TRAFICOM
Finnish Transport and Communications Agency

Application for a scheduled service permit between Finland and a non-EU/-EEA country

Filled out by the authority
Dnr

1. Applicant/ operator	Company's name or person's last name and first name(s)	Business ID
	Street address	
	Postcode / City/town	
	Home municipality / Telephone number	
	E-mail address / Fax	
	Online address with information about the regularity of the service, timetables and routes, and ticket prices	
	Other applicants/partners: Name of the company and the contact person and contact information	
2. Topic of application	☐ New permit ☐ Renewal of permit ☐ Change in timetable ☐ Cancellation of permit or service	
3. Application for a scheduled service permit	The number of changed/renewed scheduled service permit	The number of Community licence
	Period of validity of the applied permit (at most five years)	
	Start date and frequency of service according to the application E.g. weekly on Tues, Wed-Sat.	
	The route of the service that this application concerns	

H105e - 03/2025

	Stops, timetable and map of the sought service and a report indicating that the roads and stops this application concerns are accessible for service (Use separate appendices)
	Notification of whether the applicant has engaged in cooperation with a partner in another Contracting State prior to submitting this application ☐ There has been no previous cooperation. ☐ There has been previous cooperation, which is attached.
	Other permit applications related to this application (e.g. an application submitted to a competent authority in another Contracting State)
4. Permit posted	
5. Signature	Location and date Signature and printed name
	Address
	E-mail address Telephone
6. Appendices	☐ A copy of a transport licence which authorises to run international passenger traffic issued by a competent authority. ☐ Timetable (changes are noted on the old timetable, new timetable in a separate appendix) ☐ Route maps ☐ A report or permit indicating that the stop may be used for service ☐ Other appendices; please specify: _____ Total number of appendices _____ pc.