**ATTENTION**: To operate **scheduled or two and more non-scheduled** flights to/from Armenia, the Applicant at least 15 working days before the operation of flights shall submit to the CAC of the RA the Request and the copies of the following documents:

- 1. Air Operator Certificate with its Annexes or Operations specifications;
- 2. Aviation Security Program of the foreign aircraft operator;
- 3. Airworthiness, Registration and Noise Certificates of the aircraft to be operated on the air services mentioned in the Application;
- 4. Insurance/reinsurance certificates towards passengers, baggage, cargo and third party legal liabilities;
- 5. Letter of Attorney issued by the Air Operator for its Armenian representative (covering among other things responsibilities for airport operations, obtaining permissions, submitting documents to Armenian aviation authorities etc.);
- 6. Information about the responsibility of the Air Operator for making Armenian state tax payments for the passengers departing from the Republic of Armenia;
- 7. Other information, which the foreign air operator may consider as important and assisting the process of getting permission for air route operation.

WITH APPLICATION AND DOCUMENTS YOU SHOULD ALSO SEND COVER LETTER - The official letter should be addressed to the Chair of the Civil Aviation Committee, Mr. Mihran Khachatryan (in the cover letter it is necessary to mention if there are any changes in the previously submitted documents. If there are changes the new documents should be submitted).

The official letter together with the copies of needed documents and the Form of Request should be sent to <a href="mailto:gdca@gdca.am">gdca@gdca.am</a>, or you can send hard copies of needed documents with the official letter and Form of Request to the following address: Armenia, 0042, Yerevan, "Zvartnots" Airport (Malatia-Sebastia adm. district), tel: working hours: +374 60 434 205; non working hours: +374 60 434 295; +374 10 283 429

## REQUEST FOR APPROVAL OF FOREIGN AIR OPERATOR'S SCHEDULED AND TWO AND MORE NON-SCHEDULED FLIGHTS TO/FROM ARMENIA

1.NAME OF OPERATOR	c (state):	
Contact Person Name	:	
NACTOR Address		
Mailing Address:		
Telephone:	Fax:	Email Address:
ICAO/IATA code:		
AFTN:		
2.NAME OF ARMENIAN	REPRESENTATIVE:	
Contact Person Name	:	
Mailing Address:		
Telephone:	Fax:	Email Address:

Information (agreement or other applicable document) about technical assistance (maintenance) at Armenian airports

company	Г						
Mailing Address:  Telephone: Fax: Email Address:  4.DETAILS OF FLIGHT(S) - Please tick as appropriate.  4.DETAILS OF FLIGHT(S) - Please tick as appropriate.  4.DPASSENGER: CARGO: CARGO							
Telephone: Fax: Email Address:  4.DETAILS OF FLIGHT(S) - Please tick as appropriate.  5. SCHEDULED:	3.NAME OF	GROUN	D HANDLI	NG AGENT:			
4.DETAILS OF FLIGHT(S) - Please tick as appropriate.  1)PASSENGER: CARGO: CSCHEDULED: NON-SCHEDULED: CSCHEDULED: C	Mailing Ad	ldress:					
Department   Cargo:	Telephone	•		Fax:		Email Add	ress:
2) SCHEDULED: NON-SCHEDULED: 3) NAME OF CHARTERER (If applicable):	4.DETAILS	OF FLIG	HT(S) - Ple	ease tick as appropr	iate.		
Mailing Address:  Telephone: Fax: Email Address:  4) Information about the presence and share of the foreign capital at the aircraft operator's company  5) FLIGHT(S) DETAILS  Flight Operation Days Routing/Sectors ETA/ETD NumberofFlights Remarks	1)PASSENG	ER: 🗖	CARGO:			1	
Mailing Address:  Telephone: Fax: Email Address:  4) Information about the presence and share of the foreign capital at the aircraft operator's company  5) FLIGHT(S) DETAILS  Flight Operation Days Routing/Sectors ETA/ETD NumberofFlights Remarks	2) SCHEDU	LED:		NON-SCHEDULED	) <b>:</b>		
Mailing Address:  Telephone: Fax: Email Address:  4) Information about the presence and share of the foreign capital at the aircraft operator's company  5) FLIGHT(S) DETAILS  Flight Operation Days Routing/Sectors ETA/ETD NumberofFlights Remarks	3) NAME O	F CHAR	TERER (If	applicable):			
4) Information about the presence and share of the foreign capital at the aircraft operator's company  5) FLIGHT(S) DETAILS  Flight Operation Days Routing/Sectors ETA/ETD NumberofFlights Remarks	Mailing Ad	ldress:					
5) FLIGHT(S) DETAILS Flight Operation Days Routing/Sectors ETA/ETD NumberofFlights Remarks	Telephone	<b>:</b> :		Fax:		Email Add	ress:
Flight Operation Days Routing/Sectors ETA/ETD NumberofFlights Remarks	4) Information about the presence and share of the foreign capital at the aircraft operator's company  5) FLIGHT(S) DETAILS						
		Operat	ion Days	Routing/Sectors	ETA/ETD	NumberofFlights	Remarks

