

APPLICATION FOR AN AIR TRANSPORT LICENCE

Before an application for an Air Transport Licence is made the applicant should refer to the Civil Aviation (Air Transport Licensing) Act 2007 (as amended by the Civil Aviation (Air Transport Licensing) Amendment Act 2024), ("the ATL Act") and the Civil Aviation (Air Transport Licensing) Regulations 2007 ("the ATL Regulations") to ensure the requirements for an ATL can be met.

The form of application below is published here by the Air Transport Licensing Panel (Panel) pursuant to section 9(1) of the Civil Aviation Act (as amended).

If the Panel requires any further information or clarification the person submitting this application and named below will be contacted by or on behalf of the Panel.

You are advised to read the section on [Air Transport Licensing](#) on the BCAA's website before completing this form.

FORM OF APPLICATION

If the applicant claims that any information provided in this form or in any attachment is commercially or otherwise confidential such information must be clearly identified at the time this form is submitted on a separate sheet signed and dated by the person signing this form. The Panel will consider whether such information should be redacted from any copy of the application made available for inspection under regulation 5 (4) of the ATL Regulations.

FINANCIAL DECLARATION & COMPLIANCE STATEMENT

This application is to be signed by a Director or Company Secretary or other person duly authorised by the applicant to act on behalf of the applicant. If you are not a Director or Company Secretary but have been authorised to sign the application form on behalf of the applicant, proof of that authority must be provided with the completed application. In accordance with section 10(2) of the ATL Act, the Minister may revoke, suspend or vary an air transport licence if false representations are made for the purpose of obtaining or maintaining an ATL.

I, the undersigned, hereby apply on behalf of the Applicant named in Section 1 below for the grant of an Air Transport Licence pursuant to the Civil Aviation (Air Transport Licensing) Act 2007(as amended) and the Civil Aviation (Air Transport Licensing) Regulations 2007 and I declare that, to the best of my knowledge and belief, the statements given in this application are true.

I declare that, to the best of my knowledge, the particulars entered on this application are accurate.

I agree that the Applicant shall pay any charges which may become payable in respect of this application. See section 6 of this application for more details.

Name:

Name of Applicant:

Position:

Email:

Tel:

Signature:

List of Definitions and Abbreviations

Abbreviation	Term	Abbreviation	Term
AOC	Air Operator Certificate	MTOM	Max Take-off Mass
ATL	Air Transport Licence	Authority	Bermuda Civil Aviation Authority

This form can be filled in electronically (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

1. APPLICANT DETAILS

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 at a) below or the Individual named at b) below.

a) Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

Telephone:

E-mail:

Carrier/Trading Name (if applicable):

Trading Address (primary site):

Country:

Postcode:

Website address:

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

b) Individual (including sole traders and partnerships*)

Title: Given Name(s):

Surname:

Date of birth (dd/mm/yyyy):

Nationality:

Town of birth:

Country of birth:

Permanent Address:

Country:

Postcode:

Telephone:

Mobile telephone:

Trading Name (if applicable):

Website address:

E-mail:

A certified copy of your Passport or a full photographic Government issued Driving Licence must accompany your application as proof of identification if this is your FIRST application.

*** In the case of a partnership, please complete details of all partners to include all the information required in 1. b) on a separate sheet.**

2. AIR TRANSPORT LICENCE APPLICATION REQUIRED FURTHER INFORMATION

Principal operating base:

Date licence is required to take effect:

Period for which the licence is required:

Does the applicant hold a Bermuda AOC? Yes No

If no, has a Bermuda AOC been applied for? Yes No

Nature of air transport service operated or proposed (scheduled, charter, passenger, cargo, mail or any of these combined):

Particulars of route(s) operated or proposed (Points of departure, final destination and intermediate points of call):

Date on which the service is to commence:

Frequency of flights:

Provisional timetable (days of operation, arrival and departure times for each route)

Crew to be carried (number and function):

Is air transport your principal activity, or will it be your principal activity if a licence is granted? Yes No
If **no**, give details of other activities on a separate sheet.

Number and type of aircraft currently employed or intended to operate:

Number of Aircraft	Aircraft Type	MTOM

3. COMPANY INFORMATION

The questions below on registration, shareholdings and directors apply only to applicants which are incorporated companies. Any other applicants, such as sole traders or partnerships, are requested to provide details of ownership and management on a separate sheet.

Registered Address:

Date and place of incorporation:

Company registration number:

a) Shareholders

Please list below details of each person or company holding shares in the applicant. In the case of nominee holdings, indicate the name of the beneficial holder of the shares. If necessary, please continue on a separate sheet. *For each class of share issued please give details of classification and rights granted on a separate sheet.

