APPLICATION FOR FOREIGN AIR TRANSPORT OPERATIONS APPROVAL

This form can be completed online, then printed and signed. Please complete the form in **BLOCK CAPITALS** using black or dark blue ink. This form is designed to elicit all the required information from those foreign operators requiring wishing to gain operational approvals to conduct air transport operations to, within and from Brunei Darussalam.

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| **Name of Operator:** | | |
| **Initial Application1** | | **Change of Type of Operations *(proceed to Section II)*** |
| **Renewal2** | | **Addition of Aircraft / Fleet *(proceed to Section III)*** |
| **Others *(please specify)*:** |  | |

***Note: 1&2****The completed form and supporting documentation should be submitted to the Flight Operations Section at the address listed in 'Section IV – Signature Block' at least three (3) months prior to the proposed start date of operations for Initial Application and at least one (1) month prior to expiry for Renewal.*

**SECTION I – APPLICANT DETAIL**

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| --- | --- | --- | --- |
| 1. **Company registered name and trading name if different** | | | |
| **Company registered name** | | | |
| **Trading name *(if different)*** | | | |
| **ICAO 3-Letter Code** | **IATA Designator** | | |
| **Address** | | | |
|  | | | **Post Code** |
| **Telephone** | | **Fax** | |
| **Email** | | | |

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| 1. **Principal place of business** | | |
| **Address** | | |
|  | | **Post Code** |
| **Telephone** | **Fax** | |
| **Email** | | |

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| 1. **Main base of operations** | | |
| **Address** | | |
|  | | **Post Code** |
| **Telephone** | **Fax** | |
| **Email** | | |

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| 1. **Legal representative** | | |
| **Address** | | |
|  | | **Post Code** |
| **Telephone** | **Fax** | |
| **Email** | | |

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| --- | --- |
| 1. **Details of Operator’s AOC** | |
| **Name of Regulatory Authority issuing the AOC or equivalent** | |
| **Telephone of Regulatory Authority issuing the AOC or equivalent** | **Email of Regulatory Authority issuing the AOC or equivalent** |
| **AOC or Authorisation Number** | |
| **Date of issue** | **Date of Expiry (if applicable)** |

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| 1. **Description of the applicant’s business organisation and corporate structure** |
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| 1. **Entities and individuals having major financial interest** | |
| **Name** | **Address** |
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| 1. **Management personnel** | | |
| **Name** | **Position** | **Telephone and Email** |
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| 1. **Miscellaneous** | | |
| Has the operator established a Safety Management System (SMS)? | | **Yes  No** |
| Has the operator been audited by any other State other than the State of Operator? | | **Yes  No** |
| **If *Yes*,** | **State** | |
| **Date of last audit** | |
| Has the operator been audited by any International Organisation? (e.g. IOSA) | | **Yes  No** |
| **If *Yes*,** | **Name of Organisation** | |
| **Date of last audit** | |
| Has the operator’s aircraft(s) been inspected under Safety Assessment of Foreign Aircraft (SAFA) program or equivalent? | | **Yes  No** |
| **If *Yes*,** | **Place of last inspection** | |
| **Date of last inspection** | |

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| 1. **Local representative information (Authorized Ground Service Agent etc)** | | | | |
| **Company name** | |  | | |
| **Address of headquarter** | |  | | |
| **Telephone** |  | | **Fax** |  |
| **Email** |  | | | |

**SECTION II - PROPOSED TYPE OF OPERATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed start date of operations:** | | | | | | |
| 1. **Proposed type(s) of operations** | | | | | | |
| **Passenger**  **Cargo**  **Dangerous Goods** | | | | **Scheduled**  **Non-scheduled**  **Others *(Please specify)*:** | | |
| 1. **Aerodrome(s) intended to conduct flight to, within and from Brunei Darussalam** | | | | | | |
| **Brunei International Airport (WBSB)** | | | | **Anduki Airport (WBAK)** | | |
| 1. **Geographic areas of intended operations and proposed route structure** | | | | | | |
|  | | | | | | |
| 1. **Schedule** | | | | | | |
| **Flight number** |  | **Route** |  | | **Time** |  |
| **Effective date** |  | **Frequency** |  | | **Type of carriage** |  |

**SECTION III - AIRCRAFT DETAIL**

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| Aircraft(s) intended to use for flight to, within and from Brunei Darussalam. | |
| **Aircraft Type / Model** | **Nationality and Registration Mark** |
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| **There are leased aircraft and related documents are attached with the application** | |

**SECTION IV – CONTACT DETAILS OF COMPLIANCE MONITORING MANAGER OR QUALITY MANAGER OR EQUIVALENT**

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| **Forename** | **Surname** | |
| **Address** | | |
|  | | **Post Code** |
| **Telephone** | **Fax** | |
| **Email** | | |

