



Tel: 250 583441 or 585845
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Certification Application Form

Section A: Particulars of the Applicant

Person/Company Name.....
Address.....
.....
Location.....
Telephone No.....
Fax.....
E-mail.....

Section B: Operational Details

Location of Proposed Operation:	
Service(s) to be provided:	Location and Coverage of Each Service:
Proposed Commencement Date:	
Daily Hours of Service:	
Manual of Operations Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: Proposed Changes/Amendments

Section D: Declaration

I hereby certify that to the best of my knowledge the information supplied in support of this application for certification as an Air Navigation Service Provider and supporting documentation, is correct and that no relevant information has been withheld.

Name of person making the declaration:

Contact address:

Tel No:

FAX No:

E-mail:

Signature:

Date:/...../.....

My Authority to Act on behalf of the applicant is:

.....
.....

Note:

1. The Application should be submitted to the Civil Aviation Authority.
2. On submission of this application, a fee shall be paid to the Authority to cover the cost of certification.
3. Documentary evidence in support of all matters in this application may be requested.