

	Manual on Transport of Dangerous Goods	SLCAP 4400	
	Civil Aviation Requirements	Section: 1	Page: 22

Appendix "D-2"

Application for Renewal of Approval for Handling / Transporting

Dangerous Goods by Air

1. Name of the Operator :-
2. Name of the Chief Executive Officer:-
3. Postal Address :-
4. Appointed Dangerous Goods Co-ordinator (DGC):-*(Person within the operator with overall responsibility for the transport of dangerous goods by air)*
 1. Name :-
 2. Contact:-
 - a) Address:
 - b) Telephone:
 - c) E-mail:
 - d) Fax:
3. Types / Nature of Dangerous Goods, the Operator wish to transport :
4. Destinations where the Operator intends transporting Dangerous Goods from/to
5. Statement of the Dangerous Goods Co-ordinator:

I certify that the findings of last Air carrier inspection report were rectified.
(Please enclose proof to support the above statement if applicable.)

Signature of the Dangerous Goods Co-ordinator

Signature of the Chief Executive Officer

Name

Official Stamp

Date