

BOLLO ASSOLTO IN MODO VIRTUALE AUT.DIREŽ.REG. ENTRATE LAZIO N. 135047/98 DEL 30/11/1998

Application for an Authorisation to Operate in Italian Airspace for a Foreign Registered Aircraft holding an Airworthiness Certificate not complying with ICAO Annex 8 standard or EASA Permit to Fly

To ENAC Direzione Certificazione Prodotti (Products Certification Department)

1. APPLICANT (E.G. OPERATOR, BROKER, HANDLING AGENT, ETC.)							
Name of Organization							
Nationality of Organization							
Contact Name							
Correspondences Address							
Telephone							
Regular e-mail							
Certified e-mail (PEC) (if any)							
Name of Operator							
Nationality of Operator							
2. APPLICANT ACCOUNTING INFORMATION							
Billing details							
Billing Address							
VAT or Tax Number							
3. AIRCRAFT TO BE USED Provide details of the aircraft that will fly over or land in the Italian territory in support of this application. In case of more than one aircraft you should provide one application for each aircraft							
Manufacturer							
Туре							
Nationality							
Registration Marks							
Serial Number							
MTOM (kg)							
Mode S Elementary Surveillance (ELS)	Yes · No · (if NO, just			ustif	stification to operate shall be provided)		
TCAS II Version 7.1 compliant	Yes · No · (if NO, justification to operate shall be provided)						
8.33kHz Voice Channel Spacing	Yes · No · (if NO, just			ustif	tification to operate shall be provided)		
5. FLIGHT SCHEDULE DETAILS (USE ICAO CODE) - PURPOSE OF THE FLIGHT - DURATION The maximum duration of operations in the Italian territory is limited to 28 continuous days counted from the date of entry into the Italian air space							
Date		Departure From	Time		Arrival To	Time	
Purpose of the Flight:			<u> </u>	1		ı	
Request Validity (including delay)		From			То		

4. DOCUMENTS TO BE PROVIDED TO ENAC You are required to attach copy of the following documentation to this application Issued by: Document Reference Issued on: Expiring on: Airworthiness Certificate and limitations/conditions Certificate of Registration Insurance certificate (Ref. Regulation EU 785/2004 as amended) Maintenance report (if any) Flight Test Plan (only for the purposes of development and research or compliance demonstration flights) 6. APPLICANT DECLARATION You are required to make the following declaration before your application can be processed. Being aware that pursuant to articles 75 and 76 of the Italian Law 445/2000 in case of false declarations ascertained by ENAC, the penalties envisaged will be applied, signing the present application I, on behalf of the operator, **DECLARE** that: 1) Copy of documents listed in section 4 related to the aircraft listed in section 3 are valid 2) Flight are conducted by pilots holding the appropriate licenses and type rating issued in accordance with the ICAO standards 3) Aircraft will be operated in accordance with the limitations/conditions established in the Manuals and further limitations attached to the Airworthiness Certificate 4) Aircraft has the required equipment installed in order to operate in the aerial spaces for which the authorization is requested 5) Manufacture's maintenance program is satisfied, except waives expressly granted by the Authority of the State of registry or by a maintenance organization recognized by ENAC 6) Flight are conducted in compliance with the Italian rules of the air and the procedures published in the national aeronautical publication (AIP and NOTAM) 7) Remunerated flight activity is not allowed unless authorized by ENAC 8) Certificate of Insurance listed in section 4 complies with Regulation (EC) 785/2004 9) No Weapons, Munitions and/or Dangerous Goods are carried on board of the aircraft listed in section 3 Additional limitations could be applied following the assessment of the documentation provided. 7. CHARGES AND FINANCIAL According to ENAC fees and charge regulation, this authorization is subject to a fee of minimum €258. Additional charges may be applied for each additional hour of work. Relevant invoice will be forwarded to the applicant billing address listed in section 2. NAME OF THE APPLICANT SIGNATURE OF APPLICANT (handwritten or electronic certified) **LOCATION / DATE**

Please forward this form, including the attachments, to ENAC Products Certification Department by certified email