

Special Procedures Application Form

Innsbruck LOWI



Please fill in the framed fields of the form, sign it and send it together with attachments to special.procedures@austrocontrol.at, or by post to:

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

1 Company

Company name, association or name of the person	VAT number
<input type="text"/>	<input type="text"/>

Street	Place	Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Registration Number

1a AOC Address

Company

Street	Place	Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Notification of a change in the AOC address to Austro Control GmbH is mandatory and obtaining a new approval is necessary.

Type of Flight Operation

- | | |
|---|---|
| <input type="checkbox"/> EU/EASA Operator | <input type="checkbox"/> non EU/EASA Operator |
| <input type="checkbox"/> CAT/AOC Commercial Air Transport | <input type="checkbox"/> NCC Non Commercial Complex |
| <input type="checkbox"/> NCO Non Commercial | |

Competent National Authority (authority of the state of the operator)

2 Aircraft

Type of Aircraft	Type of Engines
<input type="text"/>	<input type="text"/>

3 Requested Procedures

Airport Name

Procedure

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4 Remarks

Remarks (Kindly indicate wheter approval for the requested type of procedures has already been obtained.)

Deviations (Kindly indicate whether a deviation from the requested procedure is desired.)

5 Signature

Place	Date	Printed Name	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>