



**The Hashemite Kingdom of Jordan
Civil Aviation Regulatory Commission
Application For Scheduled Foreign Flights Permit**

1- General Information's

Operator Name		Aircraft Type & Model	
Principal Place Of Operation		Aircraft Manufacture Date	
Type Of Requested Operation	PAX <input type="checkbox"/> Cargo <input type="checkbox"/> Combi <input type="checkbox"/>	Aircraft Registration Marks	
Number Of Requested Flights per season		Aircraft MSN	
From:	To:		

2- Air Transport & International Relations Dep. Requirements

Operator Name:	Flight(s) No. (s):
Address Of Operator E-Mail: Fax: AFTN: Tel:	
Purpose of flight (s)	
A copy of the instrument relating to incorporation of the airline. Concise details about equity participation in the airline. Attached <input type="checkbox"/>	
Name Of Operator Representative /Jordanian Representative	Requested Arr/Dep Times Attached <input type="checkbox"/>
Address:	

3- Airworthiness Requirements

A- Attachments	
Air Operating Certificate (AOC) Attached <input type="checkbox"/>	Certificate Of Registration (CofR) Attached <input type="checkbox"/>
Operations Specifications For Company Attached <input type="checkbox"/>	Certificate Of Airworthiness (CofA) Attached <input type="checkbox"/>
Insurance Policy (Aircraft, Passengers/Cargo & Third Party) Attached <input type="checkbox"/>	Airworthiness Review Certificate (ARC) Attached <input type="checkbox"/>
Radio License Attached <input type="checkbox"/>	Noise Certificate Attached <input type="checkbox"/>
B- Installed Equipment	
TCAS II Version 7 <input type="checkbox"/> Yes <input type="checkbox"/> No	FM Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
EGPWS Capability <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Door <input type="checkbox"/> Yes <input type="checkbox"/> No
ATC Transponder Mode-S <input type="checkbox"/> Yes <input type="checkbox"/> No	Wind Shear Activity <input type="checkbox"/> Yes <input type="checkbox"/> No
VHF 8.33 Space Channel <input type="checkbox"/> Yes <input type="checkbox"/> No	RVSM Capability <input type="checkbox"/> Yes <input type="checkbox"/> No

4- Flight Operations Requirements (in case of transport of dangerous goods)

Airwaybill Attached <input type="checkbox"/>	UN number:
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5- Aviation Security Requirements

A written security program in accordance with the provisions contained in Annex 17 to the Convention on International Civil Aviation, the ICAO Security Manual (Doc. 8973) and Jordan National Civil Aviation Security Program and other regulations has been obtained.

6- Applicant's Certification

I, the undersigned, hereby certify that all information given in this application form and any attached document are true, correct and complete.		
Name & Title:	Signature:	Date:

7- Foreign Authority Statement

For Foreign Authority Use Only		
_____	_____	_____
(Name)	(Position and Title)	(Name & country of Civil Aviation Authority)
I do hereby certify that, according to the records held by the Authority, the above information are true and correct, the operator is appropriately certified and the Aircraft holds a valid Certificate Of Airworthiness.		
Date:	Signature _____	Stamp

8- For CARC Use Only

Air Transport & International Relations Airclearances & Facilitation Division Use Only		
Name & Title _____		Satisfactory <input type="checkbox"/>
Date: _____	Signature: _____	Unsatisfactory <input type="checkbox"/>

Airworthiness Use Only		
Name & Title _____		Satisfactory <input type="checkbox"/>
Date: _____	Signature: _____	Unsatisfactory <input type="checkbox"/>

Flight Operations Use Only		
Name & Title _____		Satisfactory <input type="checkbox"/>
Date: _____	Signature: _____	Unsatisfactory <input type="checkbox"/>

Aviation Security Use Only		
Name & Title _____		Satisfactory <input type="checkbox"/>
Date: _____	Signature: _____	Unsatisfactory <input type="checkbox"/>

9- Jordan CARC Approval / Air Transport & International Relations Department Use Only

Date:	Permit No. : ()	Director Air Transport (Name): Signature & Stamp
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Notes:

1. The above documents shall be furnished to Air Transport Department/ Air Clearances at least 30 days prior to the proposed date of commencement of air services, if the application and all attachments are correct and complete, so as to enable issuance of the operating permission well in time.
2. On fulfillment of the conditions prescribed under the air services agreement and submission of all the aforesaid documents, the airline designated may be issued an operating permit.
3. Approval Of Arrangements Done At Airlines Level
Subject to and in accordance with the current Air Services bilateral agreements approval of the competent authorities in respect of arrangement done at airlines' level shall be obtained and submitted by the designated airline to CARC.
4. Coordination Of Slots
The designated airline shall coordinate allocation of slots with the Airport Ground Operations Unit, Ground Handling Services Agent.
5. Filing Of Schedule

The designated airline shall file their proposed flight schedule with CARC for approval, at least 30 days prior to the commencement of the agreed services. The flight schedule should contain information relating to the type of service and its frequency, the type of aircraft to be used and the flight timings. The flights shall be operated only after the schedule has been approved by CARC.

6. The Operator is obliged to provide CARC with any amendments related to the requested flights.
7. The operator is obliged to provide CARC with the necessary documents in case of Dangerous Goods transportation at least (5) working days prior to the date of the requested flight.

8. Information & Contact

For more details and clarifications, please contact: airclearances@carc.gov.jo.