



RENEWAL APPLICATION FOR SCHEDULED PASSENGER/CARGO FLIGHT/S

(To be completed by aircraft operator)

1. Name of Applicant (if body corporate, specify IATA / ICAO operator designator code): _____
2. Nationality: _____
3. Country of Registration: _____
4. Point(s) to be operated during the season: _____

5. Destination in the Cayman Islands: MWCR MWCB (please check which applies)
6. Type (s) of aircraft to be operated during the season: _____
7. Seating capacity per aircraft: _____
8. Total number of flights weekly: _____
9. Please send full schedule for season with this application.
10. Please be advised that the CAACI must be advised of any schedule, aircraft or fare changes during the upcoming season and these must be sent to Elaine Whorms, Air Carrier Licensing Officer to the email listed below.

Date: _____

Signature: _____

Print Name: _____

Position: _____

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