



Aerodromes and Area of Operation application form

This form shall be used for initial and changes for Airshow approval

The form shall be submitted together with applicable administrative tax, all necessary appendices and documents to

**MKD CAA , Flight Operations Department
Dame Gruev No.1, 1000 Skopje RNM**

Please be aware that incomplete forms will be returned and will not be processed.

Application	☐ Initial application	☐ Changes to existing
Operator registered name:		
Business Address		
Phone No		
E-mail		
Contact Person		
Contact Person contact details		
AOC number		
AOC Validity until		
Operations Specifications (number/date)		

Aerodrome and Area of Operation application details		
1	Application scope	☐ Aerodrome ☐ Area of operation
2	Dates and Time of Start / End <i>Please provide correct details</i>	
3	Airport or Airfield Name (ICAO and IATA Code)	
4	Area name	
5	Region(s) covered (counties)	



6	Aerodrome(s) limitations	
7	Area limitations	
8	Operations description	

9. Insurance (date and number)	Coverage	Valid by

10. Aircraft Details						
Make – Model – Series	Serial Number :	Reg. Marks	MTOW	Owner	Approval Number	C. of A. No.

11. Crew Qualifications and Briefings related to the aerodromes/areas	Dated	Remarks

12. Risk Assessment performed (date and number)	Remedial actions and mitigations	Remarks

Application statement of compliance and declaration

APPLICANT'S STATEMENT OF COMPLIANCE & DECLARATION			
Statement of Compliance: I confirm that information in this application complies with the applicable regulations and all information provided are correct and current.			
Operator Declaration Statement: I hereby, declare that I, as an Accountable Manager representing the above mentioned organization, confirm that the organization has NOT been suspended or revoked by any Civil Aviation Authority.			
Accountable Manager	Title:		Signature:
	First Name:		
	Middle Name:		
	Last Name:		
	Contact Number:		
	Email:		
Date of Submission:			

PLEASE DO NOT FORGET TO SIGN THE APPLICATION FORM

For official use only

MKD CAA USE ONLY			
Subject	Responsible Inspector – Department	Date	Signature
1. Application approval OPS-FRM-011 competence check	- OPS		
2. Legal Department Approval granted	- LEG		
3. Airworthiness Approval granted	- AWI		
4. Operational Approval granted	- OPS		
Remarks:			
Principal Inspector Name/Number:		MKD CAA Ref. No.:	
Approved on Date:		Signature:	
dd/mm/yyyy			