**SECTION V - SIGNATURE BLOCK**

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| The signature and the information contained in this form serve as a formal application to gain operational approval to conduct air transport operations to, within and from Brunei Darussalam. | |
| **Name** | **Position** |
| **Signature** | **Date** |
| The completed form and supporting documentation should be submitted to following address: | |
| Address for submissions:  ***Flight Operations Section***  ***Regulatory Division***  ***Department of Civil Aviation***  ***Ministry of Transport and Infocommunications***  ***Brunei International Airport***  ***Bandar Seri Begawan, BB2513***  ***Brunei Darussalam*** | Contact details for enquiries:  ***Flight Operations Section***  ***Regulatory Division***  ***Tel: +(673) 233 0142 ext. 1362/1350***  ***Fax: +(673) 234 5345***  ***Email:*** [***flightops.regulatory@dca.gov.bn***](mailto:flightops.regulatory@dca.gov.bn) |

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| **FOR BRUNEI DEPARTMENT OF CIVIL AVIATION USE ONLY** | | |
| To be filled by an authorised Brunei DCA staff member accepting this application | | |
| **Name** | **Position** | |
| **Signature** | **Date** | |
| **APPROVAL BLOCK (to be signed by Head of Flight Operations)** | | |
| **Name** | | **Position** |
| **Signature** | | **Date** |

**APPENDIX A - INSTRUCTIONS FOR COMPLETION**

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| **SECTION I** |
| 1. Enter the official name and mailing address, telephone, fax and e-mail address of the company. Include any other name under which business is conducted if different from the official company name. Enter the 3-Letter Code by ICAO and IATA Designation. 2. This address should be the physical location where the primary activities are based. It is where the offices of management required by legislation are located. If the address is the same as under item 1, enter “same”. 3. Enter the address, telephone, fax and e-mail address of the applicant’s main base of operations. 4. Enter the address, telephone, fax and e-mail address of the applicant’s legal representative. 5. Enter the name of the State’s Aviation Authority where the operator’s AOC was issued, the AOC number, date of issue and the expiry date. 6. Describe the business organisation and corporate structure. 7. Enter the names and addresses of entities and individuals having a major financial interest. 8. Enter the names, titles, telephone numbers and other contact details of management and key staff personnel, for example: chief executive officer; operations manager; chief pilot; fleet manager(s); cabin crew manager; safety manager; training manager; maintenance manager; ground servicers manager; security manager; and quality manager. 9. Check all applicable boxes. Enter the details where applicable. 10. Enter the name of the nominated authorised representative in Brunei Darussalam, address, telephone, fax and email. |
| **SECTION II** (for change of type of operations, proceed straight to this section) |
| 1. Enter the estimated date when operations or services are intended to commence. 2. The proposed type of air operation will be indicated. Check all applicable boxes. 3. Check all applicable boxes where the operations are intended. 4. Enter the details of geographic areas of intended operations and proposed route structure. |
| **SECTION III** (for addition of aircraft(s) or fleet, proceed straight to this section) |
| Enter details of aircraft(s) intended to use for flight to, within and from Brunei Darussalam. This shall include the type/ model of the aircraft and all the registration marks of the aircraft(s) intended to use. Check boxes if there is any leased aircraft in use to operate the intended route. |
| **SECTION IV** |
| Enter the contact detail of the company’s designated Compliance Monitoring Manager, Quality Manager or equivalent position. |
| **SECTION V** |
| Signature by the Accountable Manager. |

**APPENDIX B - LIST OF ATTACHMENTS**

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| For Initial Application |
| 1. Designation letter from the government designating the airline. 2. Designation letter for local representative. 3. Air Operator Certificate 4. Operations Specifications (for each type / model of aircraft) 5. Aircraft(s) Certificate of Registration 6. Aircraft(s) Certificate of Airworthiness 7. Aircraft(s) Noise Certificate 8. Aircraft(s) Insurance Certificate 9. Dangerous Goods Approval 10. Radio Station Licence 11. For wet-lease aircraft   Approval from Civil Aviation Authority of the State of Operator, with identification of the operator exercises operational control on the aircraft as well as lease agreement.   1. Bilateral or Multilateral Agreement(s)   Document authorising the specific traffic rights, issued by the State of Operator, or resulting from bilateral or multilateral agreement between Brunei Darussalam and the State of Operator.   1. Slot confirmation |
| For Renewal |
| 1. Current Foreign Air Transport Operations Approval issued by Brunei Department of Civil Aviation 2. Air Operator Certificate 3. Operations Specifications (for each type / model of aircraft) 4. Dangerous Goods Approval |
| For Change of Type of Operations |
| 1. Operations Specifications (for each type / model of aircraft) 2. Dangerous Goods Approval |
| For Addition of Aircraft / Fleet |
| 1. Operations Specifications (for each type / model of aircraft) 2. Aircraft(s) Certificate of Registration 3. Aircraft(s) Certificate of Airworthiness 4. Aircraft(s) Noise Certificate 5. Aircraft(s) Insurance Certificate 6. Radio Station Licence |