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| **Form #** | **AT/2016/001** |

# Application for the Grant or Variation of an Economic Operating Licence

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| **Application number** | **Date received** |
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| 1. Before making an application, the applicant should refer to the Civil Aviation Economic Regulations 2015 (‘the Regulations’). 2. PACA is required by the Regulations to publish the particulars of the application. If an Interested Party serves an objection or representation about an application on PACA in accordance with the Regulations, PACA is required to take that into account when considering the application. 3. The provision, either knowingly or recklessly, of false information used for the purpose of obtaining an Economic Operating Licence may result in PACA undertaking enforcement action which may include fines and/or the amendment or revocation of that Licence. 4. Applications should be accompanied by the appropriate fee for the class of licence sought. Applicants are reminded that additional fees may be charged in the event that a higher than normal workload is associated with the application. 5. This form should be submitted to the office of the Director General for civil aviation regulations. |

General Information

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| **Name of Applicant (including any trading name)** |  |
| **Address** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Website Address:** |  |
| **Principal Operating Base:** |  |

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| **Is this application for the grant of a new licence or the variation of an existing licence?** | New ☐  Variation ☐ |
| **If you are applying for a variation of a licence, what is the number of the licence you are seeking to amend?** |  |
| **For what type of an Economic Operating Licence are you applying? *(if both types apply, Type A should be selected)*** | Type A ☐  Type B ☐ |
| **From what date is the licence required to be effective?** |  |
| **Do you hold an AOC?** | Yes ☐ No ☐ |
| **If yes, please give number.** |  |
| **If no, have you applied for one?** | Yes ☐ No ☐ |
| **Do you have adequate passenger insurance to cover any potential liability in respect of death or injury to passengers and third parties in the event of an accident, as well as insurance against loss or damage to baggage, cargo and third parties?**  **If yes, please provide proof on a separate sheet.** | Yes ☐ No ☐ |
| **Please provide details of aircraft operated, or proposed to be operated:**   |  |  |  |  | | --- | --- | --- | --- | | **Aircraft Type – manufacturer/model** | **Seat capacity** | **MTOW <10tonnes** | **MTOW >= 10tonnes** | |  |  | ☐ | ☐ | |  |  | ☐ | ☐ | |  |  | ☐ | ☐ | |  |  | ☐ | ☐ | |  |  | ☐ | ☐ | |  |  | ☐ | ☐ | | |

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| **Nature of air services operated or proposed (in particular type of air transport or aerial work services, scheduled vs. unscheduled, domestic vs. international)** |
| **Is air transport your principal activity, or will it be your principal activity if a license is granted?**  Yes ☐ No ☐  **If no, please give details on a separate sheet.** |

COMPANY INFORMATION

**PLEASE ATTACH A DULY FILLED IN COPY OF THE “COMPANY PARTICULARS FORM” (AS AVAILABLE FROM PACA)**

(The questions below on registration, shareholdings and directors apply only to applicants which are incorporated companies. Any other applicants, such as sole traders or partnerships, are requested to provide details of ownership and management on a separate sheet.)

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| Registered address |
| Date and place of incorporation |
| Company registration number |

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| **OTHER MATTERS AFFECTING CONTROL OF THE APPLICANT**  PACA is required to be satisfied before granting an Economic Operating Licence that the applicant is majority owned and effectively controlled by the Sultanate of Oman or nationals of the Sultanate of Oman. Are you aware of any information not included above which might affect the Authority's view of the ownership and control of the applicant in this context? If so, please give details on a separate sheet |

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| **APPLICATION AND DECLARATION**  I, the undersigned, hereby apply for the grant of an Operating Licence and I declare that, to the best of my knowledge and belief, the statements given in this application are true.  Signed  Name  Email address  Position in company  On behalf of  Date |