



**DEPARTMENT OF TRANSPORT  
AIR TRANSPORT REGULATION BRANCH**

**APPLICATION FOR APPROVAL  
TO OPERATE AN INTERNATIONAL NON-SCHEDULE FLIGHT TO/FROM PAPUA NEW GUINEA**

**TO: SECRETARY**  
DEPARTMENT OF TRANSPORT  
P O BOX 1489  
PORT MORESBY NCD

ATTENTION: FAS (ASI/ATR) FAX: (675) 323 6198 TEL: (675) 325 7500 EXT: 549

|           |          |                |          |
|-----------|----------|----------------|----------|
| OPERATOR: | CONTACT: | PHONE:<br>FAX: | CHARTER: |
|-----------|----------|----------------|----------|

**AIRCRAFT DETAILS**

|                      |  |  |  |
|----------------------|--|--|--|
| A. TYPE              |  | D. TYRE PRESSURE                             |  |
| B. REGISTRATION:     |  | E. SAFETY AND RADIO<br>EQUIPMENT ON<br>BOARD |  |
| C. OPERATING WEIGHT: |  |  |  |

**CREW DETAILS**

|                   |  |           |  |
|-------------------|--|-----------|--|
| A. NAME OF PILOT: |  | B. CARGO: |  |
|-------------------|--|-----------|--|

**FLIGHT CATEGORY (Circle appropriate category)**

|         |       |         |            |               |         |
|---------|-------|---------|------------|---------------|---------|
| CHARTER | FERRY | PRIVATE | OVERFLIGHT | SUPPLEMENTARY | MEDIVAC |
|---------|-------|---------|------------|---------------|---------|

**FLIGHT DETAILS (Including all ports to be visited whilst in PNG or abroad)**

| DATE | ETD | FROM | TO | ETA | ADDITIONAL INFORMATION |
|------|-----|------|----|-----|------------------------|
|      |     |      |    |     |                        |
|      |     |      |    |     |                        |
|      |     |      |    |     |                        |

**REASON FOR FLIGHT:** .....

NAME: ..... SIGNATURE: .....

POSITION: ..... DATE: .....

**FOR OFFICE USE ONLY**

|  |                 |                           |             |                    |
|--|-----------------|---------------------------|-------------|--------------------|
| DATE RECEIVED<br>APPLICATION:  | ACTION OFFICER: | DESIGNATION               | RECOMMENDED | NOT<br>RECOMMENDED |
| <b>APPROVAL GRANTED UNDER SECTION 201 OF<br/>THE CIVIL AVIATION ACT 2000</b> |                 | SECRETARY'S<br>SIGNATURE: | APPROVED    | NOT APPROVED       |

**CLEARANCE NO:**

**NOTE: CAA PNG Safety and Security requirements must be complied with for any approved flight.**

Notification: CAA – PNG – Manager – Airports – For all Landings and Takeoffs in PNG  
PNG AIR SERVICES Ltd – Aero Charges ALL FLIGHTS – Tel (675) 3244812/ 3244815 Fax (675)3250749  
- E Mail - [cgitaihy@pngairservices.com.pg](mailto:cgitaihy@pngairservices.com.pg) - [jambang@pngairservices.com.pg](mailto:jambang@pngairservices.com.pg)