DISTA DE AVIACIÓN CIVILI Intrivica Insurenzas

## PRESIDENCE OF THE DOMINCAN REPUBLIC CIVIL

PLINTA DE AVIACIÓN CIVIL BEFÚNICA DIMENGANA		AVIAT	ION BOARD		1-30A-02 V 6.0
APLIC	ATIO	N FORM FOR NOM	- SCHEDULED	FLIGHTS (ENGL	ISH)
DATE OF APLICATION:			TIME:	REFERENCE NBR	:
	I	NFORMATION ABOU	T THE HANDLIN	NG AGENT	
HANDLING AGENT /			CONTACT PERSO	ON:	
REPRESENTATIVE:					
TELEPHONE:	EMA	IL ADDRESS:			
		INFORMATION	<b>ABOUT FLIGHT</b>	· (S)	
AIR OPERATOR:				NATIONALITY O	F TH OPERATOR:
NUMBERS OF FLIGHTS:	PURF	OSE OF THE FLIGHTS	<b>PASSENGERS</b>	<b>○CARGO</b>	COMBINED
ITIN	IERAR	Y OF THE FLIGHTS AN	ND DATES INTER	NTED FOR FLIGH	TS
	2024	(c) AND DECICED (1)			op a == (a)
TYPE OF AI	RCRAI	FT (S) AND REGISRTY (I	CAO DOC.8643) <i>F</i>	AND ALIERNE AIR	CRAFI (S)
SIGN OF APPLICANT:			SEAL STAND OF T	HE HANDLING AGE	NT.
SIGN OF AFFEICANT.			SLAL STAIVIF OF T	TIL HANDLING AGE	
	7	TO BE COMPLETED BY T	HE CIVIL AVIATION	ON BOARD	
AOC		CERT. OF AIRWORTH	INESS		■ NO OBJECTION
OPS-SPECS		CERT. OF REGISTRY			
CERT. OF LIABILITY INSURACE		LETTER OF ENDORSM			OBJECTION
CONTRACT OF LEASING AGRE	EMENT				
ADDITION OF	AIDC		MODIFICATION	<u> </u>	105 05 ITM5D 4 DV
ADDITION OF					IGE OF ITINERARY
CHANGE OF	AIRCE		RVATIONS	<u> Сн</u>	ANGE OF DATE
		O D O L I			
			T		
••••	10.00			. = -	
SIGN OF THE	NSPEC	CIOR	D/	ATE	TIME
Note 1: All the applications must be submitted to: solicituddevuelos@jac.gob.do, or to our alternative email address:					
solicitudescharter@gmail.com. Fo					
689-4167 ext. 247 or (809)686-530	-				,
Note 2: All No Regular Flight or Ch	arter F	lights must comply with	Articles 15 and 16	of the Executive O	rder Nbr. 232-14. The Civil

Aviation Board reserves the right to request any document considered necessary in order to complete the Application.

Note 3: The approval of the traffic rights contained in the authorizations for charter flights will be subject to what is specified in the commercial airline policy as well as the Agreements and Memorandum of Understanding of air services in force.

	Page 2	
	USE THIS PAGE, IF NECESSARY	
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