



## APPLICATION FOR A NEW AIR SERVICE LICENCE OR RENEWAL

### Notes:

1. *When completed this Form should be submitted in **Duplicate** to The Director General, Kenya Civil Aviation Authority (KCAA)- Air Transport Department, with the requisite documents listed at the end of this form*
2. *The Form should be accompanied by an application fee of US \$500 for renewal and US\$1500 for new applications*
3. *All parts/sections of the application must be filled as indicated if and when Applicable*
4. *This application must be signed by:*
  - i) *the owner, in the case of a sole proprietor,;*
  - ii) *a director or an authorized officer, in the case of a body corporate,*
  - iii) *a partner or an authorized officer, in the case of a partnership,*
5. *Where the required information cannot be furnished in the space provided on this form, the information must be submitted as annexures .*
6. *Copies of documents to be attached to the application should be certified by a Commissioner for Oaths.*
7. *Application must bear the Company's Seal and/or Stamp*

**PART A: PARTICULARS REGARDING THE APPLICANT**

1. Name of Applicant/Business Name.....
2. Business Postal Address .....
3. If the Applicant is a Company, the following particulars should be given:-
  - (a) Registered Office/Physical Address.....
  - (b) Company Registration No/Certificate of Incorporation.....
  - (c) Date of incorporation.....
  - (d) Trade Name (if applicable) .....
  - (e) Postal Address of Correspondence.....  
.....
  - (f) Tel.....
  - (g) Fax. ....
  - (h) Email .....
4. Nationality of Applicant.....

**PART B: PARTICULARS IN RESPECT OF EACH SHAREHOLDERS  
AND DIRECTORS**

**5. Particulars of Shareholders**

Name	Postal Address	Nationality	Number of shares held	Country of Permanent residence

**6. Particulars of each Director**

<b>Name</b>	<b>Position/Title</b>	<b>National Identification Card/Passport Number</b>	<b>Nationality/Citizenship</b>	<b>Country of Permanent residence</b>

**Where a shareholder is a company incorporated in Kenya or elsewhere provide details of individual directors/shareholders**

<b>Name</b>	<b>Postal Address</b>	<b>Nationality /Citizenship</b>	<b>Number of shares held</b>	<b>Country of Permanent residence</b>

**PART C: PARTICULARS REGARDING THE NATURE OF THE AIR SERVICE**

7. State the type of service applied for: *(Tick as appropriate)*

a. Scheduled Air Service

- i) Domestic   
 Passenger.....Cargo......Mail...
- ii) International   
 Passenger.....Cargo......Mail...

b. Non-scheduled Air Service

- i) Domestic   
 Passenger.....Cargo......Mail...
- ii) International   
 Passenger.....Cargo......Mail...

- iii) Emergency Medical Service
- iv) Self-Fly Hire

c. Aerial Work Service

- i) Acrobatic operations
- ii) Advertising operations
- iii) Aerial patrol/observation/surveys
- iv) Aerial photography/sightseeing
- v) Agricultural spraying/seeding/dusting
- vi) Cloud spraying
- vii) Fire spotting/control/fighting
- viii) Game and Livestock selection/culling/herding: and
- ix) Parachute jumping/Tag operations

d. Flying Instructions

**PART D: TO BE COMPLETED IN RESPECT OF AIR SERVICES**

8. Application for licence to operate scheduled air service (Domestic/International)

i) Names of places between which the air services is to be operated/route(s)  
 .....  
 .....

ii) Base of operation -  
 .....  
 .....

iii) Frequency and timetables according to which the air service will be operated

Domestic Scheduled air service operation

DEPARTURE AERODROME	DESTINATION AERODROME	DEPARTURE TIME	FREQUENCY

International Scheduled air service operation

DEPARTURE AERODROME	DESTINATION AERODROME	DEPARTURE TIME	FREQUENCY

9. Application to operate non-scheduled services

i) State the geographical areas in which it is proposed to operate each type of service (Tick as appropriate).

- |                                               |                                          |
|-----------------------------------------------|------------------------------------------|
| Kenya <input type="checkbox"/>                | Middle East <input type="checkbox"/>     |
| East Africa <input type="checkbox"/>          | Europe <input type="checkbox"/>          |
| Eastern Africa <input type="checkbox"/>       | Asia <input type="checkbox"/>            |
| Central Africa <input type="checkbox"/>       | Far East <input type="checkbox"/>        |
| Western Africa <input type="checkbox"/>       | North America <input type="checkbox"/>   |
| Southern Africa <input type="checkbox"/>      | Central America <input type="checkbox"/> |
| Northern Africa <input type="checkbox"/>      | South America <input type="checkbox"/>   |
| Indian Ocean Islands <input type="checkbox"/> |                                          |

ii) Base of operation .....

