

To whom it may concern,

Thank you for your interest in operating into or within the Cayman Islands. Please note that all air transport operations into or within the Cayman Islands are subject to regulation under the UK's Air Navigation (Overseas Territories) Order, AN(OT)O 2013 and as amended and updated from time to time. In particular Article 137 which provides that a foreign registered aircraft, shall not fly over the Territory for the purpose of aerial photography or aerial survey (whether or not valuable consideration is given or promised in respect of the flight or the purpose of the flight) or for the purpose of any other form of aerial work except with the permission of the Governor.

Attached you will find an information package containing the application form, requirement list, schedule of fees and credit card authorization necessary to obtain a non-scheduled operating permit. Once the application form is completed and all documentation is in order, these can be submitted via email (the Civil Aviation Authority of the Cayman Islands does however, reserve the right to request certified copies of all original documents) with the prescribed funds to <a href="mailto:permits@caacayman.com">permits@caacayman.com</a>. The CAACI requires all documents to be submitted in English, for original documents that are originally issued in any language other than English a notarized translation must accompany copies of the original documentation.

Once all documentation has been received we will verify the validity of all documentation and the permit should be emailed to you (with a copy sent to your ground handler and to the Cayman Islands Airport Authority - CIAA) within approximately 3 working days.

We look forward to being of service to you and if you have any questions please do not hesitate to contact us either by phone 1-345-949-7811 ext 238 (office), 1-345-926-0487 (Elaine Whorms' cell), 1-345-925-5048 (Nicoela McCoy's cell) 1-345-949-0761 (fax), or email permits@caacayman.com

Economic Regulation & Administration Division Civil Aviation Authority of the Cayman Islands

Civil Aviation Authority of the Cayman Islands
Unit 2, Cayman Grand Harbour, P. O. Box 10277 Grand Cayman KY1-1003
CAYMAN ISLANDS

Ph: 345-949-7811; Fax: 345-949-0761 www.caacayman.com; E-mail civil.aviation@caacayman.com



## APPLICATION FOR NON-SCHEDULED AERIAL SURVEY/PHOTOGRAPHY FLIGHT/S

(To be completed by aircraft operator)

1. Name of Applicant (if body corporate, specify IATA / ICAO or	perator designator code):
2. Nationality:	
3. Country of Registration:	
4. Registered business address:	
5. Point(s) of origin of flight including ICAO location designator	r:
6. Destination in the Cayman Islands: MWCR	MWCB (please check which applies)
7. Points beyond:	
8. Date on which service is to commence:	
9. Period for which Permit is required:	
10. Type of aircraft Se	eating capacity or MTOW (if cargo):
11. Registration of aircraft :	<del>-</del>
12. Total number of flights:	
13.Proposed dates of operation	
14. Proposed arrival / departure times (to be provided to the Car	yman Islands Airports Authority):
	y is being conducted (include contact name and business address details)
	Insured for these types of Operations (Certificate of Registration, Insurance State of Registry. Copy of Ops Specs, Air Carrier (Operator) Certificate (AOC/ACC).
Date:	Signature:
Company billing address (include phone, fax and e-mail):	Print Name:
	Position:
	Email & fax for return of approved permit or correspondence:

• Attached please find credit card authorization form for payment by credit card, payment is requested at the time of application.

Completed Form should be returned giving as much lead time as possible for processing:

**Civil Aviation Authority** 

P.O. Box 10277/ Unit 2 Cayman Grand Harbour

Grand Cayman, KY1 1003, Cayman Islands.

Fax 345 949 0761; Ph. 345 949 7811

e-mail: Elaine.whorms@caacayman.com or permits@caacayman.com

Attn: Elaine Whorms, Air Transport Licensing Officer

CAACI/CARA/NSPAPA-FORMC-02-01/10/2012



Minimum requirements list for non-scheduled/charter air transport operations. All documents must be provided in English or a certified translation along with certified copies of originals.

