



**DEPARTMENT OF TRANSPORT**  
**AIR TRANSPORT DIVISION**

ENGA HOUSE 1, 7MILE, P O BOX 1489, PORT MORESBY, NATIONAL CAPITAL DISTRICT, PAPUA NEW GUINEA  
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**DOMESTIC AIR SERVICE LICENCE**  
**APPLICATION FOR RENEWAL**

I,.....

(Name in full & position in Organization)

Hereby apply for renewal of Commercial Air Service License No.....

Currently on issue to.....

.....

(Name & Postal Address)

**SECTION I:**

**1.1 ORGANIZATION:**

Has there been any change in the control or structure of your Organization since your license was last issued/renewed?.....

(If "yes") please attached schedule showing full details.

**1.2 INSURANCE:**

(a) Is insurance coverage held in respect of all commercial operation?.....

(b) Give details of Insurance Cover held as per (a) above.

i. Insurer:.....

ii. Policy No:.....

iii. Date of Expiry:.....

(c) Provide Documentary evidence from your insurers that the Hull and Liability

Insurance covering your aircraft listed in 2.1 is current.

**SECTION 2:**

**2.1 AIRCRAFT:**

(a) Give details of all aircrafts to be used in proposed operations. Where possible, registration markings and registered owners should be shown.

<b>Aircraft Type</b>	<b>Registration Markings</b>	<b>Registered Owners</b>
<b>(If Space is insufficient , please attached schedule)</b>		

(b) Provide Details of Leased or crossed hired aircrafts no longer operated by the Licensee.

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**2.2 MAINTENANCE:**

Name Organization nominated to perform maintenance on your aircraft in respect of:

- (a) Airframe.....
- (b) Engine.....
- (c) Electrical.....
- (d) Instrument.....
- (e) Radio.....

**2.3 PILOTS:**

(a) RPT and Carter Operations

Name of Aircrew: (If Space is insufficient, please attached schedule)

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I certify that all statements in this application are true and correct in every particular

**Print Name:** ..... **Signature:** .....

**Designation:** ..... **Date:**.....