APPLICATION FOR AN AUTHORIZATION TO CARRY DANGEROUS GOODS BY AIR IN NORMAL CIRCUMSTANCES - OPERATORS OF BRUNEI REGISTERED AIRCRAFT

Applicants are strongly advised to complete the form in **BLOCK CAPITALS** using black or dark blue ink, sign and submit as instructed.

Failure to complete this form in full may result in a delay in processing the application. If there is insufficient space to list all items, they can be listed on a separate sheet. The issuing of this form does not in itself constitute an authorization to carry dangerous goods. Throughout this form the term ‘operator’ refers specifically to that so identified in question 2.

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| 1. **Applicant Type** |
| This application is for:  **Initial authorisation  Renewal** |

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| 1. **Applicant Details (The Applicant is the person responsible for payment of Brunei DCA charges)** | | |
| 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** | | |
| **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** | | | |

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| **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** | | |
| **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)** | |
| **Postal Address** | |
|  | **Postcode** |

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| 1. **Brunei DCA reference No. (if applicable)** |
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| 1. **Operator Details (if applicable)** |
| 1. **General** |
| **Aircraft operator (full legal name)** |

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| **Trading Name** | | |
| 1. **Person within the operator with overall responsibility for the transport of dangerous goods by air (If different from Section 2)** | | |
| **Forename** | **Surname** | |
| **Address** | | |
|  | | **Postcode** |
| **Telephone** | **Fax** | |
| **Email** | **Mobile** | |

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| 1. **Types of Operations** | |
| **Domestic destination**  **Year-round operation** | **International Destinations**  **Seasonal operations**  **From:**   **to** |
| **Aircraft** | **Helicopter** |
| **Passenger and cargo**  **Combi-operation** | **Cargo aircraft only**  **Medievac operations** |
| **Scheduled passenger and cargo operations**  **Charter operations** | |

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| 1. **Dangerous Goods Operations** | |
| Classes of dangerous goods allowed  **Class 1**  **Class 2**  **Class 3**  **Class 4**  **Class 5** | **Class 6.1**  **Class 6.2**  **Class 7**  **Class 8**  **Class 9** |

**In the table below, please list all operating locations and associated handling agent information. If any aspect is carried out by staff of the operator, state 'SELF'.**

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| **Airport** | **Are dangerous goods accepted here?**  **Yes/ No** | **Cargo/ Dangerous Goods Acceptance** | **Cargo Transfer to Aircraft** | **Aircraft Loading** | **Dispatch** | **Passenger Check-in** | **Baggage Handling** |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |
|  | **Yes  No** |  |  |  |  |  |  |

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| 1. **Training** |
| Training for staff of the operator is carried out by:  **The operator**  **Another organisation** |
| **Name of organisation** |
| **Categories of staff to whom such training has been given (e.g. cargo staff, passenger handling staff)** |
| Name of the person within the operator with responsibility for the training of the above staff |

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| 1. **List of attachments** |
| List of attachments that need to accompany the application:  **Dangerous Goods Section of Operations Manual**  **Operations Manual’s Dangerous Goods Segment Form (Form OPS718)**  **Company Dangerous Goods Training Programme and its approval permit**  **Instructor’s approval permit from BDCA**  **Letter of intent** |

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| 1. **Submission Instructions** |
| 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](mailto:flightops.regulatory@dca.gov.bn). |

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| 1. **Payment Instructions** | | | | |
| 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** | |
| 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.caa.co.uk/ors5))  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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| 1. **Legal Entity Details – Company** |
| **Date of incorporation of Company** |
| **If declaration is signed on behalf of a Company** |
| **Is declaration signed by a Director or Company Secretary?** |
| **If not, then does signatory have authority to sign?** |