



Send to  
HKV FLYGI  
107 85 Stockholm  
SWEDEN

**Applicant**

Name of organisation	Trading name (if different)
Contact person	Applicant's Reference (if applicable)
Address (registered business/postal address)	Phone
	E-mail

**Approval of flight conditions**

For applicants who are not MDOA holders

SE-EMAR Form 18b is attached

SE-EMAR Form 18b is not attached because:

For MDOA holders applying for approval of flight conditions, for cases excluded by 21A.263(c)(6)

SE-EMAR Form 18b is attached

SE-EMAR Form 18b is not attached because:

**Applicability / Description**

SwAF Type (if applicability)	Manufacturer / Type	Serial number(s)
Nationality and Registration marks		
This application is related to an ongoing certification project		
<input type="checkbox"/> Not applicable		
<input type="checkbox"/> TC / RTC	Reference: .....	
<input type="checkbox"/> Change / Repair	Reference: .....	
<input type="checkbox"/> Aeroplane	<input type="checkbox"/> Rotorcraft	

