

Charter Application Form for Austria

Please fill in the framed fields of the form, sign it and send it together with attachments to flight_permission@austrocontrol.at, or via FAX to +43 51703 76, or by post to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Operator

Company

Street Place Postal Country

Telephone Fax E-Mail

AFTN

2 Aircraft Owner (if other than 1)

Company

Street Place Postal Country

3 Aircraft

Flight No Type Capacity

4 Category of Flight (please check box)

Taxi Class Passenger Flight VIP Own Use Flight

Cargo Charter Flight Inclusive Tour Charter Flight Other:

5 Charterer(s) and details of contract

a) Charterer(s)

Name Address

b) seats hired c) price for all hired seats (Wholesale Charter Price in Euros or USD)

Name Address

b) seats hired c) price for all hired seats (Wholesale Charter Price in Euros or USD)

Name Address

b) seats hired c) price for all hired seats (Wholesale Charter Price in Euros or USD)

6 Itinerary and Flight Details

| Date | Flight Number | Time UTC | Airport of Departure | Airport of Arrival | Number of Pax | | Nature and amount of Cargo | |
|------|---------------|----------|----------------------|--------------------|---------------|---------|----------------------------|----------|
| | | | | | Emb. | Disemb. | Loaded | Unloaded |
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7 Documents to be attached

- Air Operator Certificate (AOC) of the non-scheduled operator issued by the state concerned in accordance with Rec. 30 of ECAC/5

- For inclusive tour and cargo charters a copy of the charter contract

- For inclusive tour charter flights a copy of the tour literature

- Evidence of insurance (according to Regulation (EC) No 785/2004)

- Airworthiness Certificate

- ACC 3 validation for cargo/mail (if applicable)

8 Insurance Certificate Declaration

I/We herewith certify that third party liability insurance and war risks insurance has been taken out to the below-mentioned amount through the insurance company stated below, thereby meeting or exceeding the minimum amount according to the Regulation (EC) No 785/2004 of the European Parliament and of the Council.

| Total insurance coverage amount | Insurance Company | Period of coverage |
|---------------------------------|-------------------|--------------------|
| | | |

9 Signature

I, the signatory, hereby request authorisation for the above flight(s) and certify that all information given on this form is correct.

| | |
|------------------|----------------------|
| Signatory's name | Signatory's position |
| | |

| | | |
|-------|------|-----------|
| Place | Date | Signature |
| | | |