FULL NAME OF SHAREHOLDER	NATIONALITY	NUMBER OF SHARES	CLASS OF SHARES *	% OF TOTAL ISSUED

Name and address of parent company (if any):

Date of incorporation of parent company (if applicable):

Place of incorporation of parent company (if applicable):

Name and address of ultimate holding company (if any):

Date of incorporation ultimate holding company (if applicable):

Place of incorporation of ultimate holding company (if applicable):

b) Ultimate Holding Company

If the applicant is a subsidiary of another company, please list below details of each person or company which holds shares in the ultimate holding company. In the case of nominee holdings, indicate the name of the beneficial holder of the shares. If necessary, please continue on a separate sheet. *For each class of share issued please give details of classification and rights granted on a separate sheet.

FULL NAME OF SHAREHOLDER	NATIONALITY	NUMBER OF SHARES	CLASS OF SHARES *	% OF TOTAL ISSUED

c) Directors

Please list below details of members of the board of directors of the applicant and of any ultimate holding company shown above. If necessary, please continue on a separate sheet.

Board of applicant:

FULL NAME OF DIRECTOR	EXECUTIVE POSITION, IF ANY	NATIONALITY

Board of ultimate holding company:

[illegible]

4. SENIOR MANAGEMENT

Please list below details of the applicant's senior management other than directors. If necessary, please continue on a separate sheet:

FULL NAME OF DIRECTOR	EXECUTIVE POSITION, IF ANY	NATIONALITY

5. FINANCIAL INFORMATION

Please separately provide the following information which must accompany this application form when submitted.

- The most recent internal management accounts and, if available, audited financial statements for the previous year
- Articles of association (or equivalent constitutional documents)
- If the applicant has prior to this application been operating air transport services of the same nature of any of those proposed in section 2 above without holding an ATL (for example pursuant to an instrument made under section 8(3) of the Civil Aviation (Air Transport Licensing) Act 2007) the following information must be provided in respect of each month over the period of the last 12 months, or for the period since operations started, if that is less than 12 months
 - The internal management accounts containing the profit and loss account, the cash flow statement, and the balance sheet and the associated narrative
 - A report of the number of fare paying passengers, by class of travel, showing the average fare by class and overall, by route
 - A report showing the number of completed flights
 - A report showing the number of cancelled flights and the reasons for cancellation
- Business plan in respect of the proposed operation. This should include forecast profit and loss, cash flows and balance sheets and cover the first three years of operations. The Business Plan should include:
 - Detail in respect of start-up costs (i.e. costs incurred before operations commence)
 - Proposed schedule of frequencies, with details of intended timetables
 - Traffic forecasts in terms of passenger numbers and where appropriate split between First and Coach by route
 - Forecasts for freight and mail to be carried by route
 - Passenger rates (through and intermediate) and where appropriate split between First and Coach by route
 - Freight rates (through and intermediate)
 - Airmail conveyance rates (through and intermediate)
 - Free baggage allowance and excess baggage rates
 - Total number of aircraft belonging to applicant (individual types and seating capacity)
 - Total number of aircraft operated to be operated by the applicant
 - Total aircrew personnel on payroll (e.g. pilots, co-pilots, flight attendants, etc.)
 - Total ground personnel on payroll (e.g. management, ground handling, maintenance, dispatch, etc.)
 - Variable expenses (fuel, including carbon credits, maintenance, labour, navigation, catering, landing and handling fees for proposed routes)
 - Fixed costs (financing, CAMO expenses, regulatory oversight, aircraft management system, management salaries, flight crew salaries, cabin crew salaries, ground crew salaries, maintenance salaries, training, hangar and office space, employee benefits, office supplies)
 - Details of the insurance of the aircraft for the proposed route

Please give details on a separate sheet of any financial or other arrangements which may have a bearing on control of the applicant. Copies of all such documents must be provided. For example:

- any investment agreement or shareholders agreement
- any other agreement or arrangement (whether oral or in writing) whereby any person who is not Bermudian may exercise a decisive influence on the running of the business of the applicant

- any guarantees or support undertakings
- any loans
- any aircraft leases any operational or commercial agreements involving another airline

6. CHARGES

An application fee of \$3,000 must accompany submission of this application.

This fee is payable to the Bermuda Civil Aviation Authority:

By Credit Card (Mastercard or VISA) on www.bcaa.bm Pay Online

By Wire Transfer:

HSBC Bank USA, Global Payments & Cash Management

500 Stanton Christiana Road 2/OPS1

Newark

Delaware

USA 19713-2107

SWIFT Code: MRMDUS33

Beneficiary Bank:

HSBC Bank Bermuda Limited

6 Front Street

Hamilton

Bermuda

SWIFT Code: BBDABMHM

Beneficiary Account Number: 010-125201-501 (USD funds)

Beneficiary Name: Bermuda Civil Aviation Authority