

APPLICATION FOR CERTIFICATE OF APPROVAL FOR OPERATOR/GHA FOR THE TRANSPORTATION OF DANGEROUS GOODS

Notes: Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in **BLOCK CAPITALS** using black or dark blue ink. Submit the application form along with the requirements stipulated in Kuwait Civil Aviation Safety Regulations KCASR 18.

1. APPLYING FOR: (Tick the appropriate box)

Type of Application:	<input type="checkbox"/> Initial Certificate	<input type="checkbox"/> Renewal	<input type="checkbox"/> Amendment
	<input type="checkbox"/> Additional Stations (attach list of stations)		<input type="checkbox"/> Change location
	<input type="checkbox"/> If Others Specify:		

2. OPERATOR / GHA DETAILS

(To be completed by the Operator Applicant)

Name of the Operator / GHA:

Approval Reference (If any)..... Date of Application:.....

Postal / Registered Business Address:

..... Country: Postcode:.....

Email :

Telephone Numbers: Mobile:

(incl. area code) Office:

Fax No.:

3. APPLICANT UNDERTAKING:

We undertake the following:

1. To train and maintain competency of personnel handling Dangerous Goods in accordance with Dangerous Goods provisions.
2. To ensure that the goods will be packed, marked, labelled and handled in accordance with ICAO Annex 18: Safe Transport of Dangerous Goods by Air, and the requirements of the ICAO Technical Instructions Doc. 9284-AN/905 or IATA Dangerous Goods Regulations.
3. To ensure that required dangerous goods procedures, including reporting of accidents/incidents, are complied with in accordance with Kuwait Civil Aviation Safety Regulations KCASR 18

**Authorized Signature &
Stamp of Applicant:**

Date:

 <p>الطيران المدني Civil Aviation الدارة العامة للطيران المدني - دولة الكويت Directorate General of Civil Aviation - State of Kuwait</p>	<p>State of Kuwait</p>  <p>دولة الكويت</p>	 <p>ASD Aviation Safety إدارة سلامة الطيران Department</p>
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4. DELIVERY & PAYMENT INSTRUCTIONS:

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:
Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.
 Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: safety@dgca.gov.kw
Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
Name of Bank	CENTRAL BANK OF KUWAIT
Branch	KUWAIT
Account Name	DIRECTORATE GENERAL OF CIVIL AVIATION
Account Number	11023041
IBAN Number	KW 17 CB KU 0000000000000011023041
Bank Code/ Sort Code/ Swift Code	CBKUKWKW
Currency of Payment	KWD

DGCA USE ONLY

Remarks (If any):

The above application is hereby Accepted Rejected on condition that the provisions of ICAO Technical Instructions or IATA DG Regulations and Kuwait Civil Aviation Safety Regulations KCASR 18 are complied with.

Head of the Division
Signature & Stamp:

Date:

Aviation Safety Director
Signature & Stamp:

Date: