**A – General information**

|  |  |
| --- | --- |
| Name of applicant | |
| Address | |
| Telephone | Email address |

**B – Types of specialised operations**

|  |  |
| --- | --- |
| SPO Type | |
| Aircraft model and registration marks | |
| Time frame  Unlimited  Limited – specify timeframe: | |
| Site/Area | Note: If the operations will take place on another state’s territory (crossborder operation) specify the exact location/area and assosiated competent authoirity contact |
| Number of flights (series of flight or single event) | Reference to risk assessment: |
| Reference to the applicable SOP: |  |

**C – STATEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| The undersigned person confirms that the enclosed information is complete and accurate: | | | |
| Accountable Manager | Name | Date: | Signature |

|  |
| --- |
| ***Note:***  *This application will have to be sent in to ICETRA together with the operator's risk assessment documentation and standard operating procedures (SOP) for the high risk operation(s) desired. When satisfied with the risk assessment and SOP, ICETRA will issue the authorisation. Any limitations and validity durations will be specified in the authorisation. If the application is for a cross-border high risk operation, ICETRA will have to review the risk assessment and SOP in coordination with the competent authority of the place where the operation is planned to be conducted.*  *Note: Several high risk operation's authorisations may be applied for in this single form.* |