

## APPLICATION REQUEST FOR NEW DESTINATION ROUTE

**Notes:**

- Please complete this form (preferred method) then sign and submit as instructed. Alternatively, print, then complete in **BLOCK CAPITALS** using black or dark blue ink.
- This application must be submitted at least 90 days before the date of intended operations.
- Prior approvals are required from ASD, CASD, Air Transportation before commencing new route operation.

### 1. APPLICANT DETAILS (To be completed by the Applicant)

**AOC (Kuwait) Holder Name:**

**Address:**

**Tel:**

**Fax:**

**E-mail:**

### 2. AERODROME DETAILS (To be completed by the Applicant)

Public

Private

International

Date of operation:

### REQUIREMENTS: (To be completed by the Applicant)

1	GH Contract	9	Operational Risk Assessment
2	Aerodrome Certificate	10	Area Chart
3	Aerodrome Manual	11	Aerodrome Category
4	Aerodrome Risk Assessment	12	Civil Aviation Air Transportation Approval Letter
5	Fueling Agent	13	Civil Aviation Security Department Approval Letter
6	Airport Chart	14	The organization shall ensure to include the invoice reference number with the payment as per Kcasr 27.
7	AMO & or Flight Spanner		
8	Application Form 1001		

*I declare that I have the legal capacity to submit this application to DGCA and that all information provided in this application form is correct and complete.*

Name & Title:

Signature:

Date:

**FOR DGCA USE ONLY**

PROPOSAL REJECTED

PROPOSAL APPROVED

**Remarks:**

*I hereby declare that the above-mentioned proposal has been reviewed and certified in accordance with the requirements stipulated in the Kuwait Civil Aviation Safety Regulations (KCASR) as amended.*

DGCA/ASD Inspector:

Signature:

Date:

DGCA/ASD Head of Division:

Signature:

Date: