

This form is used to apply for the Special Operations Authorisation (SPO Authorisation) described in regulations (EU) 2018/1139 and (EU) No: 965/2012

1) Applicant for the SPO Authorisation	Name of applicant																																												
	Business name																																												
	Mailing address and post number																																												
	Address																																												
	Phone number			E-mail																																									
	Base of operations																																												
2. Management system, organisation and Nominated Persons	Description of the organisation																																												
	<input type="checkbox"/> Description of organisation Management System (OM-A chapter 3) including organisation chart																																												
	Required additional information about the applicants must be sent using the EASA Form 4. If the nominated person is fulfilling his/hers role as a secondary job it must be notified and a report of the usage of time for the post must be sent as an additional attachment.																																												
	<table border="1"> <thead> <tr> <th>Nominated Person</th> <th>Name</th> <th>Date of birth</th> <th>Part Time job</th> <th>EASA form 4 attached</th> </tr> </thead> <tbody> <tr> <td>Accountable Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Flight Operations Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Compliance Monitoring Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Continuing Airworthiness Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Crew Training Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ground Operations Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Safety Manager</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Nominated Person	Name	Date of birth	Part Time job	EASA form 4 attached	Accountable Manager			<input type="checkbox"/>	<input type="checkbox"/>	Flight Operations Manager			<input type="checkbox"/>	<input type="checkbox"/>	Compliance Monitoring Manager			<input type="checkbox"/>	<input type="checkbox"/>	Continuing Airworthiness Manager			<input type="checkbox"/>	<input type="checkbox"/>	Crew Training Manager			<input type="checkbox"/>	<input type="checkbox"/>	Ground Operations Manager			<input type="checkbox"/>	<input type="checkbox"/>	Safety Manager			<input type="checkbox"/>	<input type="checkbox"/>
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Safety Manager			<input type="checkbox"/>	<input type="checkbox"/>																																									

**3.
Description
of Intended
Operation**

Describe clearly below the intended operation.

Description should include:

If space below not enough it should be continued on a separate paper and notified by placing a mark here

- 1) areas of operations
- 2) is Authorization applied for crossborder operations in other EU member states, name the states
- 3) planned validity for authorization
- 4) intended types of special operations
- 5) applied "alternative Means of Compliance" (AltMoc's)
- 6) necessary Special Approvals
- 7) amount of planned operations (flight hours/year)

4. List of Aircrafts Below should be included information of all aircraft intended to be operated. The following information should be given for each aircraft individually. If the table is not enough it should be continued on a separate paper and notified by placing a mark here.

Register Mark	Aircraft Type	Certificate of Airworthiness	MEL	Name of CAMO and the Licence Number	Types of Special Operations	Special Approvals
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

5. Statements

Operating Manual (OM-A, -B, -C, -D) is fulfilling all applicable regulations, laws and standards, is approved and all operations are performed according to OM

Yes

No

All personnel will be trained in accordance with the applicable requirements and will have valid certifications before Special Operations are started

Yes

No

Organization has economical resources for safe operations

Yes

No

Aircrafts used for planned operations have approved MEL documents and Technical Log in accordance with regulation (EU) 2019/1383

Kyllä

Ei

6. Appendixes

- I hereby confirm that all documentation has been verified and found in compliance with applicable requirements.

- Special Operation (SPO) _____ Standard Operating Procedure (SOP), Doc. Id: _____
- Special Operation (SPO) _____ Standard Operating Procedure (SOP), Doc. Id: _____
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- Special Operation (SPO) _____ Standard Operating Procedure (SOP), Doc. Id: _____
- Special Operation (SPO) _____ Standard Operating Procedure (SOP), Doc. Id: _____
- Special Operation (SPO) _____ risk analysis, Doc.Id: _____
- Special Operation (SPO) _____ risk analysis, Doc.Id: _____
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- Special Operation (SPO) _____ risk analysis, Doc.Id: _____
- Special Operation (SPO) _____ risk analysis, Doc.Id: _____
- Special Operation (SPO) _____ risk analysis, Doc.Id: _____
- List of Applied or used "Alternative Means of Compliance" (AltMoc's)

7.
Comments/
additional info

8.
Signature

Note: The application can only be signed by a person with signing rights of the company.

Location and date

Signature and clarification of signature