

AIR NAVIGATION SERVICE PROVIDER APPLICATION FORM

Section A: Application type (select as applicable)

New		Renewal		Amendment	Surrender	
Section B: Particulars of the Applicant						
Person/Company Name						
Address						
•••••	••••		• • • • • • •	••••••		
•••••	••••	•••••	• • • • • • •			
Location						
Telephone No						
E-mail						
Section C: Operational Details						
Location of Proposed Operation:						
Service(s) to	o be	provided:		Location and Co	verage of Each Service:	
Proposed Commencement Date:						
Daily Hours of Service:						
Manual of Operations Provided \square Yes \square No						

Section D: Proposed Changes/Amendments
Section E: 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:
 The Application should be submitted to the Civil Aviation Authority, Headquarters. On submission of this application, the applicable fees shall be paid to the Authority. Documentary evidence in support of all matters in this application may be requested.

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