

Please read [RP4 Guidance to Operators](#) specifically Part 2 Chapter 5.5, prior to completing this form.

This form should be completed by the Dangerous Goods Responsible Manager and signed by the Flight Operations Representative (FOR) or Operator as recorded on the current Form 20.

Please complete **all** sections of this form to avoid any delay in the application process.

1. Aircraft Details	
Registration Mark:	M - <input type="text"/> Serial Number: <input type="text"/>
Manufacturer & Type Designation:	<input type="text"/>

2. Dangerous Goods Responsible Manager			
Name:	<input type="text"/>	Job Title:	<input type="text"/>
Email:	<input type="text"/>	Telephone:	<input type="text"/>

3. Scope of the Application
Please indicate what Class/Division of Dangerous Goods will be carried.
<input style="width: 100%; height: 150px;" type="text"/>

4. Dangerous Goods Training	
Dangerous Goods Training is provided by:	<input type="text"/>
Details of staff groups who receive Dangerous Goods Training:	<input type="text"/>

5. Documentary Evidence to be Provided in Support of the Application	
<ul style="list-style-type: none"> Initial & recurrent dangerous goods training material, including exam papers & example completion certificate. Dangerous goods acceptance procedures & checklist. Dangerous Goods section of the company operations manual (or equivalent document). Occurrence Reporting section of the company operations manual (or equivalent document). 	<p style="text-align: center;"><i>Tick</i></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. Declaration by Operator or Flight Ops Representative

I declare that the information provided on this form is correct, all staff associated with the operation of the aircraft will receive the appropriate training; robust procedures have been implemented to ensure, as far as reasonably practicable, items of dangerous goods will only be carried in accordance with the ICAO technical instructions.

Operator/FOR Signature:	<input type="text"/>	Name:	<input type="text"/>
Operator:	<input type="text"/>	Date:	<input type="text"/>

REVIEWED	<u>REGISTRY USE ONLY</u>	APPROVED