Date/Period of Ops

The application will only be processed when all the required documents and information are submitted.

The Aviation Authority of the RA reserves the right to request additional information to substantiate the application.

6 REQUIRED INFORMATION:	
Attach supplementary sheets if necessary.	
Called the constant and the called	V
6.1 Is the operator applying to operate	Yes No
commercial flight into Armenia for the first time?	
	If "No", please indicate the date of the last
	previous commercial flight into Armenia:
6.2 State of Operator (if different from State	
of Registry)	
6.3 Is/are the aircraft the subject of an ICAO	Yes No
83bis agreement	

6.4 Are the intended routes between	Yes	No
Armenia and the State of the Operator?		

7 Aircrafts to be operated on the routes to and from Armenia (Types, Registration	
marks)	

EQUIRED DOCUMENTATION: To be provided by the Oper	
8.1 Air Operators Certificate	Attached.
8.2 Associated Operations Specifications	Attached.
8.3 Certificate of Airworthiness and/or Airworthiness Review Certificate (if any)	Attached for each aircraft
8.4 Certificate of Registration	Attached for each aircraft
8.5 Noise Certificate or equivalent document	Attached for each aircraft or type
8.6 Certificate of insurance (passenger, baggage, cargo, third party)	Attached
8.7 Air Operators aviation security programme	Attached

NOT	ES			
Airw	1. Where the State of Registration of the aircraft operated and the State of the Operator are different, Operators are to provide a letter, in English, stating who has the Operational & Airworthiness control of the aircraft; this may be covered by an ICAO 83bis arrangement between States.			
2. CODE SHARE ARRANGEMENTS In case the air carrier operates flights on code share basis as an operating partner, all marketing partners have to be indicated.				
10 A	pplicant's declaration and ac	ceptance of Conditions and F	Requirements	
I declare that I have the legal capacity to submit this application to the Aviation Authority and that all information and documents provided in this application form are true and complete. Incomplete information may result in delay or rejection of the application.  In case of any changes in the above information/documentation, termination of submitted documentation the Aviation Authority will be informed in writing within 5 business days.				
It is an offence under the legislation of the RA to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of permission.				
I certify that I have read and understood all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief.				
Nam	e of Operator	Name of Operator's cor Person & designation	tact Signature / Date	

- 1)All information and documents submitted must be in English or with an English translation or in Russian;
- 2) Documents such as Air Operator's Certificate (AOC), Certificate of Registration (CoR, Certificate of Airworthiness (CoA) and etc. carried on board the aircraft must be valid at all times, and Any conditions subject to which these certificates were issued or rendered valid must be complied with.

## **INSTRUCTIONS**

- 1.1 Please enter the full name of the company as it appears on the Article/Certificate of incorporation of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. In case the applicant is not a company but a natural person, please enter the full name as it appears in your ID Card/Passport.
- 1.2 Please enter the address of the registered office as it appears on the Article/Certificate of incorporation of the company. In the case when the applicant is not a company but natural person, please enter the address at which you are registered.
- 2. The application should be completed by the person indicated in Section 10. Queries related to operational and maintenance matters will be referred to this person.