

Send form

- Category A (air carrier with aircraft with an MTOM of 10 tonnes and above, and/or 20 seats or more)
- Category B (air carrier with aircraft with an MTOM of less than 10 tonnes and/or less than 20 seats)

Name		Corporate identification number	
Address		Phone	
Postal address			
E-mail		Web address	

Please attach the following documents/information to your application:

<input type="checkbox"/> Information about organization and management of the planned activity <input type="checkbox"/> Information about business activities <input type="checkbox"/> Information about the aircraft (registration, type, number) <input type="checkbox"/> Information about ownership/lease (copy of contract) <input type="checkbox"/> Insurance certificate (in accordance with Regulation (EC) No 785/2004 of the European Parliament and of the Council of 21 April 2004 on insurance requirements for air carriers and aircraft operators) <input type="checkbox"/> Ownership of the company (name, nationality, number, percentage) <input type="checkbox"/> Certificate of incorporation (not older than six months) <input type="checkbox"/> Articles of incorporation
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For an application regarding category A, please also attach the following:

<input type="checkbox"/> Business plan covering the first three years <input type="checkbox"/> Balance sheet incl. profit and loss for the first three years <input type="checkbox"/> Audited accounts for the previous financial year (if applicable) <input type="checkbox"/> Start-up costs and sources of finance <input type="checkbox"/> Information about financing of purchase or lease of aircraft <input type="checkbox"/> Cash flow and liquidity plans for the first three years
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For an application regarding category B, please also attach the following:

<input type="checkbox"/> Certificate carrying an auditor's signature (not older than one month) stating that the net capital amounts to at least 100 000 EUR  <b>or</b> <input type="checkbox"/> Business plan (projected balance sheet, including profit-and-loss account for the following three years)				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Place</td> <td style="width: 50%;">Date</td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> </table>	Place	Date		
Place	Date			
Name of authorized company signatory				

Submit the completed application by clicking the "send form"-button at the top of the page, or by sending the application to the e-mail address below.