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MAURITIUS

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##### APPLICATION FOR APPROVAL FOR THE TRANSPORT OF DANGEROUS GOODS BY AIR

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| ***Instruction***:* The form once completed should be returned to the Civil Aviation Authority of Mauritius.
* Failure to complete this form in full may result in a delay in processing the application.
* The issuing of this form does not in itself constitute an authorisation to carry dangerous goods.
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| **1. APPLICATION LETTER** |
| **2. APPLICATION INFORMATION:**INITIAL [ ]  |  | RENEWAL | [ ]  |
| **3. FULL LEGAL NAME OF OPERATOR** |
| **4. NAME, ADDRESS & CONTACT NUMBER OF PERSON WITHIN OPERATOR WITH OVERALL RESPONSIBILITY FOR TRANSPORT OF DANGEROUS GOODS BY AIR** |
| 1. **ACCEPTANCE PROCEDURES:**
	1. DOES THE OPERATOR CONDUCT OWN ACCEPTANCE CHECKS? YES [ ]  NO [ ]
	2. IF “NO”, GIVE NAME, ADDRESS & CONTACT NUMBER OF ACCEPTANCE AGENT:
	3. SPECIFY AIRPORT OF ACCEPTANCE:
	4. DOES THE OPERATOR CONDUCT ANY ACCEPTANCE CHECKS FOR ANY OTHER OPERATOR?

YES [ ]  NO [ ] * 1. IF “YES”, GIVE NAMES OF OPERATORS:
 |
| 1. **DANGEROUS GOODS OPERATIONS:**
	1. CLASSES OF DANGEROUS GOODS
 |  |  |
| CLASS 1 [ ]  CLASS 4 |[ ]  DIVISION 6.2 [ ]  CLASS 9 [ ]  |
| CLASS 2 [ ]  CLASS 5 |[ ]  CLASS 7 [ ]  |
| CLASS 3 [ ]  DIVISION 6.1 |[ ]  CLASS 8 [ ]  |
| (b) TYPES OF OPERATIONS[ ]  AIRCRAFT |  | [ ]  MEDICAL EVACUATION OPERATIONS |
| [ ]  HELICOPTER |  | [ ]  CHARTER OPERATION |
| [ ]  PASSENGER & CARGO |  | [ ]  SCHEDULED PASSENGER & CARGO |
| [ ]  CARGO AIRCRAFT ONLY |  | OPERATIONS |

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| 1. **LOADING, UNLOADING, STORING**
	1. IS THE AIRCRAFT LOADED BY THE STAFF OF THE OPERATOR? YES [ ]  NO [ ]
	2. IF “NO”, SPECIFY AGENT’S NAME, ADDRESS & CONTACT NUMBER
 |
| 1. **PROVISION OF INFORMATION:**
	1. IS WRITTEN INFORMATION PROVIDED TO THE PILOT IN COMAND BY THE OPERATOR?

YES [ ]  NO [ ] * 1. IF “NO”, SPECIFY WHO PROVIDES THIS INFORMATION (NAME, ADDRESS & CONTACT NUMBER)
 |
| 1. **TRAINING**
	1. DOES THE OPERATOR EMPLOY HANDLING STAFF BASED IN MAURITIUS FOR CARGO OR PASSENGER HANDLING

PASSENGERS YES [ ]  NO [ ] CARGO YES [ ]  NO [ ] * 1. 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
	2. DOES THE OPERATOR CONDUCT ITS OWN DANGEROUS TRAINING FOR STAFF EMPLOYED BY THE OPERATOR?

YES [ ]  NO [ ] * 1. IF “NO”, PROVIDE NAME OF ORGANISATION THAT CONDUCTS THE DANGEROUS TRAINING ON BEHALF OF THE OPERATOR
	2. 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 COPIED OF CERTIFICATES.

YES [ ]  NO [ ] * 1. ARE (IS) THE DANGEROUS GOODS TRAINIG PROGRAM(S) OF THE AGENT APPROVED BY THE NATIONAL AUTHORITY OF THE STATE OF THE OPERATOR? IF “YES”, ENCLOSE COPIES OF CERTIFICATES.

YES [ ]  NO [ ]  |

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| STAFF CATEGORY | NAME OF ORGANISATION |
| CARGO HANDLING |  |
| PASSENGER HANDLING |  |

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| --- | --- |
| STAFF CATEGORY | NAME OF ORGANISATION |
| CARGO HANDLING |  |
| PASSENGER HANDLING |  |

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| (g) NAME, ADDRESS & CONTACT NUMBER OF PERSON WITHIN THE OPERATOR WITH RESPONSIBILITY FOR THE TRAINING OF MAURITIAN BASED STAFF. |
| **10. DANGEROUS GOODS MANUAL AS PART OF OPERATION MANUAL** |
| **11. DECLARATION AND SIGNATURE**THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEFNAME: POSITION:DATE: SIGNATURE: |

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