10. Application for a licence to operate Aerial Work service.

i) State the geographical areas in which it is proposed to operate each type of service (Tick as appropriate)

- |                                               |                                          |
|-----------------------------------------------|------------------------------------------|
| Kenya <input type="checkbox"/>                | Middle East <input type="checkbox"/>     |
| East Africa <input type="checkbox"/>          | Europe <input type="checkbox"/>          |
| Eastern Africa <input type="checkbox"/>       | Asia <input type="checkbox"/>            |
| Central Africa <input type="checkbox"/>       | Far East <input type="checkbox"/>        |
| Western Africa <input type="checkbox"/>       | North America <input type="checkbox"/>   |
| Southern Africa <input type="checkbox"/>      | Central America <input type="checkbox"/> |
| Northern Africa <input type="checkbox"/>      | South America <input type="checkbox"/>   |
| Indian Ocean Islands <input type="checkbox"/> |                                          |

i) Base of operation .....

11. Application for a licence to operate Flying Instructions

i) State the places within Kenya where the proposed service is to be operated.

.....  
.....  
.....  
.....

ii) Base of operation .....

12. List all other air services operated at the time of this application and give the Licence numbers as applicable
- .....
- .....
13. Enumerate particulars of existing working arrangements with any other Company operating an air service excluding financial particulars -
- .....
- .....

**PART E: PARTICULARS REGARDING AIRCRAFT**

14. State the, type/model/series and number of aircraft operated during the period of the previous licence and the geographical areas served.
- .....
- .....
- ....
- .....

15. State the aircraft which you employ or intend to employ on air services applied for giving particulars as follows:-

Type, Model and Series	Registration	Name of Owner	Capacity for Pax	Capacity for cargo	Max Take off weight

**PART F: FINANCIAL PARTICULARS**

16. State particulars of any financial interest that any other person providing transport facilities or controlling the business or any person providing such facilities may have in the business of the applicant
- .....
- .....
- .....

17. State particulars of any financial interest which the Applicant has in any other undertaking providing transport facilities or controlling the business of any person providing such facilities.

.....  
..  
.....  
.....

18. State particulars of the nature and extent of any financial interest held by the applicant in any other air service or organization which has a financial interest in any air operation

.....  
.....  
.....

19. State the nature of the person making the application (whether an individual or a partnership or a corporate body, (public or private) with or without limited

liability).....  
.  
.....  
.....

20. If the applicant is a corporate body or a company (public or private) give the following:

(a) Authorised/nominal Share Capital

Kshs.....

(b) Total number of Shares.....

(c) Value of each share in

Kshs.....

(d) Total number of Shares Issued.....

(e) If the applicant is a subsidiary of another company, give the name of the parent company with information as in paragraph 5 or 6 above.

.....  
.....  
.....

(f) Date Financial Year ends.....

(g) Period covered by the latest audited accounts.....

.....

21. If the applicant is an individual or a partnership

(a) State the name(s) in full, private address and citizenship

Full Name	Postal Address	Citizenship

(b) State their financial resources and value of assets

.....  
 .....  
 .....

**PART G: STAFFING, ORGANIZATION AND KENYANIZATION**

22. State the number of staff currently employed /to be employed in the case of a new applicant. The number of Kenyans and non-Kenyan citizens should be given in each case.

Staff	No. of Kenyans	No. of Non Kenyans
Flight crew		
Flight engineers		
Cabin Crew		
Ground Engineers		
Other staff		
Total		

23. i.) State whether the Government Policies on Kenyanization are being or have been implemented by the applicant.....

ii) State how the Government Policies in (i) above are being or have been implemented by the applicant

.....  
 .....  
 .....

iii) Attach a list of all directors and employees giving details of nationality



and positions held and particulars of work permits where necessary.

.....  
.....  
.....

**PARTH: TERMS AND CONDITIONS OF EMPLOYMENT**

24. State whether the terms and conditions of employment of persons you employ conform to those in force in the State in which your business is located.

.....

