



GOVERNMENT OF BERMUDA
Ministry of Transport
Department of Civil Aviation

APPLICANT (if body corporate, give particulars and title)

NATIONALITY _____

REGISTERED BUSINESS ADDRESS _____

Telephone _____ Fax _____ Email _____

PARTICULARS OF FLIGHT DATES AND TIMES (UTC)

From _____ To _____

Date/Time _____ Date/Time _____

From _____ To _____

Date/Time _____ Date/Time _____

From _____ To _____

Date/Time _____ Date/Time _____

From _____ To _____

Date/Time _____ Date/Time _____

DETAILS OF AIRCRAFT

Aircraft Type _____ Registration _____
Crew _____ Passengers _____
Cargo details _____
Date of first issue of initial individual C of A _____
Type of Flight Data Recorder (FDR) installed _____
Number and type of long-range communications installed HF Radios _____ SATCOM _____
Airborne Collision Avoidance System (ACAS) Mark _____ Version _____

DOCUMENTS REQUIRED FOR PERMISSION TO OPERATE NON-SCHEDULED PASSENGER AND/OR CARGO SERVICES TO OR FROM BERMUDA

Certificate of Competency, Operating Licence,
Air Operator's Certificate or Air Carrier Certificate []

Operations Specifications and/or State of Registry Approval to
operate in Required Navigation Performance and RVSM Airspace []

Certificate of Insurance which covers liability insurance for
passengers and third party risks in respect of the aircraft to be used []

Certificate of Registration issued by the Aeronautical Authority of the
State of Registry in respect of all aircraft to be operated []

Certificate of Airworthiness issued by the Aeronautical Authority of the
State of Registry in respect of all aircraft to be operated []

Certificate of Public convenience and Necessity
issued by the U S Department of Transportation (for U S airlines only) []

Statement from the Flight Operations Department that the Operator is
aware and understands the requirements of OTAR 91 and Article 76
of the Air Navigation (Overseas Territories) Order 2007, or Order
currently in effect, regarding Aerodrome Operating Minima []

Statement that there are no dangerous goods, weapons or munitions
of war being carried on the flight []

Statement that flight Crew have attained ICAO level 4 or higher in
English language competency []

All passengers must have round trip tickets and possess current passports.

USE OF LEASED AIRCRAFT FOR CHARTERS ORIGINATING IN BERMUDA:

When it is proposed to lease aircraft for charters originating in Bermuda, the following information shall be provided:

- (i) Contact details (name, address, phone, fax, email) of the lessor.
- (ii) Copy of lease agreement.
- (iii) Verification of the operations and flight manuals to be used to determine, for legal purposes, the 'operator' of the aircraft.

Please note that the Department of Civil Aviation must receive confirmation that the Operator has been paid in full for the round-trip flight.

BERMUDA HANDLING AGENT: Aircraft Services Bermuda
Attention: Mr Eugene Ball
Phone: 441-293-1333
Email: geneball@digicel.blackberry.com

SLOT TIME APPROVAL: Department of Airport Operations
L F Wade International Airport
Bermuda
Attention: Anotinette Foggo
Phone: 441-293-2470
Fax: 441-293-4505
Email: ayfoggo@gov.bm

This form is to be completed in full and returned to the Operations Department of the Bermuda Department of Civil Aviation no later than one week prior to the commencement of the flight.

Operations:
Mr C Pearce cpearce@gov.bm or Mrs J Siggins jsiggins@gov.bm or by fax 441-293-2417.

I/We, being the Operator, declare the above particulars to be a true statement of fact and, if granted a permit, undertake to carry out any of the provisions or conditions of the permit for the flight which this approval is given.

Any changes to the particulars as noted will be advised to the Department of Civil Aviation and the relevant agencies without delay.

Name: _____ Position: _____

Signature: _____ Date: _____