

APPLICATION FOR GRANT OR RENEWAL OF PARACHUTE PERMISSION OR SPECIAL PARACHUTE PERMISSION

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.
KCASR 23 requires that an individual has all of their licences administered by the Kuwait DGCA.

0. APPLICATION FOR PARACHUTE PERMISSION (Complete Separate Application (s) if more than one type)

0.1 Parachute Training Organisation (PTO) Initial Renewal

Name of PTO:

DGCA reference (if known):

PTO Controlled Airspace Exemption (If applicable) Initial Renewal requested

PTO Oxygen Exemption (If applicable) Initial Renewal requested

0.2 Parachute Display Team (If applicable) Initial Renewal

Name of Parachute Display Team:

DGCA reference (if known):

0.3 Special Parachute Permission Application only

Name of Parachutist(s):

Name of Event and Location:

Additional supporting information required for a special parachute permission:

Copy of method statement, operations manual and SOP

Copy of Risk Assessment for proposed activity Details of aircraft to be used

Details of any other considerations (airspace, etc)

1. APPLICANT TYPE (Complete the applicable section)

Individual	Complete Section 2a
Partnership	Complete Section 2a
Private Clubs	Complete Section 2b (unless a Limited Liability Partnership or Limited Company)

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of DGCA charges)

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named

a) Individual (including sole traders and partnerships)

Title:..... Name of the Applicant:.....

Permanent / Postal Address:.....

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

Email :

Trading Name (If applicable) :

Website Address :

Telephone Numbers: Mobile:.....

(incl. area code) Office: Fax No.:

In the case of a partnership, please complete details of all partners. Continue on a separate sheet

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

b) A Company

Registered Company Name (in full):.....

Registered Company Number:.....

Country of Company Registration:.....

Registered Office Address:.....

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

Telephone Numbers: Mobile:.....

(incl. area code) Office: Fax No.:

Email :

Trading Name (If applicable) :

Trading Address (Primary Site) :

Country: Postcode:.....

Website Address :

Authorized Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: Full name:

Position in Company:

Telephone: E-mail:

If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

3. KEY PERSONNEL

Position	Name	License	Qualifications/Ratings
Accountable Manager			
Chief Instructor (PTO only)			
Team Leader (Display Team only)			
Chief Pilot (PTO only)			
Rigger/Equipment member			
Others: (state post held)			

4. DROP ZONE (S)

No.	Location	Notified in AIP (if applicable)
1.		
2.		
3.		

5. STAFFING (PROVIDE SUMMARY OF PILOTS, INSTRUCTORS, ETC)

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6. AIRCRAFT IN USE / INTENDED TO BE USED (IF APPLICABLE)

No.	Aircraft Type	Reg.	C of A	CAMO
1.				
2.				
3.				
4.				

7. PROPOSED PARACHUTING OPERATION

No.	Aircraft Type	Reg.	C of A	CAMO
1.				
2.				
3.				
4.				

8. RECOMMENDATION

Recommendation from British Skydiving / United States Parachute Association or any other entity acceptable to Kuwait DGCA shall be satisfied that this applicant is a fit and competent person, having regard to his previous conduct and experience, his equipment, organisation, staffing and other arrangements, to safely organise the proposed parachuting operation and to secure acceptable levels of safety in parachuting activities and associated aircraft operations.

1.	Signature: Name (Block Capitals): Designation: Date:
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9. DECLARATION OF APPLICANT

(To be completed by the Applicant)

On behalf of the above-named organisation, I apply for the grant of a Permission to enable parachute dropping to be conducted by the said organisation in the State of Kuwait. I hereby undertake that all parachute operations made pursuant to a Permission and any related Exemptions granted by the Directorate General of Civil Aviation authority will be carried out in accordance with all the terms and conditions thereof. I declare that the information provided on this form is true to the best of my knowledge and belief and I have submitted all of the necessary paperwork for my application to be considered.

Signature of the Applicant:
Name (Block Capitals):
Designation: Date:

10. DELIVERY 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

- The minimum notice required by the DGCA before a parachuting Permission and any related Exemptions can be granted is 30 working days from the date of receipt of a completed application. In the case of an initial application, the interval between the date of application and grant of Permission will depend primarily on matter within the control of the applicant and no undertaking can be given by the DGCA to reach a decision within a particular period of time.

FOR OFFICIAL USE ONLY (DGCA/ASD)

Date of Receipt:

Enclosures Checked by, Name: Office:

Application Accepted: Rejected: Pending: Approved:

Remarks:

Approved by:

Flight Operations Inspector
(Signature & Stamp):

Date:

Airworthiness Inspector
(Signature & Stamp):

Date:

Personnel Licensing Inspector
(Signature & Stamp):

Date:

Aerodrome Certification Inspector
(Signature & Stamp):

Date:

Aviation Security Inspector
(Signature & Stamp):

Date:

Stamp and Signature of
Head of Flight Operations:

Date: