### **New Air Service Licence Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***APPLICATION FOR NEW AIR SERVICE LICENCE*** | | | | | | | | | | | | | | | | | | | |
| *KCAA/ATD/FM/04A* | | | | | | | | | | | | | | | | | | | |
| *The form should be accompanied with an application fee of* ***USD 1500*** *only* | | | | | | | | | | | | | | | | | | | |
| **1** | **Name of Applicant** | | | | |  | | | | | | | | | | | | | |
|  | **State of Applicant Registration/Incorporation** | | | | |  | | | | | | | | | | | | | |
| **2** | **Physical Address** | | | | |  | | | | | | | | | | | | | |
|  | **Correspondence Address** | | | | | **Postal Address** | | | | | |  | | | | | | | |
| **Telephone** | | | | | |  | | | | | | | |
| **Email** | | | | | |  | | | | | | | |
| **3** | **Shareholder(s):**  *(Provide an attachment in the format below for each company/shareholder as appropriate)* | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Citizenship** | | | | | | | | | | | **Shares** | | |
|  | | | | |  | | | | | | | | | | |  | | |
|  | | | | |  | | | | | | | | | | |  | | |
| **Authorized Share Capital** | | | | **Total number of shares** | | | | | | | **Shares issued** | | | | | | | **Value of each share** |
|  | | | |  | | | | | | |  | | | | | | |  |
| **4** | **Type of air service (s) applied for (refer to attached appendix)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **a) SCHEDULED AIR SERVICE** | | | | | | | | | | | | | | | | | | |
| Tick type of air service | | | | | | | | | | | | | | | | | | |
| [A1]  □ Pax □ Cargo □ Mail | | | | | | | | [A2]  □ Pax □ Cargo □ Mail | | | | | | | | | | |
| Operation base(s) | | | | |  | | | | | | | | | | | | | |
| **i) Routes:** *(Provide an attachment in the format below)* | | | | | | | | | | | | | | | | | | |
| Origin | | | Destination (& vice versa) | | | | | | | Flights per week | | | | | | | Effective Date | |
|  | | |  | | | | | | |  | | | | | | |  | |
| **ii) Aircraft:** (*Provide an attachment in the format below)* | | | | | | | | | | | | | | | | | | |
| Aircraft type | | Aircraft registration | | | Owned/Dry Leased | | | | | Passenger capacity | | | | Cargo capacity | | | Type of Air Service | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
| **b) INCLUSIVE TOUR CHARTERS / INTERNATIONAL NON SCHEDULED AIR SERVICE (FOREIGN OPERATORS)** | | | | | | | | | | | | | | | | | | |
| Tick type of air service | | | | | | | | | | | | | | | | | | |
| [B1]  □ Pax □ Cargo □ Mail | | | | | | [B2]  □ Pax □ Cargo □ Mail | | | | | | [B3]  □ Pax □ Cargo □ Mail | | | | | | |
| Operation base(s) | | | | | |  | | | | | |  | | | | | | |
| **i) Routes:** *(Provide an attachment in the format below)* | | | | | | | | | | | | | | | | | | |
| Origin | | | | | Destination (& vice versa) | | | | | Flights per week | | | | | | | Effective Date | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
| **ii) Aircraft:** (*Provide an attachment in the format below)* | | | | | | | | | | | | | | | | | | |
| Aircraft type | | Aircraft registration | | | Owned/Leased | | | | | Passenger capacity | | | | Cargo capacity | | | Type of Air Service | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
| **c) OTHER AIR SERVICES** (Non-Scheduled, Aerial Work, Flying Instructions) | | | | | | | | | | | | | | | | | | |
| **Tick type of air service and indicate geographical area** | | | | | | | | | | | | | | | | | | |
| **Service** | | **Geographical areas** | **Service** | | | | | **Geographical areas** | **Service** | | **Geographical areas** | | | | **Service** | | **Geographical areas** | |
| [B1]  □Pax □Cargo□ Mail | |  | [B2]  □Pax □Cargo□ Mail | | | | |  | [B3]  □Pax □Cargo□ Mail | |  | | | | [B4]  □Pax □Cargo  □ Mail | |  | |
| [B5]  □Pax □Cargo  □ Mail | |  | [B6]  □Pax □Cargo□ Mail | | | | |  | [C1] | |  | | | | [C2] | |  | |
| [C3] | |  | [C4] | | | | |  | [C5] | |  | | | | [C6] | |  | |
| [C7] | |  | [C8] | | | | |  | [C9] | |  | | | | [D1] | |  | |
|  | |  |  | | | | |  |  | |  | | | |  | |  | |
| Operation base(s) | |  | | | | | | | | | | | | | | | | |
| **e) Aircraft:** *(Provide an attachment in the format below)* | | | | | | | | | | | | | | | | | | |
| Aircraft type | | Aircraft registration | | | Owned/Leased | | | | | Passenger capacity | | | | Cargo capacity | | | Effective Date | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
|  | |  | | |  | | | | |  | | | |  | | |  | |
| **5.** | **Number of personnel employed and nationality** | | | | | | | | | | | | | | | | | | |
|  | **Staff** | | | | | | | **Kenyans** | | | | | | **Non Kenyans** | | | | | |
| **Flight Crew** | | | | | | |  | | | | | |  | | | | | |
| **Cabin Crew** | | | | | | |  | | | | | |  | | | | | |
| **Flight Engineers** | | | | | | |  | | | | | |  | | | | | |
| **Ground Engineers** | | | | | | |  | | | | | |  | | | | | |
| **Others** | | | | | | |  | | | | | |  | | | | | |
| I, the undersigned, hereby apply for the grant of an Air Service Licence and I declare that, to the best of my knowledge, the statements given in this application are true and that the particulars entered on this application are accurate.  I understand that the Licensing Authority may require additional information that may be considered necessary for determining this application and may refuse to proceed with this application if the information is not provided to its satisfaction. | | | | | | | | | | | | | | | | | | | |
| Name of Authorised representative: | |  | | | | | | | | Position in company: | | |  | | | | | | |
| Signature | |  | | | | | | | | Email: | | |  | | | | | | |
| Date: | |  | | | | | | | | Company stamp/seal: | | |  | | | | | | |

