

GUIDELINES AND REQUIREMENTS FOR RENEWAL OF AIRLINE OPERATING PERMIT (AOP)

1. GENERAL

- (i) Application for renewal of an Airline Operating Permit (AOP) shall be made in writing to the **Director General, Nigerian Civil Aviation Authority (NCAA)**.
- (ii) The application shall be signed by the person duly authorized by the applicant.
- (iii) The application for an AOP shall be submitted to the Director General, Nigerian Civil Aviation Authority (NCAA) on or before a date not less than **six (6) months** to the expiration of the existing AOP.

2. REQUIREMENTS

The following supporting documents are required for processing the application:

- (a) Receipt of Payment of **₦550,000.00 (five hundred and fifty thousand Naira only)** being:
 - (i) **₦250,000.00** processing; and
 - (ii) **₦300,000.00** utilization fees.
- (b) Evidence of utilization of Permit vides the following details:
 - (i) Number and type (s) of aircraft in use;
 - (ii) Insurance of aircraft in use, including passenger, cargo and third party;
 - (iii) Routes operated; and
 - (iv) Total number of passenger, cargo and mail carried during the period of operation of the expiring Permit.
- (c) Evidence of submission of monthly statistical returns of operations to the Authority.



- (d) Evidence of regular and up to date payment of Aviation Charges.
- (e) Current Tax Clearance Certificate (CTC) of the company and its directors.
- (f) Security Clearance Certificate of the company's directors.

3. SECURITY CLEARANCE

Security clearance shall be required for renewal of an AOP.

Provided there is a satisfactory report on the airline and the airline has fulfilled the above listed requirements, the AOP shall be renewed by the Director General for a further period of **three (3) years**.

4. VALIDITY OF RENEWED PERMIT AND UTILIZATION FEE

- (i) The validity of a renewed Permit shall be **three (3) years**.
- (ii) An annual utilisation fee of **₦100,000.00** shall be paid to the Authority.

5. ADDITIONAL INFORMATION

- (i) On receipt of an application for an AOP, the Director General may request additional information from the applicant as may be deemed necessary.
- (ii) The Director General may refuse to renew a Permit if the applicant is not cleared by the State Security Services Office.
- (iii) The Financial Health of the airline shall be monitored continuously by NCAA.
- (iv) A Permit holder is also required to forward statistical returns on aircraft movements and passenger and cargo up-lift on a regular basis to the Authority.
- (v) **Applicant wishing to operate regional and international scheduled services should obtain the "Guidelines and Requirements for Designation". The guidelines specify a share capital of ₦1 billion for regional operation and ₦2 billion for international operations amongst other requirements.**

(vi) *A Permit not utilised at the expiration of its validity period shall not be renewed*

NIGERIAN CIVIL AVIATION AUTHORITY

- 2 -

Form AOP2

Application No:.....

Date Issued.....

Signature of Issuing Officer:.....

FINANCIAL STATUS AND ORGANISATION'S STRUCTURE

Note: All questions should be answered or the word "not applicable" entered.

SECTION A:

NAME, ADDRESS AND INCORPORATION

1. Name: (Block Letters):.....
2. Trading Name if different from (1):.....
.....
- 3(a) Registered Office:..... (b) Telephone No:.....
..... Mobile:.....
..... Fax:.....
..... E-mail:.....
..... Website Address:.....
- 4a. Address of Correspondence: (b) Telephone No:.....
..... Mobile:.....
..... Fax:.....
..... E-mail:.....
5. Date and Place of Incorporation of Company:

SECTION B:

SHARE CAPITAL

1. The Company's Authorised Share Capital:.....
2. The Company's Paid-Up Share Capital:.....
3. The Company's Working Capital:.....

4. If any shares have been issued other than for cash, state number:



SECTION C:

SHAREHOLDERS

Where there are more than 20 shareholders in any company in sections C1, 2 or 3 below, details need be given only in respect of those holding more than 5% of the total share issued. For this purpose, nominee holding should be counted with any share held directly by the beneficial holder. The remaining shareholders should be grouped as others.

