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APPLICATION FOR APPROVAL TO TRANSPORT DANGEROUS GOODS

1. APPLICATION INFORMATION:

INITIAL

RENEWAL

Applicant Details

Name	
Company	
Telephone	
Fax	
Email	

2. ACCEPTANCE PROCEDURES:

2.1 DOES THE OPERATOR CONDUCT OWN ACCEPTANCE CHECKS?

YES

NO

2.2 IF "NO", GIVE NAME, ADDRESS & CONTACT NUMBER OF ACCEPTANCE AGENT

2.3 SPECIFY AIRPORT OF ACCEPTANCE: _____

2.4 DOES THE OPERATOR CONDUCT ANY ACCEPTANCE CHECKS FOR ANY OTHER OPERATOR?

YES

NO

2.5 IF YES, GIVE NAMES OF OPERATORS: _____

3. DANGEROUS GOODS OPERATIONS:

3.1 CLASSES OF DANGEROUS GOODS

CLASS 1

CLASS 4

DIVISION 6.2

CLASS 2

CLASS 5

CLASS 7

CLASS 3

DIVISION 6.1

CLASS 8

CLASS 9

3.2 TYPES OF OPERATIONS:

AIRCRAFT

MEDICAL EVACUATION OPERATIONS

HELICOPTER

CHARTER OPERATION

PASSENGER & CARGO

SCHEDULED PASSENGER & CARGO OPERATIONS

CARGO AIRCRAFT ONLY

4. LOADING. UNLOADING. STORING.

4.1 IS THE AIRCRAFT LOADED BY THE STAFF OF THE OPERATOR?

YES NO

4.2 IF "NO", SPECIFY AGENT'S NAME, ADDRESS & CONTACT NUMBER

4.3 SPECIFY PLACES OF LOADING, UNLOADING, STORING

5. PROVISION OF INFORMATION:

5.1 IS WRITTEN INFORMATION PROVIDED TO THE PILOT IN COMMAND BY THE OPERATOR?

YES NO

5.2 IF "NO", SPECIFY WHO PROVIDES THIS INFORMATION (NAME, ADDRESS & CONTACT NUMBER)

6. TRAINING

6.1 DOES THE OPERATOR EMPLOY HANDLING STAFF BASED IN NAMIBIA FOR CARGO OR PASSENGER HANDLING?

PASSENGERS YES NO

CARGO YES NO

6.2 IF YOU ANSWERED "NO" TO ANY PART OF QUESTION PROVIDE DETAILS OF ORGANIZATION THAT

HANDLES PASSENGERS AND/OR CARGO ON BEHALF OF THE OPERATOR AND GO TO QUESTION 9.6

IF YOU ANSWERED "NO" TO BOTH PARTS OF QUESTION, ANSWER THIS QUESTION

STAFF CATEGORY	NAME OF ORGANIZATION
CARGO HANDLING	
PASSENGER HANDLING	

6.3 DOES THE OPERATOR CONDUCT ITS OWN DANGEROUS TRAINING FOR STAFF EMPLOYED BY THE OPERATOR?

YES NO

6.4 IF "NO", PROVIDE NAME OF ORGANIZATION THAT CONDUCTS THE DANGEROUS TRAINING ON BEHALF OF THE OPERATOR

STAFF CATEGORY	NAME OF ORGANIZATION
CARGO HANDLING	
PASSENGER HANDLING	

6.5 ARE (IS) THE DANGEROUS GOODS TRAINING PROGRAM(S) FOR STAFF EMPLOYED BY THE OPERATOR APPROVED BY THE NATIONAL AUTHORITY OF THE STATE OF THE OPERATOR? IF "YES", ENCLOSE COPIES OF CERTIFICATES.

YES NO

6.6 ARE (IS) THE DANGEROUS GOODS TRAINING PROGRAM(S) OF THE AGENT APPROVED BY THE NATIONAL AUTHORITY OF THE STATE OF THE OPERATOR? IF "YES", ENCLOSE COPIES OF CERTIFICATES.

YES NO

6.7 NAME, ADDRESS & CONTACT NUMBER OF PERSON WITHIN THE OPERATOR WITH RESPONSIBILITY FOR THE TRAINING OF NAMIBIAN BASED STAFF:

7. IS THE DANGEROUS GOODS MANUAL PART OF OPERATION MANUAL?

YES NO

8. DECLARATION AND SIGNATURE

11.1 THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF

NAME: _____ POSITION: _____

DATE: _____ SIGNATURE: _____