

Application for Service Provider of ATM/CNS Organisation Approval

1. Applicant Address and Contact Data

| | | |
|---|--------------|---|
| 1.1. Name and Address of the Applicant (registered (business) name and address/legal seat of the company) | Company Name | |
| | P. O. Box: | |
| | Post Code | |
| | City | |
| | Country | |
| 1.2. Contact Person (responsible for this application) | Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms |
| | Full Name | |
| | Job title | |
| | Mobile No. | |
| | Email | |

2. Principle Location (left blank, if same as 1.1 Applicant Data)

| | | |
|--------------------------------------|----------------|--|
| 2.1 Name and Location Address | (Company) Name | |
| | P. O. Box: | |
| | Post Code | |
| | City | |
| | Country | |

3. Additional Locations Yes No

| | | |
|-----------------------------|----------------|--|
| 3.1 Location Address | (Company) Name | |
| | P. O. Box: | |
| | Post Code | |
| | City | |
| | Country | |
| 3.2 Location Address | (Company) Name | |
| | P. O. Box: | |
| | Post Code | |
| | City | |
| | Country | |

4. Identification of Activity

| | |
|---|--|
| 4.1 Activity | 4.1.1 <input type="checkbox"/> Application for ATM/CNS Organisation Certificate 4.1.2 <input type="checkbox"/> Application for renewal and amendments |
| 4.2 Original Approval Ref. Please complete in case of 4.1.2 | |
| 4.3 Issued by Please complete in case of 4.1.2 | |

5. Scope of Services (for which certification is requested in accordance with the provision of KCASR)

| Services/Functions | Type of Service/Functions | Scope of Service/Functions |
|---|---|--|
| <input type="checkbox"/> Air Traffic Services (ATS) | <input type="checkbox"/> Air Traffic Control (ATC) | <input type="checkbox"/> Area Control Service |
| | | <input type="checkbox"/> Approach Control Service |
| <input type="checkbox"/> Flight Information Service (FIS) | <input type="checkbox"/> Flight Information Service (FIS) | <input type="checkbox"/> Aerodrome Control Service |
| | | <input type="checkbox"/> Aerodrome Flight Information Service (AFIS) |
| | | <input type="checkbox"/> En-route Flight Information Service (En-route FIS) |
| Conditions/Limitations identified | | |
| <input type="checkbox"/> Communication, Navigation or Surveillance Services (CNS) | <input type="checkbox"/> Communications (C) | <input type="checkbox"/> Aeronautical Mobile Service (air-ground communication) |
| | | <input type="checkbox"/> Aeronautical Fixed Service (ground-ground communications) |
| | | <input type="checkbox"/> Aeronautical Mobile Satellite Service (AMSS) |
| | <input type="checkbox"/> Navigation (N) | <input type="checkbox"/> Provision of NDB signal-in-space |
| | | <input type="checkbox"/> Provision of VOR signal-in-space |
| | | <input type="checkbox"/> Provision of DME signal-in-space |
| | | <input type="checkbox"/> Provision of ILS signal-in-space |
| | | <input type="checkbox"/> Provision of MLS signal-in-space |
| | <input type="checkbox"/> Surveillance (S) | <input type="checkbox"/> Provision of GNSS signal-in-space |
| | | <input type="checkbox"/> Provision of data from Primary Surveillance (PS) |
| <input type="checkbox"/> Provision of data from Secondary Surveillance (SS) | | |
| | | <input type="checkbox"/> Provision of Automatic Dependent Surveillance (ADS) Data |
| Conditions/Limitations identified | | |

| Services/Functions | Type of Service/Functions | Scope of Service/Functions |
|--|--|---|
| <input type="checkbox"/> Aeronautical Information Services (AIS) | <input type="checkbox"/> Aeronautical Information Products (including distribution services) | <input type="checkbox"/> Aeronautical Information Publication (AIP) |
| | | <input type="checkbox"/> Aeronautical Information Circular (AIC) |
| <input type="checkbox"/> NOTAM | | |
| <input type="checkbox"/> AIP Data set | | |
| <input type="checkbox"/> Obstacle data sets | | |
| <input type="checkbox"/> Aerodrome mapping data sets | | |
| | <input type="checkbox"/> Preflight Information Services | <input type="checkbox"/> Instrument flight procedure data sets |
| Conditions/Limitations identified | | |
| <input type="checkbox"/> Meteorological Services (MET) | <input type="checkbox"/> MET | <input type="checkbox"/> Meteorological watch office |
| | | <input type="checkbox"/> Aerodrome Meteorological offices |
| | | <input type="checkbox"/> Meteorological Stations |
| Conditions/Limitations identified | | |

6. The Accountable Manager

The organization must have nominated an Accountable Manager who shall have the authority to ensure the safe implementation of each service listed in their exposition, sufficiently financed, with adequate man, power in accordance with KCASR and applicable operational procedures and be responsible for establishing and maintaining an effective management system. Please complete and attach Form 4 for the Accountable Manager.

Title:.....Name:.....

Tel. No. (business hours):.....Tel. No. (out of hours):

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

7. Nominated Persons - The organization shall have nominated persons, acceptable to the Kuwait DGCA, who are responsible for the management and supervision of the operations. Please complete and attach the Form 4 for each nominated person.

7(a) Nominated Person ATS:

Title:.....Name:.....

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

7(b) Nominated Person CNS:

Title:.....Name:.....

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

7(c) Nominated Person AIS:

Title:.....Name:.....

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

7(d) Nominated Person MET:

Title:.....Name:.....

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

7(e) Nominated Person SMS:

Title:.....Name:.....

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

7(f) Nominated Person QMS:

Title:.....Name:.....

Email:.....Mobile no:

DGCA Form 4 attached with this application: YES/NO

8. Applicant's declaration and acceptance of the General Conditions and Terms of Payment

I declare that I have the legal capacity to submit this application to Kuwait DGCA authority (ASD) and that all information provided in this application form is correct and complete. I have understood that I am submitting an application for which fees or charges will be levied by Kuwait DGCA authority (ASD) in accordance with KCACR 27.

I acknowledge that I have read and understood the Kuwait DGCA authority (ASD) Payment. I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.

| | | |
|----------------------|------------------------------------|------------------|
| | | |
| Date/Location | Name of Accountable Manager | Signature |

9. List of documentation to be provided with the application

- Organisation Manuals
- A copy of the national Companies register / Certificate of Incorporation or in the case of an individual Service Provider proof of self-employment status

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 |

For official use only (DGCA/ASD)

Date of Receipt:

Enclosures Checked by:

Remarks:

Application Accepted: Rejected: Pending: Approved:

Name, Signature & Stamp
of DGCA/ASD Authorized Inspector:

Date: