



APPLICATION FOR FOREIGN AIR CARRIER CODE-SHARING AUTHORIZATION STATEMENT

A. REGULATORY REQUIREMENTS - Operations pursuant to this authorization shall conform to RCARs Part 01, 20, 36 and 37, to the terms, conditions and limitations of the applicant's foreign air carrier permit.

1) Date Submitted: _____ 2) Original 3) Renewal

B. APPLICATION

Application is made by applicant identified in section C for authorization to code-share with Code-Chare Partner whose identified in section D of this Form.

C. APPLICANT INFORMATION (Details of the Foreign Air Carrier applying to code-share with another Foreign Air Carrier authorized to fly in and out of Rwanda.)

1) Company Registered Name	2) Permanent Physical Address (Include City, State/Province and Country Name)		
3) Central Telephone Number		4) ICAO 3-Designator	
5) Accountable Manager Name/Title	Phone	Email	
6) Head of Quality Name/Title	Phone	Email	
7) Head of Safety Name/Title	Phone	Email	

D. CODE-SHARE PARTNER INFORMATION (Details of the Code-share Partner-Foreign Air Carrier authorized to fly in and out of Rwanda.)			
1) Company Registered Name		2) Permanent Address (Include City, State/Province and Country Name)	
3) Central Telephone Number		4) ICAO 3-Designator	
5) Accountable Manager Name/Title		Phone	Email
6) Head of Quality Name/Title		Phone	Email
7) Head of Safety Name/Title		Phone	Email
E. FLIGHT DETAILS			
1) Proposed start date:		Proposed Flight Days	
2) Aircraft make, model		3) capacity:	
4) Country in which operating aircraft is registered:			
5) Planned routing of flights (indicate code-share city Pairs)		6) Frequency	
7) Passenger <input type="checkbox"/>		8) Cargo <input type="checkbox"/>	
		9) Mixed <input type="checkbox"/>	
10) For passenger flights:			
a) Available passenger seats		b) Number of passengers to be carried	
c) If cargo to be carried, weight and description of cargo (tons)			

F. QUICK CHECKLIST (Must be completed by the foreign air carrier applying to code-share with air carrier operating into Rwanda).

1) Is there an Air Service Agreement (ASA) between the air carrier State of domicile and Rwanda?	
2) Does the ASA provide for code-sharing?	
3) Is the proposed code sharing consistent with the freedoms of the air specified in the ASA?	
4) Assess and determine if the arrangement does not create a monopoly which may defy the competition rule and result in unsustainable airfares.	
5) Give a description of how liabilities are covered under this code-share arrangement.	
6) Does the nation which is the domicile of the applicant grant to Rwandan carriers a privilege similar to that requested herein? (Yes <input type="checkbox"/> No <input type="checkbox"/>) If so, provide evidence of such reciprocity, from an official of the carrier's homeland government.	

G. APPLICANT'S CERTIFICATION:

The undersigned certify that all statements and answers provided on this application form and as attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance of statement of authorization.

Note: A persons shall not with intent to deceive of make any false representation for the purpose of procuring for himself/herself or any other person the grant, issue, or variation of any such authorization.

Signature/date/stamp of the Accountable manager identified under section C.

H. FOR OFFICIAL USE ONLY

- 1) I hereby certify that the flights for which authority is sought herein conform to the requirements of Rwanda Civil Aviation Regulations applicable to code-sharing. I recommend authorization with no conditions.
- 2) I hereby certify that the flights for which authority is sought herein conform to the requirements of Rwanda Civil Aviation Regulations applicable to code-sharing unless operated subject to the conditions listed under section I.
- 3) I hereby certify that the flights for which authority is sought herein do not conform to the requirements of Rwanda Civil Aviation Regulations applicable to code-sharing. I therefore recommend the application be disapproved/dismissed

Name/Signature of authorized officer

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Date

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4) Exercise of the authorization is subject to the following condition(s), OR Application is disapproved/dismissed for the following reason(s):

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I. DECISION

Application authorized with no conditions

Application disapproved/dismissed

Application authorized subject to conditions stated in H(4).

Director General Signature

Date