Swedavia Airports

Stockholm Arlanda Airport

NOTIFICATION OF THE PERSON WHO IS RESPONSIBLE FOR THE VEHICLE AND HIS SUBSTITUTE

COMPANY:_____ DEPARTMENT:_____

POSTAL ADRESS:_____

Responsible vehicles

Name: _____Identity ID number:_____

Phone nr:_____Cell phone:_____

E-mail: _____

Signature: _____

Substitute:

Name: _____Identity ID number:_____

Phone nr:_____Cell phone:_____

E-mail: _____

Signature: _____

Substitute:

Name: _____Identity ID number:_____

Phone nr:_____Cell phone:_____

E-mail: _____

Signature: _____

As responsible for the vehicle you will be subscriber to the Airport Regulations and Airport Information at Stockholm Arlanda Airport. For more information please visit www.arlanda.net

Signature from head/manager/security manager

Name:_____ Name in block letters:_____

Date:_____ Phone nr:_____

Send to: Swedavia, Arlanda Service Center, 190 45 Stockholm-Arlanda.
Mail: servicecenter.arn@swedavia.se