

**- International Airline Licence application -**

General Manager  
Aviation Industry Policy  
Department of Infrastructure and  
Regional Development  
GPO Box 594  
CANBERRA ACT 2601  
AUSTRALIA

(date)

**An Application for an International Airline Licence - by (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 Regulations 1947.

"The undersigned applies for permission pursuant to the *Air Navigation Act 1920* and the Air Navigation Regulations 1947 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:

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**1. APPLICANT DETAILS**

a. Name of Applicant:

\_\_\_\_\_

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

\_\_\_\_\_

c. Head Office

Name	
ACN number/foreign company number <i>(If applicable)</i>	
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>	
Fax <i>(include area code)</i>	
Email	

d. Operating Headquarters *(if different to above)*

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>	
Fax <i>(include area code)</i>	
Email	

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

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>	
Fax <i>(include area code)</i>	
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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>	
Fax <i>(include area code)</i>	
Email	

**2. ATTACHMENTS**

The following documents are attached to this application:

DOCUMENT NAME	PAGES
1. <i>For example - Copy of business registration documents</i>	
2.	
3.	
4.	
5.	
6.	
7.	
8.	