**Application form**

**Air traffic rights for third country air operators**

**Non-scheduled (incl. charter) flights**

**Ireland**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application** | Select an option |  | **Reference number** | Enter reference number |

1. **Initial details** (leave this section blank, if amending an already granted authorisation)

|  |  |
| --- | --- |
| **Air operator** | |
| **Name** | Enter formal name of air operator |
| **Nationality** | Enter country air operator is registered in |
| **Address of registered place of business** | Enter address |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Third Country Operator (TCO) number** | Enter TCO number |  | **Air Operator Certificate (AOC) number** | Enter AOC number |

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

|  |  |
| --- | --- |
| **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 |

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

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

1. **Required documentation** (do not provide passenger or aircrew personal data with this application)

|  |
| --- |
| Please attach, with this application, a copy of the:   * **aircraft noise certificate**; and * a valid copy of **certificate(s) of insurance**, clearly stating compliance with Regulation (EC) 785/2004. |

1. **Aircraft and flight details**

|  |  |
| --- | --- |
| **Primary purpose of flight** | Select an option |
| **If “Other”, please specify** | Enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| **Aircraft** | | | |
| **Type** | **Registration number** | **Maximum takeoff weight** | **Passenger seating capacity** |
| Enter make and model | Enter number | Enter weight in kg | Enter number |

|  |  |  |
| --- | --- | --- |
| **If the aircraft detailed above is leased** | | |
| **Type of lease** | **Identity of lessor** | **Lessor state of registry** |
| Select an option | Enter text | Enter text |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departure details** | | | **Arrival details** | | | **Number of passengers, cargo or other details** |
| **Airport** | **Date and UTC (Zulu) time** | | **Airport** | **Date and UTC (Zulu) time** | |
| ICAO code | Select a date | 24hr time | ICAO code | Select a date | 24hr time | Enter text |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Description of commercial cargo carried (if applicable)** | Enter text |

|  |  |  |
| --- | --- | --- |
| Tick the box to the right if these flights are chartered as part of a package holiday or linked travel arrangement |  |  |
| Tick the box to the right if munitions of war (incl. parts and ammunition), other weapons (incl. parts and ammunition), hazardous goods or dangerous goods will be carried on these flights |  |  |

**When complete, please submit this application form, any associated documents and other supplementary material to:** [**civilair@transport.gov.ie**](mailto:civilair@transport.gov.ie)**. Queries may also be directed here too.**