

Finnish Transport and Communications Agency
 Ilma-alusrekisteri
 Box 320
 FI-00059 TRAFICOM

Glider owner	Name				
	Complete address				
	Telephone	Identity number			
	E-mail address				
Glider details	Glider category		Glider no. of seats		
	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B	<input type="checkbox"/> Type C	<input type="checkbox"/> Single-seater	<input type="checkbox"/> Two-seater
	Manufacturer				
	Type				
	Serial number			Year of manufacture	
	The glider has been approved in accordance with the following test programme				
	<input type="checkbox"/> DHV	<input type="checkbox"/> LTF	<input type="checkbox"/> EN	<input type="checkbox"/> HGMA	<input type="checkbox"/> ACPUL/ AFNOR/ AEROTESTS
	<input type="checkbox"/> BHPA	<input type="checkbox"/> SHV	<input type="checkbox"/> OPS M2-9	<input type="checkbox"/> Other, which?	
	Year of approval				
	Maximum allowed take-off weight				
	Any previous glider identification				
Additional information					
Attachments	<input type="checkbox"/> Glider type approval				
	<input type="checkbox"/> Glider weighing certificate if necessary (OPS M2-9, paragraph 2.6.5 and 2.6.6)				
Signature	Place and date				
	Signature and name in block letters				

LU3009sre - 10/2024