

Note: this form represents a formal and legal application to an Economical Authority. Make sure that the information is accurate and truthful. Indicate if the information is different from your initial application of intent in form INS-8.004.

SECTION - I		
Type of Application:	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
A. DETAILS OF COMPANY:		
1. BUSINESS	Names	<i>Tick if different from application intent</i> <input checked="" type="checkbox"/>
a. Company Legal Name:		<input type="checkbox"/>
b. DBA (Doing Business As):		<input type="checkbox"/>
2. LOCATIONS (ADDRESS AND TELEPHONE NUMBERS)	Address	Phone Number(s)
a. Business Office		
b. Operations Base		
c. Maintenance Base		
3. KEY MANAGEMENT PERSONNEL	E-mail address	Phone Number(s)
a. President/CEO		
b. Operations Coordinator		
c. Airworthiness Coordinator		
d. Quality Coordinator		

B. DETAILS OF INTENDED AIRCRAFT OPERATION

1. PROPOSED TYPE OF OPERATION *(SELECT ALL THAT APPLY)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Scheduled | <input type="checkbox"/> Non-scheduled | <input type="checkbox"/> Flying School |
| <input type="checkbox"/> Passengers only | <input type="checkbox"/> Cargo & Mail | <input type="checkbox"/> Roundtrips |
| <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotorcraft | <input type="checkbox"/> Banner Towing |
| <input type="checkbox"/> Large Aircraft | <input type="checkbox"/> Small Aircraft | <input type="checkbox"/> Corporate/Business |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Other: | |

2. PROPOSED GEOGRAPHICAL AREA OF INTENDED OPERATIONS

- | | |
|---|---|
| <input type="checkbox"/> North American Region | <input type="checkbox"/> Caribbean Region |
| <input type="checkbox"/> South American Region | <input type="checkbox"/> Middle American Region |
| <input type="checkbox"/> European Region | <input type="checkbox"/> Russian Region |
| <input type="checkbox"/> South-East Asia Region | <input type="checkbox"/> Middle East Region |
| <input type="checkbox"/> All ICAO Air Navigation regions Latitudes of 80° North and 60° South | |
| <input type="checkbox"/> Local Flights Only | <input type="checkbox"/> Other: |

3. AIRCRAFT TYPE INFORMATION

Aircraft Type(s)	Amount of A/C	Make-Model-Series	Main base of A/C
Aircraft Ownership:	<input type="checkbox"/> Owned <input type="checkbox"/> Dry Leased		

C. DOCUMENTATION *(Attach the documents to this form when submitted, select below to confirm submission)*

1. DEED OF INCORPORATION
2. ARUBA CHAMBER OF COMMERCE REGISTRATION (KVK)
3. SHAREHOLDER REGISTER
4. BUSINESS LICENSE (OR RECEIPT)
5. STATEMENT OF NATIONALITY OF BENEFICIAL OWNERS
6. FINANCIAL PROJECTION FOR MINIMUM 2 YEARS
7. BUSINESS PLAN COVERING AT LEAST 2 YEARS OF OPERATION
8. BANK CREDIT REFERENCE LETTER
9. SCHEDULED SERVICES TIMETABLE (IF SCHEDULED)
10. POAS
11. CV OF PRESIDENT

D. MISCELENAOUS		
1. INTENDED COMMERCIAL OPERATION STARTUP DATE:		
2. OTHER PERTINENT INFORMATION (Specify if specific approvals are required, e.g. RVSM, ETOPS/EDTO, AWOPS, MNPS(NATHLA), ETC)		
3. REQUESTED THREE LETTER COMPANY IDENTIFIER:		
E. SIGNATURE		
<p><i>Signature of this document denotes an official application for the Economical Authority as per article 3 of "Regeling Luchtvervoer"(AB2000 no.86);</i></p> <p><i>This Application shall be submitted together with the Business-plan and compliance statement covering items in "Beleidsregel Exploitatie Vergunning en AOC"; Bijlage D</i></p>		
1. NAME AND TITLE	2. SIGNATURE	3. DATE (DD/MMM/YY)

SECTION – II (To be completed by the DCA)			
Received by:		Date:	
Remarks:			
Accepted <input type="checkbox"/> – Refused <input type="checkbox"/>	Signature:	Date:	
Date response returned to Operator & ref no.:		Date:	
Provisional approval from Minister T&T:		Date:	
Economical Authority (Vliegvergunning) no.:		Date:	
Assigned Inspectors:			
a. Name & Title:		Date:	
b. Name & Title:		Date:	
c. Name & Title:		Date:	
d. Name & Title:		Date:	