**This form is designed to elicit information for an organisation intending to conduct high risk commercial specialised operations in Hungary.**

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| Part I | Applicant/Aircraft/Activity Details |
| Part II | Administration Details |
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| **PART I: APPLICANT/AIRCRAFT/ACTIVITY DETAILS** |

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| **SECTION A – COMPANY INFORMATION** |

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| **Name of Operator** |  |
| **Address of Operator** |  |
|  |  |
| **Name of Contact Person coordinating the operation** |  |
| **Telephone Number of Contact Person coordinating the operation** |  |
| **E-mail address of Contact Person coordinating the operation** |  |
| **Contracting agency name & e-mail address** | **/** |

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| **SECTION B – AIRCRAFT DETAILS** |

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| **Aircraft Type** | **Registration Mark** |
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| **SECTION C - Details of Proposed HIGH RISK Operation (Indicate type of operation)** |

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| **Type of Activity** |  |
| **Date of Activity (Start-End)** |  |
| **Time of Activity (Start-End)** |  |
| **Location Of Activity** |  |
| **Altitude of Operation** |  |
| **Landing Sites** |  |

**Brief Description of Activity**

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**Notes –**

Operators are requested to consult eAP 004 for a list of high risk operation.

*Applicable only to organisations declaring their activity with MND AA;* If the activity is not conducted in territory of Hungary, the operators shall consult the competent authority of the state where the operation is taking place.

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| **SECTION D – SAFETY RISK ASSESSMENT DETAILS** |

The operator shall accomplish a safety risk assessment before initiating the specialised operation.

The objective of the assessment should include mitigating procedures to manage the associated risks by including actions to take to mitigate the risk and to verify their effectiveness. This is particularly necessary when operating over congested areas where the safety of third parties on the ground is likely to be endangered in the event of an emergency, or, due to its specific nature and the local environment in which it is conducted, poses a high risk, in particular to third parties on the ground;

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| **PART II: ADMINISTRATION DETAILS** |

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| **1** | **Compliance Statements** | |
|  | Confirm that the information in this application and the associated documentation has been checked and verified and is correct and is in accordance with the applicable requirements under Part-ORO and Part-SPO.  Name (Accountable Manager):  Signed: | |
| **2** | **Required Documentation** | |
|  | To process this application, copies of the following documents are required: | |
|  | Standard Operating Procedures (SOPs) |  |
|  | Description of the Management System, including organisational structure |  |
|  | Safety Risk Assessment |  |
|  | High Risk Authorisation from Competent Authority (where applicable) |  |
|  | *Original documents should not be sent, photocopies are sufficient****. Failure to include all relevant documentation may result in a delay in processing your application. Applications shall be received at least 60 days before the planned operation.*** | |
| **3** | **Further Comments to Support Your Application:** | |