a.	[	]COPY OF AIR OPERATING CERTIFICATE*
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- **b.** [ ]COPY/PROOF OF **CERTIFICATE OF INSURANCE**
- c. [ ]COPY OF **CERTIFICATE OF AIRWORTHINESS**
- d. [ ]COPY OF REGISTRATION CERTIFICATE
- e. [ ]OPS SPECS ORGANIZATION STRUCTURE AND CONTACTS, list of aircraft covered under the current AOC and designated areas of operation.
- f. [ ] COPY OF NOISE CERTIFICATE
- g. [ ] A STATEMENT THAT THERE ARE NO DANGEROUS GOODS, WEAPONS OR MUNITIONS OF WAR BEING CARRIED ON THE FLIGHT(S). If dangerous goods are being carried the airline operator must provide confirmation that it has an "exemption" issued by the CAA.
- h. [ ] A STATEMENT THAT THE AIRCRAFT ARE FITTED WITH AIRBORNE COLLISIONAVOIDANCE SYSTEM (ACAS) II VERSION 7.
- i. [ ]COPY/PROOF OF permission to conduct aerial survey/photography over the Cayman Islands issued by the Chief Surveyor, Lands & Survey Department as per Section 27 of the Land Surveyors Law (22 of 1971) (1996 Revision):
  - "27. (1) Any person who intends to carry out any aerial photography of the Islands for use in mapping, or any similar purpose, shall give to the Chief Surveyor not less than one month's notice in writing of his intention so to do, and shall not proceed to carry it out until permission in writing from the Chief Surveyor has been obtained.

Contact can be made with the Chief Surveyor via the following email addresses:

Mr. Ruper Vasquez - rupert.vasquez@gov.ky

With a copy to Mr. David Fawcitt - david.fawcitt@gov.ky

\*If an Air Operating Certificate is not available a letter must be provided from the company requiring the aerial photography stating that the photography/survey is being done on their behalf and for what purpose.



Fees applicable to the application and processing of operating permits

Excerpt from the Air Navigation Fees 2010

24. When an application is made for permission to operate an aircraft registered in a foreign country to take on board or discharge any passenger or cargo in the Cayman Islands pursuant to Article 135/137 of the Order, the applicant shall pay the following fees:

<u>Description</u>	Fees CI\$	Fees US\$
(a) In the case of scheduled journeys to be provided over a period not exceeding six months-		
(i) for aircraft with twenty seats or less, or in the case of a cargo aircraft a certified maximum take-off weight not exceeding 5,700 kg, a fee of	\$1,000	\$1219.51
(ii) in any other case, a fee of		
	\$2,500	\$3048.78
(b) In the case of non-scheduled journeys to be provided:		
(i) if it involves not more than one flight in any one direction -		
(a) for an aircraft with twenty seats or less, or in the case of a cargo aircraft a certified maximum take-off weight not exceeding 5,700 kg, a fee of	\$300	\$365.85
(b) in any other case, a fee of	\$400	\$487.80
(ii) if it involves more than one flight in any one direction and is to be provided during a period not exceeding thirty days -		
(a) for aircraft with twenty seats or less, or in the case of a cargo aircraft a certified maximum take-off weight not exceeding 5,700 kg, a fee of	\$1000	\$1219.51
(b) in any other case, a fee of	\$1,500	\$1829.27
(iii) in the case of any other service to be provided during a period of not more than six months –		
(a) for an aircraft with twenty seats or less, or in the case of a cargo aircraft a certified maximum take-off weight of not more than 5,700 kg, a fee of Per fleet of five aircraft or part thereof	\$2,500	\$3048.78
(b) in any other case, a fee of Per fleet of five aircraft or part thereof	\$3,000	\$3,658.54

Effective from November 1, 2010



Unit 2 – Grand Harbour,
PO Box 10277, Grand Cayman, Cayman Islands KY1-1003
PH: 345-949-7811: Fax 345-949-0761
e-mail: accounts@caacayman.com
www.caacayman.com

## **CREDIT CARD AUTHORIZATION FORM**

I	duly authorize the Civil Aviation Authority of the
(Please print name) Cayman Islands to debit my Credit Card A	Account as follows:
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	BER
AIRCRAFT OPERATING AGENCY	NAME AND APPLICANT REQUESTING CHARTER:
INVOICE #	AMOUNT AUTHORIZED US\$
AMOUNT IN WORDS:	
VISA #	Expiration date:
MASTER CARD #	Expiration date:
AMERICAN EXPRESS #	Expiration date:
CARDHOLDER NAME:	
CREDIT CARD BILLING ADDRESS	S AND CORPORATION NAME
MAIL RECEIPT TO:	same as above
CONTACT NUMBERS: TEL	FAX

CAACI/CARA/CCAF-01-08/02/2008