

Section 1C. Blocks 9 and 10 to be completed by Air Operator

9. Aircraft Data (For foreign registered aircraft, please provide a copy of the lease agreement)		10. Geographic areas of intended operations and proposed route structure
Numbers and types of aircraft (by make, model, and series)	Number of passengers' seats or cargo payload capacity	

Section 1D. To be completed by all applicants

11. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary)

12. Proposed Training (Aircraft and/or Simulator, Ground Training)

13. The statement and information contained on this form denotes an intent to apply for a Bermuda Civil Aviation Authority (BCAA) certificate.

Type of Organisation:

Signature	Date (day/month/year)	Name and Title
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Section 2. To be completed by the BCAA Official

Received by (Name and Office):	Date received (day/month/year):
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Date forwarded to BCAA (day/month/year)	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only
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Remarks:

Section 3. To be completed by the Office of the Director of BCAA

Received by:	Pre-application Number:
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Date (day/month/year):	Assigned Certification Number:
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Local office assigned responsibility:	Date forwarded to local office: (day/month/year)
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Remarks: