



SIERRA LEONE CIVIL AVIATION AUTHORITY

LEONE HOUSE, 21/23 SIAKA STEVENS STREET,
FREETOWN, SIERRA LEONE,
WEST AFRICA

APPLICATION FORM FOR REGISTRATION AS TRAVEL AGENCY

SECTION 1 – IDENTIFICATION OF AGENCY LOCATION FOR WHICH APPROVAL REQUESTED

1.1 Legal name:

1.2 Trade name, if different from 1.1 above:

1.3 Full address of the office for which application for approval is made:

Telephone No: Fax No:

E-mail: Website:

1.4 Give:

1. the trade registration number of the agency:.....

2. the date this was granted:.....

Note: Please attach a copy of the official certificate of registration

1.5 Date on which the office for which approval is sought opened as An Agent of Foreign Airline

SECTION 2 - GENERAL INFORMATION

2.1 Give name, address, telephone number, e-mail of Head Office:

Telephone No: Fax No:

E-mail: Website:

2.2 Specify legal status:

sole proprietorship partnership limited liability company

other (describe)

2.3 If your agency is owned by an organization other than the head office mentioned above, answer the following with respect to the parent organization:

1. What is its legally registered name and address?

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2. What is the principal business of this organization?

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SECTION 3 - FINANCIAL INFORMATION OF BUSINESS ENTITY

Specify as applicable:

3.1 Registered capital:

3.2 Paid-up capital:

3.3 Minimum paid-up capital:

3.4 GST No:

3.5 Attach a copy of your current financial statements including balance sheet and profit and loss account certified by a chartered, certified public or certified general accountant.

SECTION 4 - BUSINESS ENTITY OF AGENCY

4.1 If SOLE OWNER:

Name	Address, Telephone, Fax and Email	% of time devoted to the agency business

4.2 If PARTNERSHIP

Name and Titles of Partners	Address, Telephone, Fax and Email	% of time devoted to the Agency business	Financial Interest %

SECTION 5 – DETAILS OF OWNERS, MANAGERS AND STAFF OF AGENCY

5.1 Attach a list setting forth the names and experience in the travel industry of managerial personnel and other full-time travel staff members qualified and competent to sell international air transportation and issue travel documents, giving details as follows:

1. Name of manager or staff:

2. Position or title:

3. Date joined agency location for which approval is sought:

4. Name of previous employer(s) and address (es). If previous employer(s) were travel agents, indicate if SLCAA approved or not.

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5. Date (s) of previous employment (month/year):

6. Position held during previous employment:

NOTE: *List relevant qualifications (Diploma/Certificate Certifying the successful completion of an airline or IATA training course or equivalent)*

SECTION 6 – PREMISES OF AGENCY LOCATION FOR WHICH APPROVAL REQUESTED

6.1 What are the normal hours and days of the week that the office is open?

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6.2 Are the premises located at an airport? YES NO

6.3 If an On-line Agency specify URL address:

SECTION 7 – SECURITY OF IMPORTANT AIRCRAFT DOCUMENTS

Applicants will be required to provide evidence at the time of inspection that they meet the requisites for important Aircraft Document security.

7.1 Describe the type of facility you have in the agency for the storage of your on-premises working supply of Traffic Documents or other accountable documents:

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SECTION 8 - OTHER INFORMATION

8.1 Is the Agency a Flight Handling Agent for any IATA or non-IATA airline? YES NO

If yes, specify:

- 1. Name of airline(s):
- 2. Scope of operation:
- 3. FHA territory:

8.2 Provide the names of individuals authorized to sign, on behalf of the applicant, documents which relate to the day-to-day operation of the agency.

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Signature of Applicant Country

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Print Type Name of Applicant Date

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Title/Position

NOTE: *The application should be submitted to the Sierra Leone Civil Aviation Authority Head Office and must be complete in all respects before processing can begin.*