

NON-SCHEDULE SERVICES APPLICATION FORM

Only completed application form with submitted documents will be processed.

The form shall be submitted together with appendices to:

Croatian Civil Aviation Agency

Ulica grada Vukovara 284_10 000 Zagreb_Tel.: +385 1 2369 350_Fax.: +385 1 2369 351

e-mail: flight-authorization@ccaa.hr

≺ Name of The Air Carrier	{Operator_Name	}	
⊀ Address	{Operator_Addre	ss}	
		⊀ Phone No.	+420 2333 43362
≺ Telefax No. +420 2333 43102		⊀ E-mail:	ops@eurojet-service.com
★ Aircraft Information:	Aircraft Type: Registration mark {Aircraft_Registration		
	Passenger seats:		
☐ Passengers ☐ Cargo			

FA0-FRM-001 Rev.No. 4/10.10.2017.



			☐ Own Use Flight	☐ Cargo Flight
⊀ Category of th	he flights		☐ Inclusive Tour charter flight	□ Taxi flight
			☐ Special Event Charter flight	□ Other
≠ FREEDOMS OI	F THE AIR			
3rd/4th □	4th □	5th □	7th □	Other (Please specify*) □
*				
⊀ FLIGHT DETAI	LS			
	_			

Please attach a supplementary sheet if necessary

Date/Period	Flight number/s	Airport Departure – Airport Arrival	ETD (UTC)	ETA (UTC)	No. pax //Quantity./Vol.cargo
{ATA_Date_DDMMM}	{Arrival_CallSign}	{AirportFrom_ICAO} - {Airport_ICAO}	{ATDF_T_HHMMZ}	{ATA_T_HHMMZ}	{ETA_Pax}
{ATD_Date_DDMMM}	{Departure_CallSign}	{Airport_ICAO} - {AirportTo_ICAO}	{ATD_T_HHMMZ}	{ATAT_T_HHMMZ}	{ETD_Pax}

FAO-FRM-001 Rev.No. 4/10.10.2017.



★ CHARTERER (TOUR OPERATOR/TRAVEL ORGANIZER)

≺ Name and address of the Charterer (Tour Operator/Travel Organizer)	FILL IN
- Dhana Fay Na a mail	FILL IN
⊀ Phone, Fax No, e-mail	FILL IN
≭ REMARKS	

★ APPLICANT

⊀ Name of the organisation	⊀ Name and title
Euro Jet Intercontinental Limited	{User_Name}, Flight Operations Coordinator
⊀ Place and date	≭ Signature
Prague, {xx_TimeStamp}	

We hereby declare that all details given above and in the annexes attached to this form are true and correct.

FAO-FRM-001 Rev.No. 4/10.10.2017.