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| **Application form** |
| **Third country air operator** |
| **Non-scheduled** |
| **Charter series operation** |
| **Ireland** |

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| **Initial details** |



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| Air operator | |
| Name | Enter formal name of air operator |
| ICAO designator code | Enter air operator ICAO designator code |
| Nationality | Enter air operators state of registration |
| Address of principal place of business | Enter address |

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| EASA TCO authorisation number | Enter TCO number |  | Air Operator Certificate (AOC) number | Enter AOC number |

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| Contact details must be provided below to facilitate direct communication with the Department to process this application without undue delay |

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| Applicant contact details | |
| Full name | Enter first (given) name followed by last (family) name |
| Job title | Enter formal title of position within air operator/organisation |
| Direct contact number | Enter either direct line or mobile number |
| Direct email address | Enter email address |
| Name and/or address of organisation, if different from the air operator above | Enter name of organisation/air operator and address if different from those supplied above |

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| Tick the box to the right to declare your consent for the Department to use the above personal data in processing this application |  |  |

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| If the above consent is not provided, the Department will be unable to proceed with processing this application and will delete it to protect the above personal data |

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| **Insurance details** |

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| Insurer | | |
| Name(s) | Enter formal name of insurer(s) and include syndicate number if appropriate | |
| Policy number(s) | Enter policy number(s) | |
| Validity period | Date from (DD/MM/YYYY) | Date to (DD/MM/YYYY) |

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| Tick the box to the right to declare that the aircraft that will operate flights in accordance with this application are covered by the air operators above insurance |  |  |
| Tick the box to the right if the above insurance will extend to cover any aircraft added by the air operator within the given validity period |  |  |
| Tick the box to the right to confirm that copies of all relevant insurance certificates and policy documents are attached with this application |  |  |
| Tick the box to the right to declare that the above insurance, including liabilities cover and insured risks, is in full compliance with Regulation (EC) 785/2004 |  |  |

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| **Aircraft details** |

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| Tick the box to the right to declare that the aircraft that will operate flights in accordance with this application are registered with the air operators EASA TCO authorisation |  |  |

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| Please attach a supplementary form with details of any leased aircraft to be used to operate flights in accordance with this application, including but not limited to registration numbers, aircraft types, types of lease, the identity of the lessors, the lessor’s states of registry, and applicable additional insurance certificates |

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| **Commercial air transport operation** *(please provide the charter series details in a separate supplementary form)* |

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| Tick the box to the right to declare that flights operated in accordance with this application will only overfly and/or stop for non-traffic purposes in Ireland |  |  |

**OR**

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| Tick the box to the right to declare that flights operated in accordance with this application to/from Ireland are part of a package holiday or linked travel arrangement |  |  |
| Tick the box to the right if the capacity on flights operated in accordance with this application will only be made available to those availing of the abovementioned package holiday or linked travel arrangement |  |  |

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| Please attach evidence of the third country air operators involvement in the abovementioned package holiday or linked travel arrangement, such as the associated contract and/or agreement |

**OR**

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| Tick the box to the right to declare that flights operated in accordance with this application to/from Ireland are to provide only an air transport service in response to a specific singular event or activity |  |  |
| Tick the box to the right if the capacity on flights operated in accordance with this application will only be made available to those connected with the abovementioned singular event or activity |  |  |

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| Please detail the abovementioned singular event or activity | Enter details on event/activity and its location |

**AND**

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| **Tick the box to the right if there is an intention to open available capacity, on flights operated in accordance with this application to/from Ireland, for sale to the public** |  |  |