

561B Form: PROSPECTIVE REGULATED AGENTS PRE-ASSESSMENT (PRAPS)

Application for Registration as Regulated Agent

Initial <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>
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Date:	Place:
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A. Company Particulars

Company Name:	
RDB Number:	
Trading name (if different):	
Address:	
Tel	Fax
Responsible Person:	
E-mail address:	

(Please enclose a copy of the RDB Certificate)

B. Regulated Agent Security Programme

In accordance Article 16 of Law N°28/2019, Regulated Agents must provide RCAA with a Security Programme that meets the requirements contained within the National Civil Aviation Security Programme.

1. Objective of the Programme

The objective of this programme is to prevent the unauthorized carriage of explosives and incendiary devices in consignments of cargo intended for carriage by air.

2. Company Profile

2.1 Nature of Business:

2.2 Sources of cargo received from: [Please tick the appropriate item(s)]

- Manufacturers / Regular consignors
- Walk-in consignors
- Freight Forwarders / Cargo Agents
- others (please specify) _____

2.3 Company organization

Please attach an organizational chart and contact telephone number of key staff as an Appendix.

2.4 Designation of person(s) responsible for overseeing cargo security operations and their compliance with the Regulated Agent regulatory requirements:

1. Name:	
Designation:	
2. Name	
Designation:	

3. Physical Characteristics of Premises used for acceptance, processing and storage of cargo, courier, express parcels and mail.

3.1 Type(s) of Warehouse: (Please Tick)

<input type="checkbox"/> Self provided	<input type="checkbox"/> Not Shared with other company
<input type="checkbox"/> Shared with other company	

<input type="checkbox"/> Sub-contracted	Name of contractor
	Tel:

(Please provide a confirmation from the warehouse contractor on the employment of its services)

<input type="checkbox"/> Not Applicable	Please state reason:
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3.2 Address(es) of cargo processing / storage area(s):

Location 1

Operational Hours:	
Address:	
City:	
Airport serviced:	

Location 2

Operational Hours:	
Address:	
City:	
Airport serviced:	

(Any additional information must be provided separately)

3.3 Access Control to the cargo processing / storage area(s) must be in accordance with the Airport Security Programme.

3.3.1 The control of visitors to cargo processing / storage area(s) must be done in accordance to the Airport Security Programme.

3.3.2 Provision of security installations at cargo processing / storage area(s):

- Perimeter (fences, walls)
- Physical measures (gates/roller shutters etc.) at entry/exit points
- CCTV
- Burglar alarm/intruder detection system
- Other systems, please specify _____

[Please tick the appropriate item(s)]

3.3.3 Please attach a copy of the floor plan of the warehouse showing the locations of the access points and the security installations mentioned in 3.3.2.

3.3.4 Security patrols:

<input type="checkbox"/> Yes	Provided by:
<input type="checkbox"/> No	

4. Cargo Operations

4.1 Attach sample of Company's Cargo Security Declaration

4.2 Cargo acceptance

4.2.1 Acceptance of deliveries from consignors:

<input type="checkbox"/> By own staff	<input type="checkbox"/> By aircraft operator
<input type="checkbox"/> By cargo handling contractor, please provide:	Name:
	Tel:

4.2.2 Procedures for acceptance of cargo, courier, express parcels and mail.

Please describe:

Cargo Handling Procedures:

Channels of cargo handling

- Consignor → Airline
- Consignor → Regulated Agent → Airline
- Consignor → Freight forwarder → Regulated Agent → Airline
- Others (Specify) _____

[Please tick the procedure(s) that will be applied]

4.3 Security Controls

4.3.1 Security control methods

<input type="checkbox"/> Physical search	<input type="checkbox"/> Conducted by certified RNP Aviation Security Officers
<input type="checkbox"/> X-ray	
<input type="checkbox"/> Canine inspection	
<input type="checkbox"/> Others, please specify	
[Please tick the appropriate item(s)]	

4.3.2 Description of security equipment and its location:

4.3.3 Designation of person responsible for overseeing security controls:

4.3.4 Method to segregate unknown cargo from known cargo:

- Special Assigned Storage Area (please indicate the location in the floor plan)
- Labeling (please attach a sample of your company's label)
- Others, please specify _____

[Please tick the appropriate item(s)]

5. Quality Control
Employment of contractors to perform cargo handling and security, e.g. cargo acceptance, security control, processing, storage, transportation, etc.:

- Yes
- No

If the answer on the above is "Yes", please describe how you will monitor your contractor's performance:

<input type="checkbox"/> On-site command and supervision by your company staff.	Please specify designation of responsible staff
<input type="checkbox"/> Regular meeting with contractor.	Please specify designation of responsible staff
<input type="checkbox"/> Others.	Please specify

6. Training

RCAA requires that all Regulated Agent staff member(s) involved in the acceptance, handling, securing and storage of air cargo, courier, express parcels and mail attend and complete training courses in accordance with the requirements contained within the National Civil Aviation Security Training Programme.

Please provide RCAA with a list of required training courses attended by your staff:

Participant Name	Course Title	Training Center	Date of completion

7. Maintenance of Shipping Documents

Relevant shipping documents required to be maintained. These will include the following:

- a) Air waybill
- b) House Air waybill (if applicable)
- c) Master Air waybill (if applicable)
- d) Manifest
- e) Record of security controls applied on each consignment of cargo, courier, express parcels and mail or reason for exemption, if applicable
- f) Shipping documents to/from other agents
- h) Acceptance Check List
- i) Others (specify)

8. Contingency measures

8.1 Actions to be taken for dealing with cargo that does not pass through security control and the incident reporting procedures:

Please describe:

8.2 Actions to be taken for dealing with cargo that is suspected to have been tampered with and the incident reporting procedures: Please describe:

8.3 Actions to be taken upon receiving a bomb threat. Please describe:

8.4 Actions to be taken upon discovery of a suspicious item. Please describe:

9. Appendices

- I. Company Organization Chart and contact telephone
- II. Number of key staff
- III. Confirmation from warehouse contractor(s) on employment or service(s) (if applicable)
- IV. Warehouse Floor Plan

- V. Company's Cargo Security Declaration
- VI. Company's label for segregation of unknown cargo from known cargo (if applicable)
- VII. Label for distinguishing company's cargo from other agents' cargo (if applicable)
- VIII. Training Certificate(s)

Declaration

We hereby declare that our company applies to obtain a Regulated Agent Certificate. We agree that once certified as a Regulated Agent, our company is obliged to maintain a Regulated Agent Security Programme and comply with the requirements in respect of the National Civil Aviation Security Programme and any directions promulgated by the Rwanda Civil Aviation Authority from time to time. We understand that failure to comply with the RA requirements will invalid the certificate. We also understand that while remaining as a regulated agent, our company will be subject to inspections by authorized Inspectors of the Rwanda Civil Aviation Authority.

Company Name
Date
Signature
Name and Position

After completion please return this form to: Civil Aviation Security Inspector Rwanda Civil Aviation Authority
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C. Personal Information Collection Statement

Information collected from you will be used only for processing your application for certification as Regulated Agent. If you are approved as a Regulated Agent, your company name, as Regulated Agent will be provided to Airlines, your company name as Regulated Agent may be published for information to members of the public.

RCAA Use Only

I (we) find that the Applicant described in Section I <input type="checkbox"/> Meets the requirements for Regulated Agent Certification <input type="checkbox"/> Does not meet the requirements for Regulated Agent Certification

RCAA Representative(s)		
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

Director General of RCAA	Signature	Date
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