**Form no. 2**

**PERSONAL STATEMENT**

**Concerning the compliance with the safety standards**

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Based in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on St. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, no.\_\_\_\_\_\_\_, tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, fax.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Trade Register’s Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Tax ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Unique Identifier at a European Level (EUID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, no. of European Air Operator Certificate (AOC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identified with ID Card series \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, no. \_\_\_\_\_\_\_\_, released by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the domicile in the locality of \_\_\_\_\_\_\_\_\_\_, county \_\_\_\_\_\_\_\_\_, on St. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, no.\_\_\_\_\_\_\_, block \_\_\_\_\_\_, apt. \_\_\_\_\_\_, country \_\_\_\_\_\_, position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the legal representative of company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state the following:

* The Company is not mentioned on the European Commission's black list concerning airline companies which do not comply with safety standards, published on <http://ec.europa.eu//transport/air-ban> .
* The Company is mentioned on the European Commission's black list concerning airline companies which do not comply with safety standards, published on <http://ec.europa.eu//transport/air-ban>.

I hereby declare at my own risk that all the information provided and registered within this present statement are correct and complete.

I understand that any omission or inaccuracy in presenting these information for the purpose of obtaining pecuniary advantages are punished according to the law.

Surname and first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s authorised signature

Date when signed

\_\_\_\_\_\_\_\_\_\_