



# REPUBLIC OF LITHUANIA

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SE "ORO NAVIGACIJA"

Aeronautical Information Service

Rodūnios kelias 2

LT-02188 Vilnius, Lithuania

**AIC: A 005/2018**

**Effective Date: 17-Jan-2018**

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## **A 005. APPLICATION FORMS FOR CIVIL AVIATION ADMINISTRATION OF THE REPUBLIC OF LITHUANIA AND STATE ENTERPRISE "ORO NAVIGACIJA"**

**Cancels AIC A 017/2017.**

This Aeronautical information circular contains the application and report forms of request for operating flights within the airspace of the Republic of Lithuania:

### **For Civil Aviation Administration:**

Appendix 1 Application for permission for a non-scheduled flight

Appendix 2 Application for permission to hold a flying display and aviation competition

### **For State Enterprise "Oro navigacija":**

Appendix 3 Application for Flights without squawk/without radio communication equipment in the controlled airspace

Appendix 4 Report on planned activities in the danger area<sup>1</sup>

Appendix 5 Report on planned military flights in the restricted area<sup>1</sup>

Appendix 6 Application for temporary segregated area (TSA)<sup>2</sup>

Appendix 7 Application for special gliders zone (SGZ)<sup>2</sup>

**- END -**

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1. Only Lithuanian Armed Forces units are eligible to provide information to the State enterprise „Oro navigacija“ on planned activities in the danger area or planned military flights in the restricted area.

2. To submit Application form for activation of temporary segregated area (TSA) or special gliders zone (SGZ) can only authorized users (possess signed agreement with State enterprise „Oro navigacija“).

Appendix 1. Application for permission for a non-scheduled flight

**Oro vežėjo pavadinimas, teisinė forma, adresas**

Carrier and its address \_\_\_\_\_

**PARAIŠKA**

Civilinės aviacijos administracijai

**APPLICATION**

For Civil Aviation Administration of the Republic of Lithuania

\_\_\_\_\_ 201\_\_

**Prašom duoti leidimą vykdyti nereguliarųjį (-ius) skrydį (-ius)**

Request permission for a non-scheduled flight:

**Skrydžio (-ių) duomenys:**

Flight data:

**1. Skrydžio (-ių) užsakovas, teisinė forma, adresas**

Client and his address \_\_\_\_\_

**Igaliotojo asmens vardas ir pavardė**

Name and surname of the responsible person \_\_\_\_\_

**Telefonas**

Telephone \_\_\_\_\_

**Faksas**

Fax \_\_\_\_\_

**2. Orlaivio tipas**

Aircraft type \_\_\_\_\_

**registracijos ženklas**

registration No. \_\_\_\_\_

**Nacionalinė priklausomybė**

Aircraft nationality \_\_\_\_\_

**3. Užsakymo rūšis**

Type of the flight \_\_\_\_\_

**4. Keleivių skaičius**

Number of passengers \_\_\_\_\_

**krovinio kiekis**

amount of cargo \_\_\_\_\_

**5. Krovinio aprašymas**

Description of cargo \_\_\_\_\_

**6. Skrydžio (-ių) maršrutas**

Flight route \_\_\_\_\_

(keturių raidžių kodai/four letter code)

**7. Skrydžio (ių) grafikas**

Flight schedule:

Skrydžio data/ Flight date					
Skrydžio Nr./ Flight number					
Oro uostas/ Airport	Laikas/ Time	UTC	UTC	UTC	UTC
	Išvykimas/ Departure				
	Atvykimas/ Arrival				
	Išvykimas/ Departure				
	Atvykimas/ Arrival				

**Igaliotojo asmens vardas, pavardė ir parašas**

Name, surname and signature of the responsible person \_\_\_\_\_

**Telefonas**

Telephone \_\_\_\_\_

**Faksas**

Fax \_\_\_\_\_

## Appendix 2. Application for permission to hold a flying display and aviation competition

Please submit your application to:  
Civil Aviation Administration, Rodūnios kelias 2, LT-02188 Vilnius  
caa@caa.lt

