



Application Form for Non-scheduled Air Services to/from Macao SAR

To: President of Civil Aviation Authority, Macao
Alameda Dr. Carlos D'Assumpção, 336-342
Centro Comerical Cheng Feng, 18º Andar
Macao

Telephone: 853-87964122/87964135 (Direct), 853-28511213 (General)
Fax: 853-87964115 (Direct), 853-2833 8089 (General)
AFTN: VMMCYAYX
Email: aacm@aacm.gov.mo

1 - **Nature of Request:** New Revision (If already approved, please specify Auth. Nr. _____)

2 - **Operator Details:**

Name of Operator: _____ IATA code: _____ ICAO code: _____

Address of principle place of business: _____

Tel: _____ Fax: _____ Email: _____

3 - **Please provide contact person responsible for operation in Macao:**

Name: _____ Title: _____ Email: _____

Mobile: _____ Tel: _____ Fax: _____

4 - **Applicant Details:**

Name of Applicant: _____ Title: _____

Telephone: _____

Email: _____ Signature: _____

Fax: _____ Submitted on (dd/mm/yy): _____

5 - **Type of Flight(s)** [Please tick the applicable box]:

Charter (Passenger/Cargo) [circle applicable]

Extra flight (Passenger/Cargo) [circle applicable]

Position/Ferry Test Training Technical stop

Private Medical State Flight

Aerial Work (please specify) _____

Others (please specify) _____

6 - **Flight Numbers / Route (in Airport Names and 3-letter Airport Code) / Period / Date(s) of Operation, ETA/ETD MFM (in LT)**

7 - **Aircraft(s) used for operations to/from Macao SAR** (For leased aircraft, refer to AIP Macau GEN1.2 for additional requirement):

Aircraft Type	Registration Mark

8 - **For Charter flights, please provide Charterer Information:**

Name: _____ Email: _____

Address: _____

Tel: _____ Fax: _____

9 - **For Cargo Flights, please provide details of cargo carried:** (Refer to Aeronautical Circular: AC/OPS/005R00 for transport of Dangerous Good):

Amount of Cargo (kg) _____ Description/Nature _____

Loading Point(s) _____ Name of Consignor _____

Unloading Point(s) _____ Name of Consignee _____

10 - **Reason/Purpose of Flight(s):**

11 - **Please tick and declare possession of the valid documents of:**

Air Operator Certificate

Certificate of Registration of the aircraft used

Certificate of Airworthiness of the aircraft used

Noise Certificate

Insurance; Please state amount for Combined Single Limit: USD _____

(Refer to <http://www.aacm.gov.mo/english/liability.html> for legal liability requirement.)

Note: Operator/Applicant is to ensure that VALID documents listed above are filed with this Authority.

Remarks:

1. Permit for non-scheduled services is subject to the conditions and requirements set out in the AIP Macao GEN1.2.
2. Please refer to: www.aacm.gov.mo for use of leased aircraft, transport of DG and Low Visibility Operations requirement.
3. The permit for non-scheduled services, if granted, must be produced to the duty officer in the Aeronautical Information Centre before departure.
4. The timings in Section 6 above must be cleared with the Macao Scheduling Coordinator.
5. Relevant information for non-scheduled services application is available online at: www.aacm.gov.mo
6. For all types of application, incomplete document filing may delay the application process, or will not be considered until the document filing is completed.