1. Name in full and nationality of every shareholder giving number of each class of shares held and indicating in the case of nominee holding the name and nationality of the beneficial holder.

FULL NAME OF SHAREHOLDER(S)	NUMBER OF SHARES	CLASS OF SHARE	% OF TOTAL SHARE ISSUED	NATIONALITY

2. If a Subsidiary of another Company:

i. Name, Address and Place of Incorporation of Parent Company

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ii. Name in full and nationality of every shareholder of parent company giving number and class of share held, including the case of nominee holdings, the name and nationality of the beneficial holder

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3. Name of ultimate holding company if different from that shown in C2 with other details as in C2 (i) and C2 (ii)

.....

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SECTION D:

SUBSIDIARY AND ASSOCIATED COMPANIES

1. Name and place of incorporation of any subsidiary companies indicating proportion of shares held:.....

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NIGERIAN CIVIL AVIATION AUTHORITY



2. Name and place of incorporation of any associated companies indicating proportion of shares held or nature of association:.....

SECTION E:

CONTROL OF BUSINESS

Give details of any person or corporate body, which has any significant financial interest in the business (by way of shares, debentures, loans or otherwise) or can control the activities of the company or Permit holder in any way and is not such a person or body described above in Section C of this form.

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SECTION F:

DIRECTORS, MANAGEMENT AND STAFF

1. Name in full, position in company and nationality of each member of the Board of Directors:

FULL NAME	PROFESSIONAL BACKGROUND	POSITION HELD	NATIONALITY
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2. **Experience of Directors and Senior Management:**

In the case of new applicants, directors and senior management's personnel's aviation experience should be stated. In the case of permit holders, this section

3



needs to be completed only in respect of the board members or senior management personnel appointed since the last form was submitted.

3. Please list below details of the airlines' Senior Management other than Directors:

FULL NAME	NATIONALITY	POSITION HELD	PROFESSIONAL BACKGROUND

4. Please give details of financial arrangements on ground or proof that the company can meet fixed and operational costs incurred from operations for a period of three(3)

months from the start of operations without taking into account any income from the airline's operations:

Financial resources available:.....

Details of Loan facilities:.....

5. (For existing airline) Number of staff employed (giving maximum and minimum numbers as may fluctuate seasonally or otherwise):

i. Aircrew including flight engineers:.....

ii. Cabin Staff:.....

iii. Ground Engineering Staff:.....

iv. Finance:.....

v. Marketing:.....

vi. Administration:.....

vii. Others:.....

viii. Total:.....

6. Any other information affecting control of the airline can be written on a separate sheet of paper.



CERTIFICATE

I, THE UNDERSIGNED, DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED BY ME ARE TRUE AND COMPLETE.

DATED THIS.....DAY OF:.....20.....

SIGNATURE..... POSITION.....

SIGNATORY'S NAME (INBLOCKLETTERS).....

ON BEHALF OF.....

N.B.

(i) *Please note that this Form should preferably be signed by an Accountable Officer i.e. that exercises both financial and operational control in the applicant-company.*

- (ii) *Before completion of this form and other AOP forms, applicant should refer to the guidelines/requirements for grant/renewal of Airline Operating Permit for guidance.*

This form should be returned to:

Directorate of Air Transport Regulation
Licensing Unit,
NCAA

NIGERIAN CIVIL AVIATION AUTHORITY

5

Form AOP 3

Application No:.....

Date Issued.....

Signature of Issuing Officer:.....

DETAILS OF AVIATION THIRD PARTY, PASSENGERS AND CARGO LEGAL LIABILITY INSURANCE PROPOSED OR MAINTAINED BY APPLICANT

APPLICANT (including any Trading Name)

1. Policy Details (for operating airlines)

S/N	LIABILITY	POLICY REFERENCE AND PERIOD OF	LIMIT OF INSURERS LIABILITY
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		VALIDITY	
A.	Aircraft (Hull)		
B.	Aviation Passenger		
C.	Aviation Third Party		
D.	Aviation Cargo		
E.	Excess Liability		
F.	Combined Single Limit Liability		

Please state risks covered/to be covered, for example (a) and (c), (b) and (d), (b) and (c), etc.