<b>APPLICATION FOR PERMISSION TO HOLD A FLYING DISPLAY AND AVIATION COMPETITION</b>		
<b>1. FLYING DISPLAY / AVIATION COMPETITION ORGANISER</b>		
Organiser name / name, surname		
Address		
Phone	E-mail	
<b>2. INFORMATION ON FLYING DISPLAY / AVIATION COMPETITION</b>		
Flying display / competition name Place Date and time		
Flight coordinator:  Phone number of point of contact:		
Flying display program		
Remarks: 1. The flying display program can be submitted on separate sheet. 2. List of participating pilots and aircrafts in the flying display, should be enclosed to the application (form is attached).		
Measures to ensure flight and spectator safety: <input type="checkbox"/> meeting of participators of flying display / competition. Date, time: <input type="checkbox"/> firefighting and rescue services and the first medical aid service on duty <input type="checkbox"/> fire and first aid measures; the rescue service is informed about the event  Other measures:		
Minimum heights To be completed if authorization is requested for flights at lower altitudes than established in 2012 September 26 Commission Regulation (EU) No 923/2012 SERA.5005.		
Aircraft type, registration marks	Name, surname pilot –in-command	Minimum height from the ground, type of flight
Object throwing out of aircraft, use of pyrotechnics:  (Information on flight safety measures)		

**APPENDIXES:**

- Place plan (or scheme) with boundaries of the display area, aircraft parking areas, aircraft movements, parachute landing areas, spectator's areas, layout of security measures.
- List of participating pilots and aircrafts.

**3. FLYING DISPLAY / COMPETITION ORGANISER**

I confirm that in this application all the data and information provided by me is complete and correct. I know that an application may not be considered if sections are missing or appendixes not submitted. I ensure that the flying display / aviation competition will be conducted in accordance with the requirements of the applicable legislation.

(Name, surname, responsibilities, signature, date)

**4. DECLARATION on special flights by military aircraft**

I confirm that the military aircraft participating in the flying display is suitable for flight, the qualifications and experience of flight crew (including task specialists, parachute jumpers) are suitable for special flights of the intended type.

Responsible person:

(Name, surname, responsibilities, signature, date)

**5. APPROVED BY**

Place owner/user:	Municipality representative:	Air traffic service provider:
(Name, surname, signature, date) Remarks	(Name, surname, signature, date) Remarks	(Name, surname, signature, date) Remarks

**6. CAA DECISION**

<p>It is approved to organize a flying display / aviation competitions. Permission No. Additional conditions:</p> <p>Reasons for refusal of approval:</p> <p>CAA specialist (Name, surname, signature, date)</p>	<p>Cancellation of approval, restriction (reasons):</p> <p>CAA specialist (Name, surname, signature, date)</p> <p>Specify when and how the organiser is informed:</p>
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## Appendix 3. Application for Flights without squawk/without radio communication equipment in the controlled airspace

\_\_\_\_\_  
(name of the applicant\*)

Tel.\* \_\_\_\_\_, Fax\* \_\_\_\_\_

To the State Enterprise „Oro navigacija“  
Fax +370 706 94 611, +370 706 94 522  
AFS EYVLZDZX

**APPLICATION  
FOR FLIGHTS WITHOUT SQUAWK / WITHOUT RADIO COMMUNICATION  
EQUIPMENT IN THE CONTROLLED AIRSPACE**

\_\_\_\_\_ No. \_\_\_\_\_

(date)

\_\_\_\_\_ (place)

**Without squawk\***       **Without radio communication equipment\***

- |     |  |   |
|-----|--|---|
| 1.  | Registration code (call sign), type      | * |
| 2.  | Name and surname of the pilot-in-command | * |
| 3.  | Date of flight                           | * |
| 4.  | Flight rules                             | * |
| 5.  | Flight altitude or level                 | * |
| 6.  | Departure aerodrome (location), time     | * |
| 7.  | Flight route                             | * |
| 8.  | Arrival aerodrome (location), time       | * |
| 9.  | Purpose of flight                        | * |
| 10. | Aircraft navigation aids                 | * |
| 11. | Aircraft owner                           | * |
| 12. | Other information                        |   |

