



Form No. FOD.F.326a
Version No. 03
Issue Date: 31/08/2016
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**APPLICATION FOR AUTHORISATION OF HIGH
RISK COMMERCIAL SPECIALISED
OPERATIONS**
[in accordance with Regulation 965/2012
PART ORO.SPO.110 (c)]

AUTHORISATION

in accordance with Commission Regulation (EC) No 965/2012 on Air Operations

Initial ☐ Change ☐ Renewal ☐
(Please tick box as appropriate)

Operator

Official Name:

Principal Place of Business Address:

Business / Trading Name:

Address of the Applicant:

Principal Place of Business Contact Details

Telephone: _____ Fax: _____ Email _____

Aircraft type(s) Provide details of number of aircraft to be operated including Aircraft Model and Registration

Operation (refer to Aeronautical Notice O.78 for activities deemed to be high risk)

Provide details of the proposed high risk activity to include location(s), co-ordinates etc. of the authorised area or site of operation:

Special Limitations

List special Limitations:

Management System

Provide details of the management system including organisational structure:

Risk Assessment (RA) and Standards Operating Procedures (SOPs) (Ref: SPO.OP.230 and AMCs)

Provide details of RA associated with the high risk activity:

Provide details of SOP:

SPO Declaration

Has the operator submitted a Declaration (FOD.F.325a): YES ☐ NO ☐

Low Flying



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Does the activity involve operating below minimum heights in accordance with Reg 923/2012: YES ☐ NO ☐

If yes, a Low Flying Permission is required.

Cross-Border Operations

Does the activity involve cross-border operations with another Member State: YES ☐ NO ☐

If yes, has operator submitted details to relevant competent authority? YES ☐ NO ☐

Operator Statement of verification and compliance

Provide a statement that all the documentation sent to the competent authority has been verified by the operator and found in compliance with the applicable requirements as per ORO.SPO.110 (b) (5).

I hereby confirm that all the documentation submitted in this Application is verified and compliant with the applicable requirements.

Name _____ Position: _____ Signed _____ Dated _____

(Accountable Manager / Flight Ops Manager / Compliance Monitoring Manager / Safety Manager)

PAYMENT FORM

The fee for the processing of each Authorisation or Change or Renewal is €150.00.

(Full details of fees charged by the IAA are published in the [Irish Aviation Authority \(Fees\) Order.](#))

I am paying by:-

CREDIT CARD ☐ DEBIT CARD ☐ LASER ☐

(please specify)

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction.

Name of Card holder (as stated on the card) _____

Card Number

Valid from: / Expiry Date /

Security Code (last 3 digits on signature strip on reverse of card)

Address of Card holder, if different from applicant _____

NOTE: On completion, please submit this Application Form to declaration@iaa.ie
An automated reply will be issued confirming receipt only of the application.
For further queries please contact FOD Administration at 00 353 1 6718655

END