

—International Airline Licence application—

Assistant Secretary
International Aviation Branch
International Aviation, Technology and Services Division
Department of Infrastructure, Transport, Regional Development, Communications and the Arts
GPO Box 594
CANBERRA ACT 2601
AUSTRALIA

Date:

An Application for an International Airline Licence—by (name of airline)

name of airline:

Please accept this document as a formal application for the issue of an International Airline Licence pursuant to the *Air Navigation Act 1920* and the Air Navigation Regulation 2016.

"The undersigned applies for permission pursuant to the *Air Navigation Act 1920* and the Air Navigation Regulation 2016 to conduct scheduled international air services to and from Australia and certifies that the facts stated in the application are true and that the copies of any documents attached to the application are true copies".

(Signature)

Print name:

Status of signatory:

1. Applicant details

Name of applicant:

Australian phone number (including area code if applicable) for Australian consumers to access customer assistance:

Head office

Name

ACN number/foreign company number *(if applicable)*

Nominated contact and position within organisation

(Include salutation e.g. Mr, Ms, Dr)

Street address

Postal address

(if different to street address)

Phone *(include area code)*

Email

Operating Headquarters *(if different to above)*

Name

Nominated contact and position within organisation

(Include salutation e.g. Mr, Ms, Dr)

Street address

Postal address

(if different to street address)

Phone *(include area code)*

Email

Australian Offices—please include Australian management, marketing and airport offices *(where applicable for foreign operators)*

Name

Nominated contact and position within organisation

(Include salutation e.g. Mr, Ms, Dr)

Street address

Postal address

(if different to street address)

Phone *(include area code)*

Email

| |
|---|
| Name |
| Nominated contact and position within organisation |
| <i>(Include salutation e.g. Mr, Ms, Dr)</i> |
| Street address |
| Postal address |
| <i>(if different to street address)</i> |
| Phone <i>(include area code)</i> |
| Email |

2. Attachments

The following documents are attached to this application:

| Document name | Pages |
|---|-------|
| <i>For example—Copy of business registration documents</i> | |
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