Position of the person applying for permit	Signature	Name, surname
<b>COORDINATED</b>	<b>COORDINATED</b>	<b>DECISION</b>
Name, surname, signature	Name, surname, signature	Area Control Centre (Name, surname, signature)
(Date)	(Date)	(Date)

- Notes: 1. The asterisk (\*) marked fields have to be filled.  
2. In the third field the specific date of flight shall be noted.  
3. Permit may be issued in exceptional cases and only for one flight.  
4. Permit shall be issued not earlier than 24 hours prior to the intended flight time

## Appendix 4. Report on planned activities in the danger area

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(name and surname of the applicant, phone, fax numbers, e-mail)

To the State Enterprise „Oro navigacija“  
Tel. +370 70694582; +370 70694583  
Fax. +370 70694579  
E-mail amc@ans.lt

**REPORT  
ON PLANNED ACTIVITIES IN THE DANGER AREA**

Nr.

\_\_\_\_\_  
(date)

1.

\_\_\_\_\_  
(name of danger area)

2.

\_\_\_\_\_  
(vertical limits, upper)

3.

\_\_\_\_\_  
(date and time (local) of planned activity)

\_\_\_\_\_  
(date and time (local) of planned activity)

\_\_\_\_\_  
(date and time (local) of planned activity)

4.

\_\_\_\_\_  
(name, surname and signature of the responsible person during activities)



## Appendix 5. Report on planned military flights in the restricted area

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(name and surname of the applicant, phone, fax numbers, e-mail)

To the State Enterprise „Oro navigacija“  
Tel. +370 70694582; +370 70694583  
Fax. +370 70694579  
E-mail [amc@ans.lt](mailto:amc@ans.lt)

**REPORT  
ON PLANNED MILITARY FLIGHTS IN THE RESTRICTED AREA**

Nr.

\_\_\_\_\_  
(date)

1.

\_\_\_\_\_  
(name of restricted area)

2.

\_\_\_\_\_  
(vertical limits, upper and lower)

3.

\_\_\_\_\_  
(date and time (local) of planned activity)

4.

\_\_\_\_\_  
(type of aircraft, number, registration mark or call sign)

5.

\_\_\_\_\_  
(transponder code if equipped)

## Appendix 6. Application for temporary segregated area (TSA)

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(name and surname of the applicant, phone, fax numbers, e-mail)

To the State Enterprise „Oro navigacija“  
Tel. +370 70694582; +370 70694583  
Fax. +370 70694579  
E-mail amc@ans.lt

**APPLICATION  
FOR TEMPORARY SEGREGATED AREA (TSA)**

Nr.

\_\_\_\_\_  
(date)

1. \_\_\_\_\_  
(name of temporary segregated area)
2. \_\_\_\_\_  
(vertical limits, upper and lower)
3. \_\_\_\_\_  
(date and time (local) of planned activity)
4. \_\_\_\_\_  
(type of aircraft, number, registration mark or call sign)
5. \_\_\_\_\_  
(transponder code, if equipped)
6. Decision of the State Enterprise „Oro navigacija“: \_\_\_\_\_  
\_\_\_\_\_  
(position, name and surname)

## Appendix 7. Application for special gliders zone (SGZ)

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(name and surname of the applicant, phone, fax numbers, e-mail)

To the State Enterprise „Oro navigacija“  
 Tel. +370 70694582; +370 70694583  
 Fax. +370 70694579  
 E-mail amc@ans.lt

**APPLICATION  
 FOR SPECIAL GLIDERS ZONE (SGZ)**

Nr.

\_\_\_\_\_  
 (date)

1. \_\_\_\_\_  
 (name of special gliders zone)
2. \_\_\_\_\_  
 (vertical limits, upper and lower)
3. \_\_\_\_\_  
 (date and time (local) of planned activity)
4. \_\_\_\_\_  
 (type of aircraft, number, registration mark or call sign)
5. \_\_\_\_\_  
 (transponder code, if equipped)
6. Decision of the State Enterprise „Oro navigacija“: \_\_\_\_\_  
 \_\_\_\_\_  
 (position, name and surname)

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