|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Applicant** | | | | | | | | | |
| Name of airline: | |  | | | | | Nationality of airline: | |  |
| Name of contact person and position held: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| Contact Details | | Phone: | | |  | Email: | |  | |
|  | | | | | | | | | |
| **Flight Type** (place x in the appropriate box) | | | | | | | | | |
| **Private** (a flight where there has not been any sort of valuable consideration exchanged or promised)  **Commercial** (aircraft operator is being paid or receiving some other benefit in kind for the flight) | | | | | | | | | |
|  | | | | | | | | | |
| **Details of Flights** | | | | | | | | | |
| Date From (ICAO) ETD (UTC) To ETA (UTC) | | | | | | | | | |
| *dd / mm / yyyy* |  | | |  | | EGYP/SFAL  (indicate which) | | |  |
| *dd / mm / yyyy* | EGYP/SFAL  (indicate which) | | |  | |  | | |  |
|  | | | | | | | | | |
| **Aircraft Details** | | | | | | | | | |
| Aircraft Registration: | | |  | | | State of Registration: | | |  |
| Aircraft Type: | | |  | | | MTOM (kg): | | |  |
|  | | | | | | | | | |
| **Ground Handling Details** *This section must be completed.* | | | | | | | | | |
| The applicant must arrange support for ground ops such as baggage handling, water re-supply, fuel, etc. What arrangements have been made? i.e. name of local agent. | | | | | |  | | | |
| There is no public transport at the airport. Full details of ground transportation arrangements for crew and pax must be provided.  Please explain what arrangements are in place. | | | | | |  | | | |
| **Copies of the following documents are required with this application**   * Certificate of registration * Certificate of airworthiness * Liability insurance certificate * Air operating certificate (AOC) (if applicable) * Operations specification (if applicable) * \* Dangerous Goods Approval (if Dangerous Goods are to be carried, full details must be provided) * For **Boeing 737 Max**, evidence of compliance with State of Register and Operator’s AD. * For **B777,** evidence of engine model fitted | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
| **Crew Details** *(Include additional sheets for more crew)* Captain First Officer | | | | | | | | | | | |
| Name: | | | | |  | | |  | | | |
| Date of Birth: | | | | |  | | |  | | | |
| Gender (Male or Female) | | | | |  | | |  | | | |
| Licence Number: | | | | |  | | |  | | | |
| Licence State of Issue: | | | | |  | | |  | | | |
| Licence Date of Expiry: | | | | |  | | |  | | | |
| Passport Number: | | | | |  | | |  | | | |
| Nationality on Passport: | | | | |  | | |  | | | |
| Passport Expiry Date: | | | | |  | | |  | | | |
|  | | | | | | | | | | | |
| **Passenger Details** *(Include more sheets for more passengers)* | | | | | | | | | | | |
| Name of Passenger | | | Gender | | Date of Birth | | Nationality | Passport # | | | Expiry Date |
| 1 |  | |  | |  | |  |  | | |  |
| 2 |  | |  | |  | |  |  | | |  |
| 3 |  | |  | |  | |  |  | | |  |
| 4 |  | |  | |  | |  |  | | |  |
| 5 |  | |  | |  | |  |  | | |  |
| 6 |  | |  | |  | |  |  | | |  |
| 7 |  | |  | |  | |  |  | | |  |
| 8 |  | |  | |  | |  |  | | |  |
| 9 |  | |  | |  | |  |  | | |  |
| 10 |  | |  | |  | |  |  | | |  |
| 11 |  | |  | |  | |  |  | | |  |
| 12 |  | |  | |  | |  |  | | |  |
| 13 |  | |  | |  | |  |  | | |  |
| 14 |  | |  | |  | |  |  | | |  |
| 15 |  | |  | |  | |  |  | | |  |
|  | | | | | | | | | | | |
| **Declaration to be Signed by Applicant**  \*Mark the applicable box.  No Dangerous Goods or munitions of war will be carried on board the aircraft.  Full details of Dangerous Goods to be carried on board have been provided to FICAD.  It is an offence under Article 173 of the Air Navigation (Overseas Territories) Order to make any false representation for procuring the grant, issue, renewal or variation of any such certificate, licence, approval, permission or exemption or other document, including a copy or purported copy of it.  All information contained in this application is correct and complete to the best of my knowledge and belief. | | | | | | | | | | | |
| Name | |  | | Signature | |  | | | Date | *dd / mm / yyyy* | |
|  | | | | | | | | | | | |
| Email completed application form and supporting documentation to [civilaviation@sec.gov.fk](mailto:civilaviation@sec.gov.fk) | | | | | | | | | | | |

|  |
| --- |
|  |
|  |
|  |
|  |

FOP-02-V8.0 Short Term FOP Application Form August 2023