**Appendix:**

|  |  |
| --- | --- |
| **Geographical area** | |
| G1 | Kenya |
| G2 | East African Community |
| G3 | Africa |
| G4 | Rest of the world |
|  |  |
| **Type of service** | |
| A1 | International scheduled air service for passengers or cargo or mail or a combination thereof |
| A2 | Domestic scheduled air service for passengers or cargo or mail or a combination thereof |
| B1 | International non-scheduled air service for passengers, or cargo or mail or combination thereof |
| B2 | International non-scheduled air service for emergency medical service |
| B3 | International non-scheduled air service for self-fly hire |
| B4 | Domestic non-scheduled air service for passengers, or cargo or mail or combination thereof |
| B5 | Domestic non-scheduled air service for emergency medical service |
| B6 | Domestic non-scheduled air service for self-fly hire |
| C1 | Aerial work service for advertising operations |
| C2 | Aerial work service for aerial patrol/observation/surveys |
| C3 | Aerial work service for aerial photography/sightseeing |
| C4 | Aerial work service for agricultural spraying/seeding/dusting |
| C5 | Aerial work service for cloud spraying |
| C6 | Aerial work service for fire spotting/control/fighting |
| C7 | Aerial work service for game and livestock selection/culling/counting/herding |
| C8 | Aerial work service for parachute jumping/tag operation |
| C9 | Aerial work service for acrobatic operation |
| D1 | Flying instructions |
| **Documents to be attached by local applicants** | |
| 1 | Certified true copy of most recent company registration form 12 (CR12) |
| 2 | Certified true copy of certificate of incorporation; |
| 3 | Certified true copy or copies of the applicant’s certificate(s) of registration for aircraft owned and intended for the operation and/or a duly executed dry lease agreement; |
| 4 | Certified true copy of the insurance policy or insurance arrangements in place where applicable; |
| 5 | A business plan for a period of two years in the format prescribed in the 5th Schedule of the Licensing of Air Service regulations |
| 6 | Certified true copy of national identity card or passport and two passport size photographs in respect of each of the directors of the company; |
| 7 | Documentary evidence of existing and projected sources of funds |
| 8 | Any other document in support of the application for the air service |

|  |  |
| --- | --- |
| **Documents to be attached by foreign applicants** | |
| 1 | A copy of Air Operator Certificate (AOC) and Operations Specifications (OpSpecs) issued by the State of the applicant; |
| 2 | Certified true copy of audited financial accounts for twelve months preceding the application; |
| 3 | Certified true copy of the insurance policy; |
| 4 | A copy or copies of certificate(s) of registration of aircraft; |
| 5 | A copy of the charter agreement for Inclusive Tour Charter applicants; |
| 6 | Any other document in support of the application for the air service. |

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

**Civil Aviation Authority**