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| --- | --- |
| REFERENCES | TITLE |
| (EU) 965/2012 | “laying down technical requirements and administrative procedures related to air operations pursuant to Regulation (EU) 2018/1139 of the European Parliament and of the Council” |
| ICAO Doc 9284 | Technical Instructions for The Safe Transport of Dangerous Goods by Air |

|  |  |
| --- | --- |
| 1. APPLICANT / OPERATOR | |
| Name |  |
| Physical Address |  |
| Telephone |  |
| Email |  |
| Contact Person |  |
| **2. NAME, ADDRESS & CONTACT NUMBER OF THE PERSON WITHIN THE OPERATOR WITH OVERALLRESPONSIBILITY FOR THE TRANSPORT OF DANGEROUS GOODS BY AIR:** | |
|  | |
| **3. DANGEROUS GOODS OPERATIONS:** | |
| * 1. CLASSES DG DANGEROUS GOODS (check accordingly):  |  |  |  | | --- | --- | --- | | CLASS 1  | CLASS 2  | CLASS 3  | | CLASS 4  | CLASS 5  | DIVISION 6.1  | | DIVISION 6.2  | CLASS 7  | CLASS 8  | | CLASS 9  |  | |      * 1. TYPES OF OPERATIONS (check accordingly):  |  |  | | --- | --- | | AEROPLANE  | PASSENGER & CARGO  | | HELICOPTER  | CARGO AIRCRAFT ONLY  | | |
| **4. HANDLING OF DANGEROUS GOODS**  Please complete the form of the Appendix to this Application. | |
| **5. PROVISION OF INFORMATION** | |
| * 1. IS WRITTEN INFORMATION PROVIDED TO THE PILOT IN COMMAND BY THE OPERATOR? YES  NO    2. IF “NO,” SPECIFY WHO PROVIDES THIS INFORMATION (NAME, ADDRESS, CONTACT NUMBER) | |
| **6. TRAINING** | |
| 6.1 Training for the staff of the operator is carried out by:  the operator   another organization  Name of organization: | |
| 6.2 Categories of staff to whom such training has been given (e.g., cargo staff, passenger handling staff): | |
| 6.3 Name of the person within the operator with responsibility for the training of the above staff: | |
| **7. OPERATIONS MANUAL** | |
| Does the Operator follow closely HCAA relative Information Bulletins (following numbering etc.) to draft the Dangerous Goods parts of the company’s Operations Manual?  YES  NO  | |
| **8. APPLICANT COMPLIANCE STATEMENT** | |
| I hereby declare that all documentation and information submitted have been verified and found in compliance with Regulation (EU) 2018/1139 , its Implementing Rules, and all other applicable requirements/procedures. | |
| * Training Manager or Person referred to section 2 above.   (name) (Signature)   * Flight Operations Manager   (name) (Signature)    Date | |

**APPENDIX (to section 4 above)**

**Please list all operating locations in Greece and associated handling agent information in the table below. If any aspect is carried out by the operator’s staff, state 'SELF'.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HANDLING AGENTS** | | | | | | | |
| **Airport** | **Are DG Accepted here? Y/N** | **HANDLING AGENTS** | | | | | |
|  |  | **Cargo/DG Acceptance** | **Cargo transfer to A/c** | **A/c loading** | **Dispatch** | **Passenger check-in** | **Baggage handling** |
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