Application to Carry Class 1 Dangerous Goods

Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Civil Aviation Authority

Unique No. (to be completed by CAA)

Please read attached Guidance Notes before completing the technical sections of this form.

1. APPLICANT TYPE

Individual	Complete Section 2. a)	Charity	Complete Section 2. c)
Partnership	Complete Section 2. a)	Ministry of Defence	Complete Section 2. c)
Private Clubs	All members complete Section 2. a)	Trust	Complete Section 2. c)
Limited Liability Partnership	Complete Section 2. b)	Public Educational Establishment (University/College)	Complete Section 2. c)
Limited Company	Complete Section 2. b)		

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

a) Individual (including sole traders and partnerships)

Title: ..... Forename: ..... Surname: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: ..... Mobile Telephone: .....

Trading Name: (if applicable) .....

Website address: .....

In the case of a partnership, please complete details of all partners. Continued on a separate sheet ☐

or b) A Company

Registered Company Name (in full): .....

Registered Company Number: .....

Country of Company Registration: .....

Registered Office Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: .....

Trading Name: (if applicable) .....

Trading Address (primary site): .....

..... Postcode: .....

Website address: .....

Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: ..... Forename: ..... Surname: .....

Position in Company: .....

Telephone No: ..... E-mail: .....

If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

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or c) An Unincorporated Association or other body

Name of Unincorporated Association or other body: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: ..... Mobile Telephone: .....

Website address: .....

Authorised Representative

This application is to be signed by a person authorised by the body named above to act on behalf of it.

Title: ..... Forename: ..... Surname: .....

Position: .....

Charity Number (if applicable): .....

3. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address (if different from above): .....

..... Postcode: .....

4. CAA REFERENCE NUMBER

CAA AOC No. (if applicable): .....

5. FLIGHT DETAILS

Aircraft operator (full legal name): .....

EASA-OPS Operator? ☐ YES ☐ NO

Date of Flight: ..... Flight No.: .....

Aircraft Type: .....

Shipper: .....

Consignee: .....

Airport of Departure: .....

Specific Loading Point at Departure Airport (UK only*): .....

.....

Airport of Destination: .....

Specific Unloading Point at Departure Airport (UK only*): .....

.....

Other Airports (Technical Stops): .....

.....

Specific Refuelling Point at Technical Stop(s) (UK only*): .....

.....

* Written confirmation is required from UK airport detailing specific location to be used.

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6. FLIGHT DETAILS

Proper Shipping Name	UN No.	Class/Division	NEQ in kg	Complete UN Packaging Specification Marking	ESTC No./ HSE No. (Note 5)	Commercial Name
	TOTAL NEQ					

*Please use additional sheet if necessary.

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