# OPERATOR INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY NAME |  | ADDRESS & BILLING ADRESS |  |
| COUNTRY |  | EMAIL |  |
| PHONE |  | FAX |  |
| Aircraft Type & Model |  | Registration |   |
| **Number of crew** |  |  |  |
| **Purpose of flight** |  | Over flight  Landing  |
| **Route of Flight****(From To)** |  |
| Type of cargo |  |
| Date of flight | Departure Aerodrome &Time(ETD) | Entry Point Addis FIR | Exit Point Addis FIR | Departure Aerodrome &Time(ETD) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**For ECAA purpose only (all times GMT)**

**Ref. No. Initial, Signature & Stamp**

**Date**

**COPIES OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED:**

* Certificate of Competency, Operating License, AOC or Carriers Certificate
* Certificate of Registration
* Certificate of Airworthiness
* Certificate of Insurance
* Ops Specs and State of Registry’s Approval to operate in Required Navigation Performance and RVSM Airspace

# DECLARATION: I/We declare these particulars true and undertake to carry out any provisions or conditions as may be required. Any changes to the particulars as noted will be advised to the Ethiopian Civil Aviation Authority and other relevant agencies without delay. Hazardous or Dangerous Cargo description must be annexed with this request.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Signature |  | Date |  |

*Flight permit applications to be completed in full and submitted to the air traffic service Directorate of the Ethiopian Civil Aviation Authority prior to operation.* Any requests for Permits at short notice must be discussed with the appropriate Officer and receive email approval/confirmation prior to operations.

dd/mm/yyyy

*N.*B please submit your request: yohannesa@ecaa.gov.et , kassam@ecaa.gov.et or *shimelisk@ecaa.gov.et*