|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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](mailto: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 |