Request for dispute settlement within the context of the Dutch Aviation Act

1. Details of the applicant and authorized representative / contact person

Details applicant	
Name of applicant	
Trading name (if different)	
Legal form	
Postal address	
Postal Code	
City	
Phone number	
Fax number	
Email address	

| Details of the authorized representative / contact person	
Name of the authorized representative / contact person (if applicable)	
Position	
Postal address	
Postal code	
City	
Phone number	
Fax number	
Email address	

2. Dispute

2.1 Details of the opposing party

Name, address and other contact details of the party with which you have a dispute	
Name	
Postal address	
Postal code	
City	
Phone number	
Email address	

## 2.2 Summary of the dispute

Please provide a short summary of what the dispute is about. This summary should at least include information about what concrete tariffs and conditions, what customized services or what procedures are concerned.
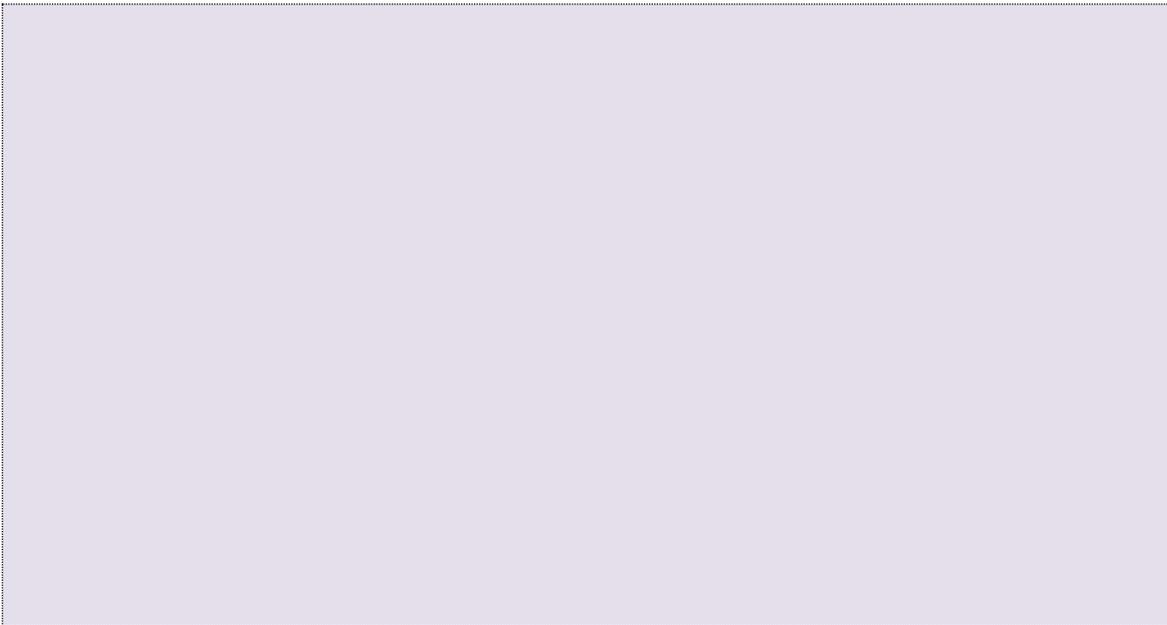
2.3 Grounds

