APPLICATION TO OVERFLY BRUNEI WITH DANGEROUS GOODS AND/OR MUNITIONS OF WAR

Please complete this form in **BLOCK CAPITALS** using black or dark blue ink then print, sign and submit as instructed. Please read attached Guidance Notes before completing the technical sections of this form.

|  |
| --- |
| **False Statement** |
| The making of false statement for the purpose of procuring the issue of an exemption to transport dangerous goods or an approval to transport munitions of war is an offence under Article 173 of the Civil Aviation (General) Regulations 2016. The Department of Civil Aviation may, in any case in which they think it is desirable, require the applicant for an exemption to transport dangerous goods or an approval to transport munitions of war to furnish such evidence as they may desire and to make and subscribe a statutory declaration as to the truth of the facts set out in the application. |

|  |
| --- |
| 1. **Details of Applicant** |
| The particulars given should be those of the person who will be the Operator of the aircraft; in the case of an incorporated body, the names, addresses and nationality of the directors, and in the case of an unincorporated association, the name, addresses and nationality of partners. If a business name is used it should be given. Give the place and number of the company registration. All "trading names" used should be specified. Any "trading name" adopted subsequent to the completion of the application form or the issue of the certificate should be notified to the Brunei DCA.  The name(s) provided will be reflected on the Certificate when issued. The name(s) provided is (are): |
| 1. **an individual:** |
| 1. **a company:** |

|  |  |
| --- | --- |
| 1. **Personal Particulars of Applicant** | |
| **Forename** | **Surname** |
| **Telephone no (business hours)** | **Telephone no (out of hours)** |
| **Email** | **Mobile no** |
| **Position in the organisation** | **Nominated person is also the Accountable Manager**  **Yes No** |

|  |  |  |
| --- | --- | --- |
| 1. **Particulars of Organisation** | | |
| **Registered Name of Organisation / Operator Name** | | |
| **Trading as (if applicable)** | | |
| **Registration No** | **Place of Registration** | |
| **Any other Brunei DCA Approvals held (quote approval no)** | | |
| **Address of Principal Place of Business (all correspondence will be sent to this address)** | | |
|  | | **Post Code** |
| **Address of Operating Base(s)** | | |
|  | | **Post Code** |
| **Website address (if applicable)** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Flight Details** | | | |
| **Aircraft operator (full legal name)** | | | |
| **Date of Flight** | **Flight No** | **Aircraft Type** | |
| **Shipper Name** | | | |
| **Shipper Address** | | | |
|  | | | **Post Code** |
| **Consignee Name** | | | |
| **Consignee Address** | | | |
|  | | | **Post Code** |
| **Airport of Departure** | | | |
| **Airport of Destination** | | | |
| **Other Airports (Technical stops)** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Dangerous Goods Details** | | | | | | |
| Proper Shipping Name | UN No. | Class, Division & Compatibility Group | Net Explosive Mass in kg (Class 1 only) | Net Quantity (other than Class 1) | Exemption reference issued by State of Origin | Are the dangerous goods also munitions of war? |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |
|  |  |  |  |  |  | **Yes  No** |

|  |
| --- |
| 1. **Proposed Date of Flight** |
| The completed application form and the application fee should reach the Brunei DCA at least 10 days before the date on which the flight is due to take place. |

|  |
| --- |
| 1. **Applicability** |
| This application form only applies to those request to carry dangerous goods where the ICAO Technical Instruction indicate that they may only be carried with a prior approval or exemption by State of overfly, or where they do not comply with the normal requirements of the Technical Instructions. |

|  |
| --- |
| 1. **Required Documentation** |
| Before an approval or an exemption can be granted to overfly Brunei, a copy of the applicable dangerous goods approval or exemption granted by the State of Origin for the flight concerned must be provided to the Brunei DCA. This should be sent at the same time as this application form, or as soon as possible thereafter, since it may otherwise delay the granting of the State of Brunei approval / exemption. |

|  |  |
| --- | --- |
| 1. **Declaration and Signature** | |
| Data Protection: The information submitted will be stored on a database and is restricted to authorised persons. I apply for the grant of an Air Operator’s Certificate. | |
| I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered. | |
| **Signature** | **Date** |

|  |
| --- |
| **Delivery Instructions** |
| This form, when completed, 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). |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | |

|  |  |
| --- | --- |
| **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)*** | |
| **Signature of Applicant *(named in 2)*** | **or Signature of Authorised Representative *(named in 2)*** |
| **Date** | |