Note:

1. Applicant should ensure that the extent of insurance cover undertaken shall not be less than that prescribed in the NCAA applicable regulation and the provisions of the Civil Aviation Act 2006.
2. Please show the applicable limits, for example any one accident, in the aggregate, any one aircraft etc, if risks are covered by a combined single limit. Please indicate the risks covered.

Please attach relevant documents and list of all Insurers/ Brokers and Underwriters participating/to participate in each policy.



2. POLICY RESTRICTIONS (IN RESPECT OF EACH POLICY)

Please specify any restrictions shown in policies as to:

- (a) Pilots
- (b) Usage of Aircraft
- (c) Geographical Limits
- (d) Maximum Number of Seats

3. POLICY CANCELLATION/MATERIAL CHANGE (IN RESPECT OF EACH POLICY)

- (a) What period of notice is required for cancellation of material change to the policies?
 - (i) in respect of war and allied perils, if covered

- (ii) for any other reason?
- (b) Are there circumstances in, which the policies can automatically lapse:
 - (i) in respect of war and allied perils, if covered other than five great power war, nuclear detonation or confiscation of the aircraft?
 - (ii) for any other reason?

DECLARATION BY INSURERS/PROPOSED INSURERS

We certify that to the best of our belief as insurers/proposed insurers of the applicant, the above particulars, in so far as they relate to the insurance policy held/to be held, are correct. We further certify that each policy detailed above is in the form known as Lloyd's Aviation No. 1 or in the form agreed by the members of the aviation insurance offices association or that the policies are no less favourable to the insured than one or other of the aforesaid forms and do not exclude liabilities which would not be excluded by one or other of the aforesaid forms.

Signed.....Name of Signatory.....

On behalf of.....Date:.....

Address:.....

Telephone No:.....



DECLARATION

I, CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE PARTICULARS ARE CORRECT, AND CONFIRM THAT ALL AIRCRAFT EMPLOYED ARE COVERED BY THE ABOVE-MENTIONED POLICIES UNLESS STATED HEREIN TO THE CONTRARY.

SIGNED.....

NAME OF SIGNATORY (IN BLOCK LETTERS).....

POSITION OF SIGNATORY.....
ON BEHALF OF:.....DATE:.....

Note:

Before completion of this form and other AOP forms applicant should refer to the guidelines/requirements for renewal of Airline Operating Permit for guidance.

This form should be returned to:

Directorate of Air Transport Regulation
Licensing Unit
NCAA

NIGERIAN CIVIL AVIATION AUTHORITY



Form AOP 4

Application No:.....
Date Issued.....
Signature of Issuing Officer:.....

**APPLICATION FORM FOR RENEWAL OF
AIRLINE OPERATING PERMIT**

Note:

Before completion of this form and other AOP forms applicant should refer to the guidelines/requirements for renewal of Airline Operating Permit for guidance.

1. Name: (Block Letters):.....
2. Trading Name if different from (1):.....
.....
- 3(a) Registered Office:..... (b) Telephone No:.....
..... Mobile:.....
..... Fax:.....
..... E-mail:.....
..... Website Address:.....
- 4a. Address of Correspondence: (b) Telephone No:.....
..... Mobile:.....
..... Fax:.....
..... E-mail:.....
5. Amount paid as Processing Fee and Receipt No:.....
6. Permit No: Date Issued.....
7. Date between which Permit is to be renewed:
From:..... To..... Inclusive

8. Aircraft Type in Use

AIRCRAFT TYPE BEING OPERATED

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)
- (vii)
- (viii)
- (ix)
- (x)



9. For flights undertaken during the period of validity of Permit, State:

(A)

YEAR	NO. OF PASSENGERS CARRIED	ROUTE	TOTAL PASSENGER – KILOMETERS

Note: *Total Passenger Kilometer = Number of Passenger Carried multiplied by Kilometers flown.*

NIGERIAN CIVIL AVIATION AUTHORITY

2



(B)

