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|  | **Application for Approval or Exemption to****Transport Dangerous Goods under special circumstances** |
| **FORM DG-005** |

**Note** - This form applies to requests to carry dangerous goods where they do not comply with the normal requirements of the Technical Instructions. If there is insufficient space to list all items, they can be listed on a separate sheet. Application should be made at least 10 days before the date of the flight on which the dangerous goods are to be carried and should be submitted to the Hellenic Civil Aviation Authority.

**Instruction:**

The form once completed should be returned to the HCAA. Failure to complete this form in full may result in a delay in processing the application. The issuing of this form does not in itself constitute an authorization to carry dangerous goods.

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| 1. APPLICANT DETAILS |
| Company |  |
| Address |  |
| Tel |  | e-mail/Fax |  |
| Name of responsible person  |  |

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| 2. OPERATIONAL DETAILS |
| Operator : |  |
| Flight number(s): |  | Date of flight : |  |
| Aircraft type : |  |  |  |
| Airport of departure: |  | Airport of destination: |  |
| Airport of transit: |  |
| Shipper : |  |
| AWB number : |  |

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| 3. CONSIGNEE |  |
| Company/ Organisation |  |
| Name of responsible person : | Telephone  | Fax | e-mail |

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| 4. DETAILS OF THE DANGEROUS GOODS |
| UN number | Proper shipping name | Class/ Division and Compatibility Group  | Packing Instruction | Number of package | Type ofpackage | Net quantity (total) | Gross weight (total) |
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| 5. THE REASON WHY IT IS ESSENTIAL THE ARTICLE(s) OR SUBSTANCE(s) TO BE CARRIED BY AIR : |
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| 6. ADDITIONAL INFORMATION |
| Proposed packaging |  |
| Commercial names of items and quantity |  |
| Proposed packaging |  |
| Special handling required  |  |
| Specific loading point at departure airport  |  |
| Specific unloading point at destination airport  |  |
| Specific emergency response information |  |

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| 7. APPLICANT COMPLIANCE STATEMENT |
| I hereby declare that all documentation and information submitted have been verified and found in compliance with Regulation (EC) No 216/2008 & its Implementing Rules, ICAO Annex 18, ICAO TI & relevant Supplement, as well as with all other applicable HCAA requirements/ procedures.  |
| Responsible Person.(name) |  | (Signature) |
| Flight Operations Manager (if applicable)(name) |  | (Signature) |
| Date |

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| 8. INSPECTOR’S COMMENTS (for HCAA use only) |
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| Name and Title of Inspector | Signature | Date |