Please specify as much as possible which rules laid down under or pursuant to the Dutch Aviation Act the airport, in your opinion, violates. Please explain why you believe such is the case.
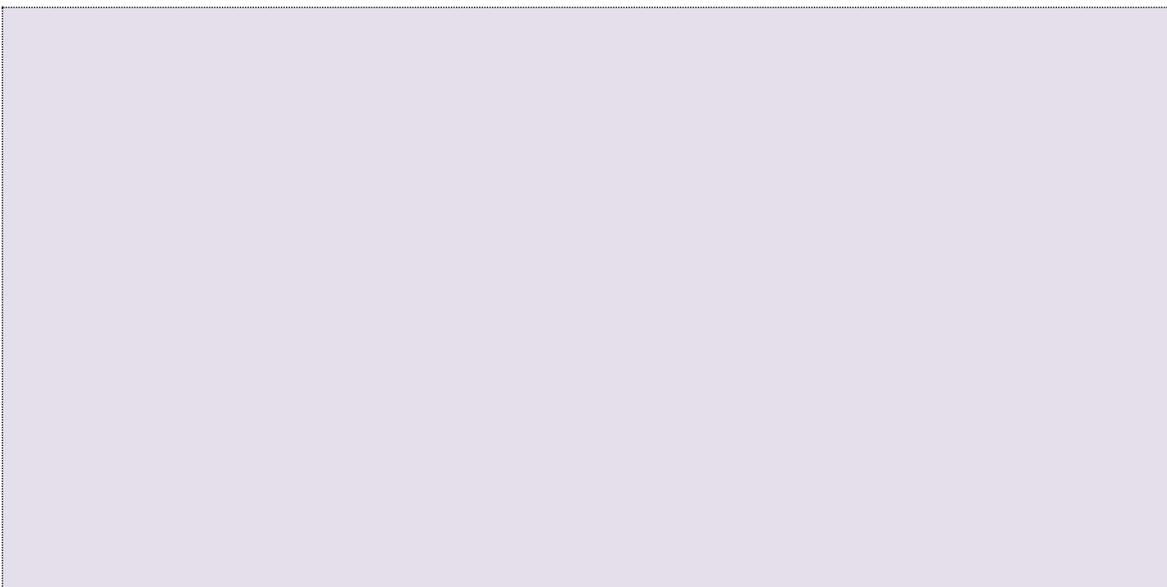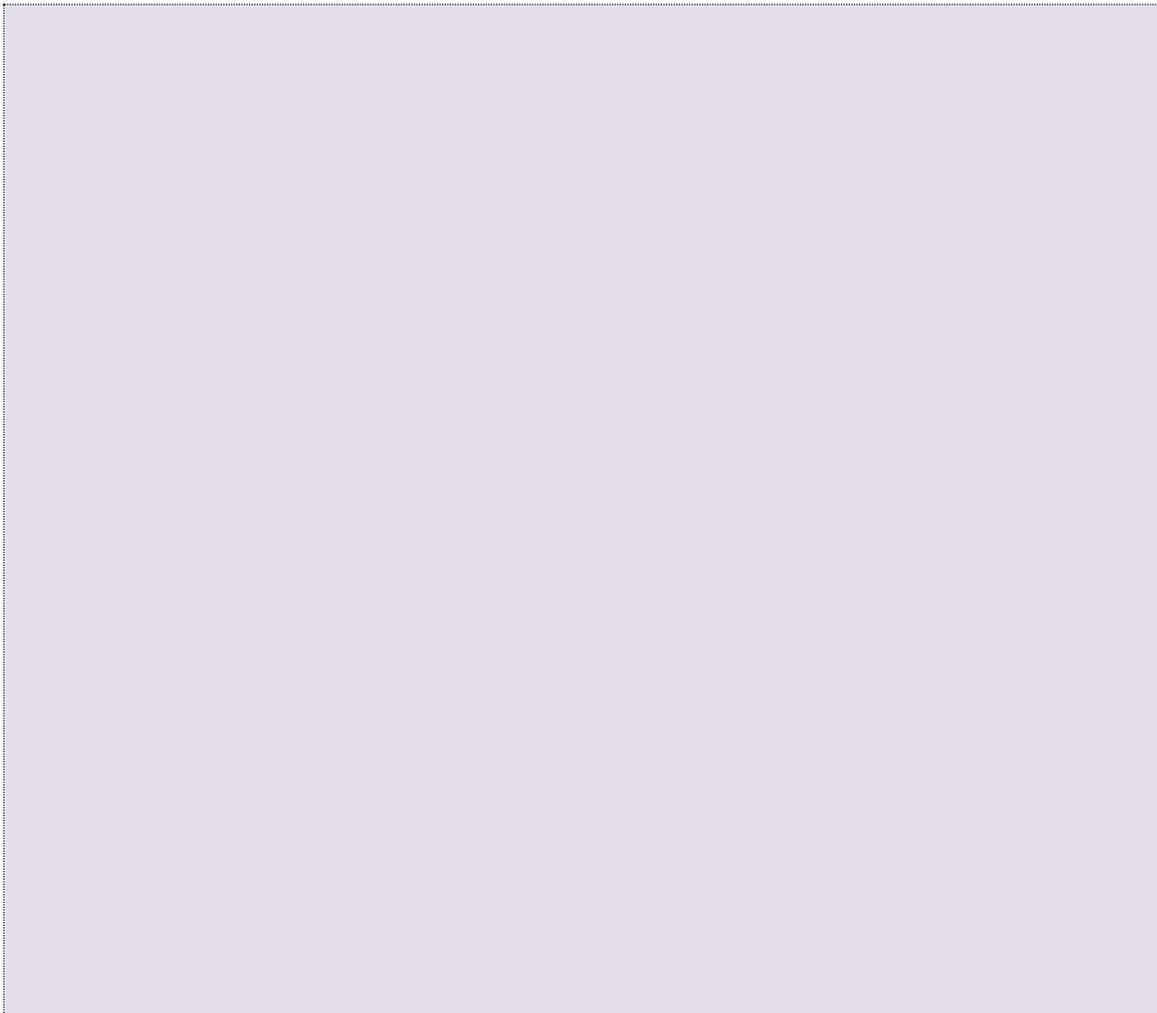
2.4 Desired outcome

Please describe as concretely and specifically as possible what decision ACM in your opinion should take.

3. Substantiation

Please provide details, information, and documentation that substantiate your request.

4. Consultations

Insofar applicable to your situation, please describe the consultation process between you and the ~~Schiphol~~ airport.

Please provide a chronological overview of the relevant correspondence between you and the airport, and please include copies of that correspondence.

Please provide a chronological overview of the relevant discussions between you and the~~Schiphol~~ airport, and please include copies of the minutes.

5. Other agencies

If you have requested other agencies to rule on the tariffs and conditions that are the subject of your application, please provide the name and contact details of those other agencies. Please also indicate what the outcome was of those requests sent to other agencies, and please provide the correspondence that you have had with those other agencies.

6. Confidentiality

Please indicate clearly, supported with reasons, what information should be treated confidentially. ACM will assess the statement that you include with your confidentiality claim. This means that ACM does not automatically honors all confidentiality claims.

Confidentiality		
☐	**Yes:** this request contains confidential information	Indicate clearly which information is confidential
☐	**No:** this request doesn't contain confidential information	

7. Signature

signature	
Place	
Date	
Signature	