



REPUBLIC OF LITHUANIA

Phone: +370 706 94 613

Fax: +370 706 94 614

AFS: EYVNYOYX

URL: <http://www.ans.lt>

Email: ais@ans.lt

SE "ORO NAVIGACIJA"

Aeronautical Information Service

Rodūnios kelias 2

LT-02188 Vilnius, Lithuania

AIC: A 010/2014

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A 010. APPLICATION FORMS FOR CIVIL AVIATION ADMINISTRATION OF THE REPUBLIC OF LITHUANIA AND STATE ENTERPRISE "ORO NAVIGACIJA"

This AIC contains the application forms of request for operating a flight within the airspace of the Republic of Lithuania:

For Civil Aviation Administration:

Appendix 1 Application for Civil Aviation Administration of the Republic of Lithuania

Appendix 2 Application for obtaining a permit for demonstration flights over urban areas

For State Enterprise "Oro navigacija":

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

Cancels AIC A 020/2013.

- END -

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 _____

Įgaliotojo 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				

Įgaliotojo asmens vardas, pavardė ir parašas

Name, surname and signature of the responsible person _____

Telefonas

Telephone _____

Faksas

Fax _____

LITHUANIA

APPLICATION

	No. _____
(Name of the institution)	(Date)
(Name of the organization unit)	(Place name)

Tel.*

Fax*

to the Civil Aviation Administration

Tel.: +370 5 273 9243, +370 5 273 9260

Fax: +370 5 273 9237, +370 5 273 9248, +370 5 273 9245

For obtaining a permit for demonstration flights over urban areas

1.		*
	(Aircraft user, type, registration mark, call sign)	
2.		*
	(Surname of the pilot-in-command)	
3.		**
	(Date of flight, term of flight, place and coordinates)	
4.		*
	(Minimal and maximal flight height over urban areas)	
5.		*
	(Departure aerodrome, time)	
6.		*
	(Arrival aerodrome, time)	
7.		*
	(Type of the demonstration flight)	
8.		*
	(Aircraft navigation aids and radio communication equipment)	
9.		***
	(Transponder type) „A“ „C“	
10.		*
	(Aircraft owner)	
11.		*
	(Other information)	

Note: A person responsible for demonstration flight hands in a flight programme to the Civil Aviation Administration.

*	*	*
(Position)	(Signature)	(Name, surname)
COORDINATED CAA _____ (Position)	COORDINATED MUNICIPALITY _____ (Position)	
(Signature, name, surname)	(Signature, name, surname)	
(Date)	P. S.	

Notes: * The asterisk marked fields have to be filled.
 ** Indicate the specific date and term of flight.
 *** Underline the transponder type. If the aircraft do not equipped with the transponder the flight have to be coordinated with SE "Oro navigacija" (in the controlled airspace) or with the Lithuanian Air Force (in the uncontrolled airspace).

Form approved by
Director General of SE „Oro navigacija“
Order No. V-319 12 November 2013

**(Application form 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
COORDINATED	COORDINATED	DECISION
_____	_____	_____
_____	_____	_____
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.