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| **APPLICATION FORM FOR**  **TEMPORARY AIR SERVICE LICENCE** | | | |
| *KCAA/ATD/FM/05* | | | |
| Name of operator | | |  |
| Date ASL application submitted | | |  |
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| **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: ………………………………………………………… | | |