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|  | | | Form  CAA-FM-ATD05  June, 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;**

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**Civil Aviation Authority**