



Send to
HKV FLYGI
107 85 Stockholm
SWEDEN

Application for

<input type="checkbox"/> Initial Approval	<input type="checkbox"/> Change of Approval
Approval Reference	

Name of organisation	Trading name (if different)
Address	Phone
	E-mail

Scope of SE-EMAR 147 approval relevant to this application (see SE-EMAR Form 11 for training course designators to be used)

Location(s) requiring approval

Basic Training

Military Aircraft Type Training

State here any existing approvals

Signature

Name and signature of the (proposed) Accountable Manager

Place and Date	Signature
Position	
Name	