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| --- | --- | --- | --- |
| SGS logo isl enskt crop |  | FFF-04B | |
| **Tilkynning um breytingu vegna flugverndar**  **skv. rg. nr. 750/2016 um flugvernd**  ***Application for Aviation Security Approval*** | Date: | 11.01.2018 |
| Issue: | 4.0 |
|  |  |

**A – uMSÆKJANDI / REKSTARAÐILI –** (10. gr.) */ Applicant / operator / entity*

|  |  |
| --- | --- |
| Rekstraraðili flugvallar / *Airport Operator* | Þekktur sendandi / *Known Consignor* |
| Flugrekandi / *AOC holder*  Viðurkenndur umboðsaðili / *Reg. Agent* | Viðurkenndur birgir v/ loftfara / *Reg. Supplier*  Flugafgreiðsluaðili / *Ground Handling Agent* |

**B – Almennar Upplýsingar um UMSÆKJANDA – (**11. gr.) */ Information on applicant*

|  |  |  |  |
| --- | --- | --- | --- |
| Opinbert nafn */ name* | | | |
| Firmanafn */ registered name* | | | Kennitala */ ID NO.* |
| Heimilisfang */ Address* | | | |
| Póstnúmer */ Postal Code* | Staður / *Place* | Tölvupóstfang */ e-mail address* | |
| Símanúmer / Telephone NO. | | GSM númer */ Mobile NO.* | |

**C – lýsing á BREYTINGU** */ Description of Applicant´s Operation*

|  |
| --- |
| Lýsing */ description* |

**D –Fylgigögn –** Neðangreind gögn skulu fylgja umsókninni eftir því sem við á – (11. - 17. gr.) */ Following documents shall be attached to the application as applicable*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Flugverndaráætlun */ Aviation Security Program* |  | Áhættumat / *risk assessment* |
|  | Teikningar / *drawings* |  | Verklags- og vinnureglur */ Procedures and working guidelines* |
| Þjálfunargögn og ferilskrá nýs tilnefnds flugverndarstjóra */ Training records and CV of a new designated security manager* | | | |

E – Undirskrift – Undirritaður ábyrgðarmaður staðfestir hér með fyrir hönd umsækjanda að hann muni framfylgja flugverndaráætlun Íslands, samþykktri flugverndar- og þjálfunar­áætlun, ákvæðum rg. nr. 750/2016, fyrirmælum og ákvörðunum Samgöngustofu á þessu sviði.

*Signature – The undersigned hereby confirms on behalf of the applicant that he/she will act according to the NASP, approved flight security program, training program, articles of regluation no 750/2016, instructions and decision of the ICETRA in that field.*

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| --- | --- | --- |
|  | Dags / *Date*:       Staður */ Place*: |  |
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| Undirskrift ábyrgðarmanns */* *Accountable Manager‘s Signature* | | |

**F –Fyllist út af Samgöngustofu EF VIÐ Á** */ For ICETRA to fill out IF APPLICABLE*

**Skilyrði samþykkis skv. 14. gr. uppfyllt** */ Requirements for approval*

|  |  |  |
| --- | --- | --- |
| JÁ */ YES* | NEI */ NO* |  |
|  |  | Flugverndaráætlun */ Aviation Security Program* |
|  |  | Teikningar / *drawings* |
|  |  | Áhættumat ef við á / *risk assessment if applicable* |
|  |  | Verklags- og vinnureglur */ Procedures and working guidelines* |
|  |  | Engin frávik / áhættur greindar í úttekt né að öðru leyti */ No nonconformities / threats detected in audits or otherwise* |
|  |  | Þjálfun tilnefnds flugverndarstjóra ef við á */ Training of appointed security manager* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JÁ */ YES* | NEI */ NO* |  | | |
|  |  | Samþykki vegna flugverndar ef við á */ Aviation Security Approval if applicable* | | |
| Skýring ef „NEI“: | | | | |
|  | | |  |  |
|  | | | Dags */ Date*: | Staður */ Place*: |
|  | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Staðfest f.h. Samgöngustofu, verndardeild  Approved on behalf of ICETRA Security Section | | | | |