

APPLICATION FOR PERMISSION FOR THE TRANSPORT OF DANGEROUS GOODS BY AIR



PLEASE TYPE OR PRINT IN BLACK INK

A. APPLICATION INFORMATION:

1. INITIAL RENEWAL

2. FULL LEGAL NAME OF OPERATOR:

3. OPERATING/TRADING NAME (IF DIFFERENT):

4. NAME, ADDRESS & CONTACT NUMBERS OF PERSON IN BERMUDA WITH RESPONSIBILITY FOR TRANSPORT OF DANGEROUS GOODS BY AIR:

NAME:		
ADDRESS:		CITY:
STATE/PROV/PARISH:	ZIP/POSTAL CODE:	COUNTRY:
PHONE:	FAX:	EMAIL:

B. ACCEPTANCE PROCEDURES:

5. DOES THE OPERATOR CONDUCT ITS OWN ACCEPTANCE CHECKS: YES NO

6. IF NO, GIVE NAME, ADDRESS & CONTACT NUMBERS OF ACCEPTANCE AGENT

NAME:		
ADDRESS:		CITY:
STATE/PROV/PARISH:	ZIP/POSTAL CODE:	COUNTRY:
PHONE:	FAX:	EMAIL:

7. DOES THE OPERATOR CONDUCT ANY ACCEPTANCE CHECKS FOR ANY OTHER OPERATOR:

YES NO

8. IF YES, GIVE NAMES OF OPERATORS:

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.....

C. LOADING

9. ARE THE AIRCRAFT LOADED IN BERMUDA BY THE STAFF OF THE OPERATOR:

YES NO

10. IF NO, SPECIFY LOADING AGENTS OR STATE "AS IN QUESTION 6":

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D. PROVISION OF INFORMATION:

11. IS WRITTEN INFORMATION PROVIDED TO THE PILOT IN COMMAND IN BERMUDA BY THE OPERATOR:

YES NO

12. IF NO, SPECIFY WHO PROVIDES THIS INFORMATION OR STATE "AS IN QUESTION 6":

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E. TRAINING

13. DOES THE OPERATOR EMPLOY ANY PASSENGER OR CARGO HANDLING STAFF BASED IN BERMUDA:

PASSENGER YES NO
 CARGO YES NO

14. IF YOU ANSWERED NO TO ANY PART OF QUESTION 13 PROVIDE DETAILS OF ORGANIZATION(S) THAT HANDLES PASSENGERS AND/OR CARGO ON BEHALF OF THE OPERATOR AND GO TO QUESTION 18. IF YOU ANSWERED NO TO BOTH PARTS OF QUESTION 13, ANSWER THIS QUESTION AND PROCEED TO SECTION F.

STAFF CATEGORY	NAME OF ORGANIZATION
CARGO HANDLING	
PASSENGER HANDLING	

15. DOES THE OPERATOR CONDUCT ITS OWN DANGEROUS GOODS TRAINING FOR STAFF EMPLOYED BY THE OPERATOR?

YES NO

16. IF NO, PROVIDE NAME OF ORGANIZATION THAT CONDUCTS THE DANGEROUS GOODS TRAINING ON BEHALF OF THE OPERATOR.

STAFF CATEGORY	NAME OF ORGANIZATION
CARGO HANDLING	
PASSENGER HANDLING	

17. ARE THE DANGEROUS GOODS TRAINING PROGRAM(S) FOR STAFF EMPLOYED BY THE OPERATOR IN BERMUDA APPROVED BY THE NATIONAL AUTHORITY OF THE STATE OF THE OPERATOR. (i.e. the state that issued the operating certificate). IF YES, ENCLOSE COPIES OF CERTIFICATES.

YES NO

18. ARE THE DANGEROUS GOODS TRAINING PROGRAM(S) OF THE BERMUDA HANDLING AGENT APPROVED BY THE NATIONAL AUTHORITY OF THE STATE OF THE OPERATOR. IF YES, ENCLOSE COPIES.

YES NO

19. NAME, ADDRESS AND CONTACT NUMBERS OF PERSON WITHIN THE OPERATOR WITH RESPONSIBILITY FOR THE TRAINING OF BERMUDA BASED STAFF:

NAME:		
ADDRESS:		CITY:
STATE/PROV/PARISH:	ZIP/POSTAL CODE:	COUNTRY:
PHONE:	FAX:	EMAIL:

F. NATIONAL APPROVAL

20. DOES THE OPERATOR HOLD AN APPROVAL, PERMISSION, AUTHORIZATION OR SIMILAR CERTIFICATE FROM THE AVIATION AUTHORITY OF THE STATE OF THE OPERATOR, PERMITTING THE TRANSPORT OF DANGEROUS GOODS BY AIR:

YES NO

NOTE: IF YES, AND APPLICATION IS FOR AN INITIAL PERMISSION, ENCLOSE A COPY OF THE APPROPRIATE DOCUMENT. IF APPLICATION IS FOR A RENEWAL, A COPY OF THE DOCUMENT IS NOT NECESSARY PROVIDED THE AUTHORIZATION FORWARDED ON INITIAL APPLICATION REMAINS VALID.

G. DECLARATION AND SIGNATURE

21. THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME: POSITION:
 DATE: D M Y SIGNATURE:

NOTES FOR COMPLETION OF FORM DG25

1. *This form is for operators of aircraft **not** registered in Bermuda that are operating aircraft into Bermuda International Airport. Operators of Bermuda registered aircraft requesting permission to carry dangerous goods into or out of Bermuda should complete DCA Form DG26.*
2. *This form should be completed in black ink and returned to:*
Department of Civil Aviation
Dangerous Goods
Bermuda International Airport
3 Cahow Way
St. George's GE CX
Bermuda
3. *Failure to complete this form in full may result in a delay in processing the application.*
4. *The issuing of this form does not in itself constitute permission to carry dangerous goods.*
5. *Throughout this application form, the term "operator" refers specifically to the name given in box 2.*
6. *If insufficient space is available to answer questions, continue below or on a separate sheet of paper.*