compliance with the applicable requirements:** Click here to enter text. |
| **The following extracts from the OM (A/B/C/D), MEL and manufacturer documentation, including checklists, corresponding to the application, added:** Click here to enter text. |
| **Type(s) of aircraft, registration(s) and main base:** Click here to enter text. |
| **Flight crew and task specialists’ knowledge and training. References to the courses and training programmes completed:** Click here to enter text. |
| **Details of the supplier of the navigation database, the supplier’s approval status. Operator’s procedures for the management of data:** Click here to enter text. |
| **Details of the supplier of charts, supplier’s approval status and, where necessary, additional quality assurance/data integrity checks applied by the operator or the supplier**: Click here to enter text. |
| **Applicant’s contact person** *(name, surname/position/e-mail address/date)*: Click here to enter text. |
| **I have checked the contents of this “Application for high risk commercial specialised operations” and found it in compliance with the applicable requirements.**  **The above-mentioned aircraft, their crew and other operational personnel can be considered ready to carry out high risk commercial specialised operations.**  **Responsible Individual/Post holder:** Click here to enter text.  **Name:** Click here to enter text.  **Signature:**  **Date:** Click here to enter text. |