



**JAMAICA CIVIL AVIATION AUTHORITY  
APPLICATION TO OPERATE NON-SCHEDULED AIR SERVICE**

**1. OPERATOR**

- (a) Name: \_\_\_\_\_
- (b) Nationality: \_\_\_\_\_
- (b) Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (d) Business Telex Number: \_\_\_\_\_
- (e) Business Fax Number: \_\_\_\_\_
- (f) Business Telephone Number: \_\_\_\_\_

**2. CHARTERS (IF APPLICABLE)**

- (a) Name: \_\_\_\_\_
- (c) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Business: \_\_\_\_\_
- (d) Type(s) of Charter: \_\_\_\_\_

**3. AIRCRAFT TO BE USED**

- (a) Number: \_\_\_\_\_
- (b) Type: \_\_\_\_\_
- (c) Pax Capacity Seating Per Aircraft: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (d) Registration Markings: \_\_\_\_\_  
\_\_\_\_\_
- (e) Country of Registry: \_\_\_\_\_

**4. PURPOSE OF FLIGHT(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. PROPOSED DATE(S) OF SERVICE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. TOTAL NUMBER OF P AX AND/OR FREIGHT TO BE CARRIED OVER PERIOD:**  
\_\_\_\_\_  
\_\_\_\_\_

**7. FOREIGN POINTS OF EMBARKATION/DISEMBARKATION OF P AX AND/OR FREIGHT:**  
\_\_\_\_\_  
\_\_\_\_\_

**8. AIRPORT(S) AND HANDLING TO BE USED IN JAMAICA:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. ESTIMA TED TIMES OF ARRIV AL/DEP ARTURE AT (8) ABOVE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. ANNEXURES:**

- A. Proof of third [ arty liability insurance coverage
- B. Air Operators Certificate and Operations Specifications with Airplane Authorization
- C. Proposed Charter Rate per hour for each type of aircraft if applicable
- D. Statement indicating that flight crew are appropriately licensed
- E. Airworthiness Certificate and Registration.

**11. NAME AND TITLE OF PERSON MAKING APPLICATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. SIGNATURE OF PERSON MAKING APPLICATION:** \_\_\_\_\_

**DA TE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_