



GUYANA CIVIL AVIATION AUTHORITY

APPLICATION FOR LICENCE TO OPERATE SCHEDULED AIR SERVICES

1. Name of Applicant:	
2. Address of Applicant:	
3. Registered office in Guyana: If different from 2 above	
4. State whether the applicant is an individual, partnership firm or corporate body, public or private, with or without limited liability.	
5. If a company, state the following: a) the nominal and issued capital b) the names, addresses and nationalities of all directors c) the name of any other company holding shares in the applicant's business d) the name of any subsidiary company of the applicant	
6. If a partnership firm, state the names, addresses and nationalities of all partners.	
7. Provide details of any financial interest which the applicant has in any other undertaking providing passenger transport facilities or controlling the business of any person who provides such facilities.	
8. Provide details of any financial interest which any other person providing passenger transport facilities or controlling the business of any person who provides such facilities, has in the business of the applicant.	
9. Is the service to carry passengers and/or mail and/or cargo?	
10. Details of route (s) it is intended to service: a) Point of Departure b) Point of final destination c) Intermediate stops for traffic purpose	

11. Times or frequency of the services	
12. Number and type of aircraft proposed to be used and passenger seating accommodation.	
13. Date on which it is proposed to commence the service.	
14. Period for which the license is desired.	
15. Other services operated by the applicant at the time of the application or immediately prior to that time.	
16. Particulars of working arrangements with other companies.	
17. Maximum fares to be charged to passengers in respect of any journey or portion of a journey for which separate fares are charged.	
18. Is the carrier a member of IATA?	

19. YOU MUST ALSO ATTACH COPIES OF:

- a) License issued to the carrier by Government at place of incorporation.
- b) Copies of auditor's certified balance sheet and Profit and Loss statement for the last financial year.
- c) Insurance coverage.
- d) AOC and operations specifications issued to carrier.

DATE: _____

SIGNED BY: _____

DESIGNATION: _____

NOTE: If space provided is not adequate, attach information as appendices.