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|  | FormCAA-FM-ATD05June, 2025 |
| **APPLICATION FORM FOR TEMPORARY AIR SERVICE LICENCE** |
| Name of operator |  |
| Date ASL application submitted  |  |
|  |  |
|  |
| **1**. | Current ASL Number…………………… ASL validity period....…………………… AOC/ATO Number………………………… AOC/ATO Validity period…………………  |
| **2**. | Provide reasons for temporary ASL;  |
| **3.** | Provide justification with documentary evidence for the urgency of the temporary ASL (***Attach***) |
| **4.** | Indicate the level of your preparedness to undertake the operations |
| **5.** | Additional comments/Information by the applicant: |
|  | Name:……………………………………………………… Sign: ……………………………..Date: ……………………………………………………………… |

**Attached;**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Civil Aviation Authority**