



1. OPERATOR

- (a) Name: _____
- (b) Nationality: _____
- (b) Business Address: _____

- (d) Business Telex Number: _____
- (e) Business Fax Number: _____
- (f) Business Telephone Number: _____

2. CHARTERS (IF APPLICABLE)

- (a) Name: _____
- (c) Address: _____

- (c) Business: _____
- (d) Type(s) of Charter: _____

3. AIRCRAFT TO BE USED

- (a) Number: _____
- (b) Type: _____
- (c) Pax Capacity Seating Per Aircraft: _____

- (d) Registration Markings: _____

- (e) Country of Registry: _____

4. PURPOSE OF FLIGHT(S)

5. PROPOSED DATE(S) OF SERVICE: _____

6. TOTAL NUMBER OF P AX AND/OR FREIGHT TO BE CARRIED OVER PERIOD:

7. FOREIGN POINTS OF EMBARKATION/DISEMBARKATION OF P AX AND/OR FREIGHT:

8. AIRPORT(S) AND HANDLING TO BE USED IN JAMAICA: _____

9. ESTIMA TED TIMES OF ARRIV AL/DEP ARTURE AT (8) ABOVE: _____

10. ANNEXURES:

- A. Proof of third [arty liability insurance coverage
- B. Air Operators Certificate and Operations Specifications with Airplane Authorization
- C. Proposed Charter Rate per hour for each type of aircraft if applicable
- D. Statement indicating that flight crew are appropriately licensed
- E. Airworthiness Certificate and Registration.

11. NAME AND TITLE OF PERSON MAKING APPLICATION: _____

12. SIGNATURE OF PERSON MAKING APPLICATION: _____

DA TE: _____ **SIGNED:** _____