YEAR	AMOUNT OF FREIGHT CARRIED (KG/TONNES)	TOTAL KG/TONNES– KILOMETERS

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* (PLEASE SUPPORT WITH NECESSARY DOCUMENTS)

Note: *Total Tonnes-Kilometer = Amount of Freight Carried in Kg multiplied by Kilometers flown.*

10. When last did your airline submit its statistical returns to NCAA/FMA.....
11. Please show proof of submission by enclosing letter(s) acknowledging receipt of your statistical returns.
12. When was the last economic audit exercise carried out on your airline.....
.....
(Please attach proof)
13. Are there changes in the membership of your board? Yes No
14. If yes, please state the changes:
Names of New Members:
(i)
(ii)
(iii)

NIGERIAN CIVIL AVIATION AUTHORITY



CERTIFICATE

I, THE UNDERSIGNED, HEREBY APPLY FOR THE RENEWAL OF AN AIRLINE OPERATING PERMIT AS DESCRIBED IN THIS APPLICATION AND I DECLARE

THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS GIVEN
IN THIS APPLICATION ARE TRUE.

DATED THIS.....DAY OF.....20.....

SIGNATURE..... POSITION.....

SIGNATORY'S NAME (IN BLOCK LETTERS):.....

ON BEHALF OF.....

This form should be returned to:

Directorate of Air Transport Regulation
Licensing Unit
NCAA

NIGERIAN CIVIL AVIATION AUTHORITY

Application No:.....

Date Issued.....

Signature of Issuing Officer:.....

APPLICANT'S UNDERTAKING

Note:

This Form should be signed by an Accountable Officer i.e. that exercises both financial and operational control in the applicant-company.

CONDITIONS OF AIRLINE OPERATING PERMIT (AOP)

I on behalf of hereby agree to comply with the under listed conditions if my application for an Airline Operating Permit is granted:

- (a) Obtain an Air Operator's Certificate (AOC) issued by the Nigerian Civil Aviation Authority (NCAA) as a condition precedent to commencement of operations.
- (b) Operate the aircraft specified in the Air Operator's Certificate (AOC) in accordance with the laws, regulations and rules in force in Nigeria as well as the Standards and Recommended Practices (SARPs) of ICAO.
- (c) Perform all services stipulated in the AOC in accordance with the provisions of the Civil Aviation Act 2006, and the Nigerian Civil Aviation Regulations (NCARs).
- (d) Ensure all international flights that are operated leave and enter Nigeria through Customs Airports.
- (e) Seek prior permission in writing from the NCAA for any charter flights that can not satisfy sub-paragraph (d) above.
- (f) Seek prior permission of the appropriate aeronautical authorities of the foreign countries concerned before any flight outside Nigeria is undertaken.
- (g) Put in place adequate insurance cover for passengers/cargo and third party in line with the Civil Aviation Act 2006. The insurance must be sufficient to pay compensation of \$100,000.00 USD (one hundred thousand US Dollars), per passenger in case of death or injury.
- (h) Ensure payment of staff salaries as and when due.
- (i) Ensure payment of aviation charges including 5% Cargo, Charter, Contracts Sales Charges as and when due.



- (j) Ensure the submission of monthly statistical returns, of all flights undertaken during the preceding month, to the Federal Ministry of Aviation or NCAA not later than 15th day of the following month and shall include the following particulars:
- (i) Date of flight;
 - (ii) Registration number of aircraft
 - (iii) Points between which the flights were conducted;
 - (iv) Total flying time involved;
 - (v) Names and business of charterer in the case of charter flights;
 - (vi) Number of passengers;
 - (vii) Amount of freight carried;
 - (viii) Total kilogram-kilometers; and
 - (ix) Total passenger-kilometers.

Failure to comply with any of the conditions above (a to j) shall result in the, suspension, withdrawal or revocation of the Airline Operating Permit.

DATED THIS.....DAY OF.....20.....

SIGNATURE..... POSITION.....

SIGNATORY'S NAME (IN BLOCK LETTER).....

ON BEHALF OF.....

(Include company's official stamp)

NIGERIAN CIVIL AVIATION AUTHORITY