**PART I: EXPERIENCE**

25. Give the particulars of any experience in air transport operations or any other relevant experience of the Directors and Senior management accountable for the safety and reliability of the air service ( a list of qualifications and experience of personnel to be attached).

**PART J: LIABILITY FOR LOSS OR DAMAGE**

26. Provide the following details:

a) The name(s) of the Insurance Policy Provider (Company)

.....  
.....  
.....  
.....

b) The amount of coverage provided in the Insurance Policy against liability in respect of

loss or damage to:-.....

i) Passengers and their baggage US\$-.....

ii) Cargo and/or mail US\$.....

iii) Third party liabilities...US\$.....

that may occur in connection with aircraft operated by the applicant.

iv) In the case of a combined single limit liability, please state the risks covered including the amount

.....

.....  
**Note:**        *Insurance cover to be provided must be as prescribed in the Civil Aviation  
(Licensing of air Services Regulations 2018)*

**PART K:     TO BE COMPLETED IN RESPECT OF ALL APPLICATIONS**

27.    i)     In the case of an application for renewal of Licence, provide a twelve month summary of the loads carried, No of students trained in case of flying instructions and hours/distance covered in case of aerial work service. Also state whether you have been submitting monthly returns in the prescribed format.....If NO, attach monthly returns in the prescribed format for twelve months preceding the application.

28.    If the application is for a new licence, give the date when the service is intended to commence.

Day.....Month.....Year.....

.        If the application is for renewal of an existing air service licence, give:

- i)    Licence number.....
- ii)   Period for which granted.....
- iii)   Expiry Date.....
- iv)   AOC number .....
- v)    Issuing State.....
- vi)   Expiry Date.....

29.    State whether the applicant has satisfied himself that aerodrome and other ground facilities are available and adequate for use by the proposed aircraft at all places to be served. (Answer YES or NO).

YES.....

NO:.....

If the answer is NO state what the deficiencies are:.....

.....  
.....

30.    Give justification for the need/demand for the air service being applied for.

.....  
.....  
.....

31.    In the case of a new applicant, give particulars of any capital expenditure, financial commitments made or commercial agreements concluded in respect of the proposed air service

.....

- .....
32. In the case of an application for renewal of licence, attach audited financial accounts for twelve months preceding the application (indicate the period)
- .....
- .....
33. Name the sources of funding ( in case of a new applicant)
- .....
- .....
34. Attach a business plan in the case of a new applicant/service in the format prescribed in the regulations.
- .....

**DECLARATION**

I, the undersigned, hereby declare that. to the best of my knowledge and belief, the information given in this application and in the attachments hereto is true in every respect.

I enclose herewith crossed Cheque/Banker’s Draft/ Cash of  
 US\$......being payment of the application fee.

Dated this.....Day of.....Year.....

Signature.....

Signatory’s Name in Block  
 letters.....

Position.....

On behalf of.....

Attach the following documents as appropriate:

<b>New Applicant (Local)</b>
a) Certified true copy of certificate of incorporation;
b) Certified true copy of memorandum and articles of association or any other founding document of the Applicant;
c) A copy or copies of the applicant’s aircraft certificate(s) of registration intended for the operation or an initialed or duly executed dry lease agreement;
d) Certified true copy of the insurance policy or insurance arrangements in place;
e) A business plan for a period of two years; is the business plan in the format prescribed in the 5 <sup>th</sup> Schedule of the Regulations
f) Proof of source of funding with documentary evidence: Bank guarantee/Bank statements and/or any other source of funding,

g. Most recent Company Registration Form 12 (CR12)
h) Certified true copy of national identity card or passport and two passport size photographs in respect of each of the directors of the company;
i) Any other document in support of the application for the air service.

<b>New Applicant (Foreign)</b>
a) A copy of Air Operator Certificate issued by the State of the applicant;
b) Audited financial accounts for twelve months preceding the application;
c) Certified true copy of the insurance policy in place;
d) A copy or copies of certificate(s) of registration of aircraft;
f) Any other document in support of the application for the air service.

<b>Renewal Application</b>
a) Audited financial accounts for twelve months preceding the application;
b) Monthly returns for twelve months preceding the application (if not already submitted);;
c) Certified true copy of the insurance policy in place;
d) A copy of Air Operator Certificate issued by the State of the applicant;
e) A copy or copies of certificate(s) of registration of aircraft;
f). Most recent Company Registration Form 12 (CR12) (Locals)