



The Hashemite Kingdom of Jordan
Civil Aviation Regulatory Commission
Application For Semi Annual or Annual
Air Taxi Permit / Privately owned aircraft Permit
 Air Taxi Privately owned aircraft

1- General Information

Operator Name		Aircraft Type & Model	
Principal Place Of Operation		Aircraft Manufacture Date	
Aircraft Registration Marks		Aircraft MSN	
Requested period	From:		To:

2- Required Documents

Air Operating Certificate (AOC) (only for Air Taxi) Attached <input type="checkbox"/>	Certificate Of Registration (C of R) Attached <input type="checkbox"/>
Operations Specifications for Company (only for Air Taxi) Attached <input type="checkbox"/>	Certificate Of Airworthiness (C of A) Attached <input type="checkbox"/>
Insurance Policy (Aircraft, Passengers/Cargo & Third Party) Attached <input type="checkbox"/>	Radio License (only for Air Taxi) Attached <input type="checkbox"/>
Airworthiness Review Certificate (ARC) Attached <input type="checkbox"/>	Noise Certificate (only for Air Taxi) Attached <input type="checkbox"/>

3- Applicant's Certification

Prior permit received <input type="checkbox"/>	Number of permit	
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:

4- 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

5- For CARC Use Only

Air Transport & International Relations
Airclearances & Facilitation Division Use Only

Name & Title _____ Satisfactory

Date: _____ Signature: _____ Unsatisfactory

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

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

Date:	<input type="checkbox"/> Semi Annual Permit No. : () <input type="checkbox"/> Annual Permit No. : ()	Director Air Transport (Name): Signature & Stamp
-------	---	---