



DEPARTMENT OF TRANSPORT
AIR TRANSPORT DIVISION

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P O BOX 1489
PORT MORESBY NCD
PAPUA NEW GUINEA

**COMMERCIAL AIR SERVICE LICENCE
APPLICATION FORM**

I/We.....
(NAMES IN FULL)

.....hereby apply
(POSITION(s) IN ORGANISATION)

for and on behalf of
(LEGAL ENTITY AS PER A TO BE BELOW)

for a licence to engage in Commercial Air Service Operations using high/low capacity aircraft as describe hereunder and I/We certify that all statements in this application are true and correct in every particular.

DATE :/...../.....

SIGNATURE:

DATE :/...../.....

SIGNATURE:

SECTION 1

- A.** Individual
Name in Full
- Address – Business
- Private
- Nationality
- Registered Trade name
(if any)
- Operating Headquarters
- Branch Offices

B. Partnership or Unincorporated Group (full details of each member to be given)

(1) Name in full
Address (Business)
Tel. No. (Business)
Nationality

(2) Name in full
Address (Business)
Tel. No. (Business)
Nationality

(3) Name in full
Address (Business)
Tel. No. (Business)
Nationality
Registered Trade Name
(if any)
Business Address of Partnership
Operating Headquarters.....
Branch Offices

C. Private or Propriety Company

Registered Name

Registered Office

Registered Office
Telephone No.

Authorized Share Capital

Name, Address, Nationality
And Share Holdings of all
Shareholders

Operating Headquarters

Operating Headquarters

Telephone Number

Branch Offices

D. Public Company

Registered Name

Registered Office

Registered Office
Telephone No.

Authorized Share Capital

Name, Address, Nationality
And Share Holdings of all
Shareholders

If any shares are owned by
Persons who are not Papua
New Guinea citizens
Ordinarily resident of Papua
New Guinea state the
Number of such shares

Operating Headquarters

Operating Headquarters
Telephone No.

Branch Offices

E. Registered Club
Registered Name
Registered Office
Registered Office
Telephone No.
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Name, Address and
Nationality of all
Members of the
Committee
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Certificate of
Incorporate No.

If any shares are owned by
Persons who are not Papua
New Guinea citizens
Ordinarily resident of Papua
New Guinea state the
Number of such shares

Operating Headquarters

Operating Headquarters
Telephone No.

Branch Offices

SECTION 2

CLASS OF COMMERCIAL OPERATIONS

| | | Tick appropriate Square | |
|----|---|--------------------------|--------------------------|
| | | YES | NO |
| 1. | <u>Airline Operation</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <u>Charter</u> | | |
| | • For carriage of passengers and cargo | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <u>Aerial Work</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) | <u>Aerial Survey</u> (specify particular type of operation) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | <u>Aerial Spotting</u> (specify particular type of operation) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | Agriculture Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| d) | Advertising (specify particular type of operation) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) | Flying Training (see 3 below) | <input type="checkbox"/> | <input type="checkbox"/> |
| f) | Ambulance Functions | <input type="checkbox"/> | <input type="checkbox"/> |
| g) | Carriage, for purposes of trade of goods being the property of the pilot, the owner or the hirer of the aircraft, (not being a carriage of goods in accordance with fixed schedules to and from fixed terminal) | <input type="checkbox"/> | <input type="checkbox"/> |
| h) | Other operations of a character substantially Similar to any of those specified above. Please furnish details: | | |

Flying Training for the issue of the following licences or ratings

| | YES | NO |
|--|--------------------------|--------------------------|
| a) Private Pilot Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Commercial Pilot Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Private Helicopter Pilot Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Commercial Helicopter Pilot Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Instrument Rating | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Agriculture Rating | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Agricultural Rating – Initial Trainign Only | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 3

AREA OF OPERATIONS

Within the Province(s) of:

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Between the Province(s) of:

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SECTION 4

ORGANISATION AND FACILITIES

1. Given details of aircraft to be used in commercial operations:

| Aircraft Type | Registration | State whether owned Leased or hired |
|---------------|--------------|--|
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2. If aircraft to be based at location other than operating headquarters, give details:

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3. Give details of hanger facilities provided at places where aircraft are to be based:

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4. What are the estimated flying hours per annum:

- a) Airline Operations
- b) Charter Operations
- c) Aerial Work Operations
- d) Flying Training

For Charter operations advise what insurance policies are held to cover the carriage of passengers and baggage in accordance with the provisions of the Civil Aviation (Operator’s Liability) Act 1975 of the Papua New Guinea Legislation.

- a) Name of Insurer
- b) Policy Number
- c) Date of Expiry

SECTION 5

OPERATIONS

A. **Operational Manual** _____

A copy of the operations manual and handling notes for each aircraft type you intend to operate is required by the Department. These documents should be enclosed with your application. If they are not yet available please advise what arrangements have been made to provide them to Department?

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B. **Radio Equipment**

State the type, manufacture and model number of the radio communications equipment you propose to install in the aircraft.

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State the type, manufacture and model number of the radio navigation equipment you propose to install in the aircraft

VHF Aids

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EMERGENCY EQUIPMENT _____

State type, manufacture and contents-

LOCATOR BEACON

LIFE JACKETS

LIFE RAFT

SURVIVAL KIT

FIRST AID KIT

Radio Compass

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Marker Beacons

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C. **Conduct of Operations**

1. **Flight Rules**

Do you propose to conduct flights under Visual Rules and/or Instrument Flights Rules?

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2. **Airline and Charter Operations**

If applicable, what action have you taken to establish an approved training and checking organization?

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State the name of the Chief Pilot and list his qualifications, experience and ratings.

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List the number of flight crew to be employed.

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State the names and qualifications of any Pilots that you desire to act as approved pilots.

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3. **Agricultural**

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State the name and ratings of the Agricultural Pilots you propose to employ.

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State the names of the agricultural pilots you propose to act as "Approved Agricultural Pilots".

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Detail a list of the aircraft you propose to use on agricultural operations stating the aircraft type, registration and the agricultural equipment, that is attached to each aircraft.

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4. **Agricultural Flying Training**

In which phase of agricultural flying training do you wish to engage?

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State the names and qualifications of the flights instructional personnel you propose to employ and whether they have been approved for this purpose.

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Have you an approved flights instruction schedule for each phase of training in which you intend to engage?

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What aircraft type do you propose to use for each phase of training in which you intend to engage?

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In the case of operational training what types of aircraft agricultural equipment do you propose to use?

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5. **Flying Schools**

At which centres do you propose to carry out flying training?

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Maps showing the general flying, low flying and aerobatic areas in accordance with CAO Part 80 should be attached in respect of such centres.

Give details of briefing room facilities at each centre.

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Where applicable, show names qualifications of the proposed:

- a) Chief Flying Instructure
- b) Flying Instructor
- c) Navigation Instructor
- d) Radio Instructor
- e) Engineer Instructor.....

MAINTENANCE _____

Name of the holder of a certificate of approval who is nominated to perform maintenance on the company's aircraft in respect of:

Airframe:

Engine:

Electrical:

Instrument:

Radio:

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