

Foreign Air Carrier license Requirements Pursuant to Part 4 of The Civil Aviation Economic Regulations

Subpart 4.1.6

GENERAL INFORMATION

Identification and Contact Information

The following is the contact information in home country for:

Name of The Applicant	
Nationality	
ICAO CODE	
IATA CODE	
P.O. Box	
City- Postal code	
Country	
TEL	
FAX	
E-mail	
GSA	
GH Agent	

The following is the contact information for the ("Name of Applicant") in Saudi Arabia:

Name of contact person	
Position in the organization	
Address in Saudi Arabia	
General Manager	
Reservation Manager	
Station Manager	
City- Postal code	
TEL	
FAX	
Mobile	
E-mail	

The following is the contact information of the applicant's government air transport authority of his country of citizenship having safety and economic regulatory jurisdiction over him:

<i>Name of the Government Agency</i>	
<i>Name of Official</i>	
<i>Position in the Organization</i>	
<i>Address</i>	
<i>Po. Bo</i>	
<i>City - Postal Code (if any)</i>	
<i>TEL</i>	
<i>FAX</i>	
<i>Mobile</i>	
<i>E-mail</i>	

Requirements of paragraph (c)

SERVICE PROPOSAL

○ The following is the sought operational authority: (a sample is filled in the blanks)

NO	Origin & Destination	Start Date	Weekly Frequency	Operation	Seasonal Variation	Type of Operation	Type of Service	A/C Type	A/C Config. Per Class		
									Y	J	F
1	City ?/JED	24/9/07	7	Non Stop	No/Yes	Schedule	PAX Property And Mail	B747	<u>100</u>	<u>10</u>	<u>05</u>

Requirements of paragraph (d)

INFORMATION ABOUT DIRECTORS, OFFICERS AND KEY MANAGEMENT PERSONNEL

- Applicant's Board of Directors

Name	Position	Citizenship	Business address	Contact Info
	Chairman	British		TEL: FAX: E-mail:
	Member			TEL: FAX: E-mail:

- applicant's Executive Management: (the applicant should provide information about personnel in home country and his personnel in Saudi Arabia)

Name	Position	Citizenship	Business address	Contact Info
	President			TEL: FAX: E-mail:
	Director of Operations			TEL: FAX: E-mail:
	Director of Maintenance			TEL: FAX: E-mail:
	Director of Finance			TEL: FAX: E-mail:
	Chief Pilot			TEL: FAX: E-mail:
	Chief Inspector			TEL: FAX: E-mail:

OWNERSHIP INFORMATION

- The following table consists the shareholders (owning 5% or more) information if applicable otherwise state the name of Government (indicate which governmental department has responsibility for managerial decisions) or if owned by an individual state his name.

No	Name of Shareholder	Citizenship	Share Quantity	Share Amount in US\$	Total Amount in US\$	%
1						
2						
3						
4						
5						
6						
7						

Requirements of paragraph (h)
INSURANCE CERTIFICATES AND POLICIES

- Provide a copy of insurance certificate of the applicant in addition to the policy of that insurance.

Requirements of paragraph (i)

OPERATIONAL AUTHORITY

- Supply certified evidence in Arabic or English of the applicant's operating authority issued by its government that relates to the operations proposed. This evidence must include a description of the applicant's present authority, the expiration date of this authority, and the manner in which it is expected to be renewed (AOC and any supporting document).

Requirements of paragraph (j)

APPLICANT'S PROFILE AND EXPERIENCE

- Summarize the operating history of the applicant. Include the types of transportation services rendered, points served. (Etc.). From the beginning of operations to the present. Also, if the applicant is a new airline (i.e. an airline that began direct air services within the past twelve 912) months, identify by name and briefly summarize the business experience of each officer, director and key management personnel, emphasizing any air transportation experience.

Requirements of paragraph (k)

FLEET INFORMATION

- State the A/C Type, registration, serial number, whether owned or leased, Number of operated flights, hours flown, start of service, and seating Capacity of each A/C:

No	A/C Type	Registration	Serial NBR	Ownership	NBR of Flights	Hours Flown	Start of Service	Seating Capacity

- If leased, state the name of lessor, type of lease, A/C registration, citizenship, address and contact information of each lessor:

Name of Lessor	Type of Lease	A/C Reg.	Citizenship	Address	Contact
					TEL: FAX: E-mail:
					TEL: FAX: E-mail:

Requirements of paragraph (m)

AGREEMENTS AND COOPERATIVE ARRANGEMENTS

- Provide a copy of any agreements that affect the proposal service to the kingdom (e.g. code share, wet lease) that are not on file with the GACA, if there are no such agreements, so state.

Requirements of paragraph (n) and (o)

FINANCIAL SUMMARY

- Supply financial data summaries, setting forth in Saudi Riyals or United States Dollars, or other currency units acceptable to GACA, the applicant's profit and loss statements and balance sheets for the two (2) most recent available years (calendar or fiscal). These summaries must be accompanied by a statement from the applicant's official responsible for preparation of the summaries that the submissions are complete and accurate.
- Statement on financial documents
 - The financial documents provided in this application have been prepared by (.), I confirm that the financial summaries are complete and correct and compiled from the (Name of applicant) audited financial statements which were prepared in accordance with international financial reporting standards. (The document signed by the person who prepared the summary).
- Applicants Government financial assistance
 - Describe the amount, type and reason for financial assistance received or expected from the applicant's home government, if any.

requirements of paragraph (r)

SAFETY STATEMENTS

- For the preceding five (5) years, state whether the applicant has been involved in any safety or tariff violations or any fatal accidents. If so, furnish details.

Presented By:

Position:

Company Name