APPLICATION TO CARRY DANGEROUS GOODS (OTHER THAN CLASS 1)

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink, sign and submit as instructed.

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| 1. **Applicant Type**
 |
| IndividualPartnershipPrivate ClubsLimited Liability PartnershipLimited CompanyCharityMinistry of DefenceTrustPublic EducationalEstablishment (University/ College) | Complete Section 2. a)Complete Section 2. a) All members complete Section 2. a) Complete Section 2. b)Complete Section 2. b)Complete Section 2. c)Complete Section 2. c)Complete Section 2. c)Complete Section 2. c) |

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| 1. **Applicant Details (The Applicant is the person responsible for payment of Brunei DCA charges)**
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| 1. **Individual (including sole traders and partnerships)**
 |
| **Forename**  | **Surname** |
| **Address**  |
|   | **Postcode**  |
| **Telephone**  | **Fax**  |
| **Email**   | **Mobile no**   |
| **Trading Name (if applicable)**  |
| **Website Address**  |
| In the case of a partnership, please complete details of all partners. Continued on a separate sheet. |

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| **or** | 1. **A Company**
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| **Registered Company Name (in full)** | **Registered Company Number** |
| **Country of Company Registration**  |
| **Registered Office Address**  |
|   | **Postcode**  |
| **Telephone**  | **Fax**  |
| **Email**  |
| **Trading Name (if applicable)**   |
| **Trading Address (primary site)**  |
|   | **Postcode**  |
| **Website Address**  |
| **Authorised Representative of Company**This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company. |
| **Forename**  | **Surname**  |
| **Position in Company**  |
| **Telephone**  | **Email**  |
| If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form. |
| **This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.** |

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| **or** | 1. **An Unincorporated Association or other body**
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| **Name of Unincorporated Association or other body**  |
| **Address**  |
|   | **Postcode**  |
| **Telephone**  | **Fax**  |
| **Email**  | **Mobile**  |
| **Website Address**  |
| **Authorised Representative**This application is to be signed by a person authorised by the body named above to act on behalf of it. |
| **Forename**  | **Surname**  |
| **Position**  |
| **Charity No. (if applicable)**  |

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| 1. **Address for Correspondence (if different from above)**
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| **Postal Address**  |
|   | **Postcode**  |

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| 1. **Brunei DCA reference No. (if applicable)**
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| 1. **Flight Details - Airport**
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| **Aircraft operator (full legal name)**  |
| **Date of Flight**  | **Flight no**  | **Aircraft type**  |
| **Shipper**  | **Consignee**  |
| **Airport of Departure**  | **Specific Loading Point at Departure Airport (Brunei DCA only\*)**  |
| **Airport of Destination**  |
| Written confirmation is required from Brunei airport detailing specific location to be used. |

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| 1. **Flight Details – Packaging**
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| **Proper Shipping Name**  |
| **UN Number**  | **Class/ Division**  |
| **Aircraft Type**  |
| **Net Quantity per Package (total)**  | **Net Quantity (total)**  |
| **Gross Weight (total)**  | **Number of Packages**  |
| **Full Package Specification Marking**  |

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| 1. **Reason for Request**
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| 1. **Submission Instructions**
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| This form, when completed, with attachments as listed below, should be forwarded to:***Flight Operations Section******Regulatory Division******Department of Civil Aviation*** ***Ministry of Transport and Infocommunications*** ***Brunei International Airport*** ***Bandar Seri Begawan, BB2513******Brunei Darussalam***Or via email at flightops.regulatory@dca.gov.bn.  |

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| 1. **Payment Instructions**
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| Where applicable, full payment to be made as per Brunei DCA Scheme of Charges.***Note:*** *This application will not be processed until the applicable charges have been received.* |
| **Important notes** |
| **Additional Charges** | Where the cost of the Brunei DCA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by Brunei DCA in accordance with the Scheme of Charges. |
| **Overseas Visits** | If a Member or employee of Brunei DCA is required to travel overseas in respect of this application you are advised to read Brunei DCA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand. |
| **Withdrawal/ Cancellation of Application** | In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by Brunei DCA on behalf of the applicant up to the point of cancellation. Please see the Brunei DCA Refunds Policy at [www.mtic.gov.bn/dca](http://www.mtic.gov.bn/dca) for more information. Where sufficient funds remain from the original application charge, this charge will be deducted from any refund made in respect of the application following cancellation. |
| **For official use only** |
| **Date of Receipt:**   |
| **Enclosures Checked by** | **Name**  | **Office**  |
| **Application :** [ ]  **Accepted** [ ]  **Rejected** [ ]  **Pending** [ ]  **Approved** |
| **Remarks**  |
| **Name of authorised staff member**  |
| **Signature**  | **Date**  |

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| 1. **Financial declaration**
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| I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.I enclose the charges payable on application in accordance with the Scheme of Charges ([www.mtic.gov.bn/dca).](http://www.mtic.gov.bn/dca%29.)I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges. |
| **Name of Applicant *(as shown in 2 a), 2 b) or 2 c))***  |
| **Signature of Applicant *(named in 2 a))***  | **or Signature of Authorised Representative *(named in 2 b) or 2 c))***  |
| **Date**  |

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| **False Representation Statement** |
| It is an offence under Article 231 of the Air Navigation Order 2017 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both. |

**APPLICATION TO CARRY CLASS 1 DANGEROUS GOODS (OTHER THAN CLASS 1) – GUIDANCE NOTES**

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| **Note 1: General** |
| Before completing this form applicants are advised to read the further information relating to this application process, available on the Brunei DCA website. |
| **Note 2: Applicability** |
| This form only applies to those requests to carry Class 1 dangerous goods where the ICAO Technical Instructions indicate that they may only be carried with a prior approval or an exemption, or where they do not comply with the normal requirements of the Technical Instructions. |
| **Note 3: Timescale** |
| Application for an approval or exemption should be made at least 10 working days before the date of the flight on which the dangerous goods are to be carried. |
| **Note 4: Completeness** |
| This application should be completed in full. Failure to do so may result in its return for re-submission or a delay in the processing of the application. If there is insufficient space to list all items, they can be listed on a separate sheet. |
| **Note 5: Applicants other than Operators** |
| If the person/ company shown in Section 2 are not the operator of the aircraft, then confirmation in writing that the operator agrees for that person/ company to act on their behalf must be provided with this application. |