## **Flight Declaration**

Declaration of a non-commercial flight with a complex motor-powered aircraft exempted from the application of Commission Regulation (EU) No 965/2012



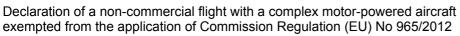
Please fill in the framed fields of the form, sign it and send it together with attachments to ops@austrocontrol.at, or via FAX to +43 5 1703 1686, or by post to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Operator							
Company name, or name of the person							
	•						
Street	Place		Postal	Country			
Telephone	Fax	E-Mail					
2 CAMO							
Name and address of the organisation and approval reference (as per EASA Form 14)							
2 Flinks							
3 Flight Date of Flight		Purpose					
Date of Flight	Route		Гигрозе				
4 Aircraft	_						
Registration	Туре		MSN				
5 Operational Requirem	ents (Please fill in checklist)						
AFM or equivalent documents in current revision including: FCOM, QRH, checklists.*							
Where required: ACG or EASA flight conditions complied with.							
Certificate of Airworthiness (original) or Permit to Fly.*							
Airworthiness Review Certificate (ARC) (original) (only if already issued).*							
Certificate of Registration (original).*							
☐ Noise Certificate (only if already issued).*							
Radio Station Licence or interim licence.*							
Third party liability insurance certificate(s).*							
Operational Flight Plan (including NOTAM, weather report, weight and balance calculation, AIS etc.).*							
Current and suitable aeronautical charts for the route of the proposed flight and alternates.							
Specific Approvals e.g. RVSM Approval (if applicable). *							
Demo flight profile (if applicable).*							
☐ Journey log, or equivalent, for the aircraft.*							
Any other documentation that may be pertinent to the flight or is required by the states concerned with the flight.							
Authorisation of the owner of the aircraft (if applicable).							
All persons on board are familiar and briefed with the applicable flight operations procedures and the nature of the flight.							

\* on board of the aircraft

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6 Pilot Requirements (Please fill in checklist and attach appropriate copies)						
Name of Pilot		Name of Pilot	Name of Pilot			
Flight Crew Lic	ence	Flight Crew Licence	Flight Crew Licence			
Passport		Passport	Passport			
Medical Certific	cate	Medical Certificate	Medical Certificate			
7 Name and contact details of Aircraft Flight Operations Control and Supervision in place (Flight Watch)						
Name						
Telephone (24 hr)		E-Mail				
8 Additional comments						
0 01 1 1						
9 Statement						
The PIC herewith confirms that						
the information disclosed in this form is correct,						
the flight crew has been briefed as stated in item 5 and						
the conditions of ACG LTH 71A have been complied with.						
10 Signature						
Place	Date	Printed Name	Signature of Pilot in Command			