



APPENDIX 4-1
Application for an Authorization to Carry Dangerous Goods as Cargo

Instruction:

1. The form once completed should be returned to the Authority.
2. Failure to complete this form in full may result in a delay in processing the application.
3. The issuing of this form does not in itself constitute an authorization to carry dangerous goods.
4. Throughout this form the term "operator" refers specifically to that so identified in question 1.2.

1. General Information

1.1 Is this application for: INITIAL AUTHORIZATION RENEWAL

1.2 Full legal name of the operator:

1.3 Operating/Trading Name (if different from above):

1.4 Name of the person within the operator with overall responsibility for the transport of dangerous goods by air:

1.5 Address for the person in 1.4:

1.6 Contact numbers for the person in 1.4:

1.6.1 Telephone number: _____

1.6.2 Facsimile number: _____

1.6.3 E-mail address: _____

2. Dangerous Goods Operations

2.1 Classes of dangerous goods

- | | | | |
|----------------------------------|---------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 4 | <input type="checkbox"/> Division 6.2 | <input type="checkbox"/> Class 9 |
| <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 5 | <input type="checkbox"/> Class 7 | |
| <input type="checkbox"/> Class 3 | <input type="checkbox"/> Division 6.1 | <input type="checkbox"/> Class 8 | |

2.2 Types of Operations

- | | |
|--|---|
| <input type="checkbox"/> Domestic destinations | <input type="checkbox"/> International destinations |
|--|---|

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- | | |
|--|--|
| <input type="checkbox"/> Year-round operation | <input type="checkbox"/> Seasonal operation |
| | From: _____ To: _____ |
| <input type="checkbox"/> Aeroplane | <input type="checkbox"/> Helicopter |
| <input type="checkbox"/> Land-base | <input type="checkbox"/> Water-base |
| <input type="checkbox"/> Passenger and cargo | <input type="checkbox"/> Cargo aircraft only |
| <input type="checkbox"/> Combi-operation | <input type="checkbox"/> Medical evacuation operations |
| <input type="checkbox"/> Scheduled passenger
and cargo operations | <input type="checkbox"/> Charter operations |
| <input type="checkbox"/> Transport of company
materials | <input type="checkbox"/> Transport of post |

Applicant's Name: _____ Date: _____

Signature: _____