

SECTION 1D. TO BE COMPLETED BY ALL APPLICANTS

11. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary)

12. Proposed Training (Aircraft and/or Simulator)

13. The statement and information contained on this form denotes an intent to apply for a CASAS certificate.

Type of Organisation:

Signature	Date (day/month/year)	Name and Title
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SECTION 2. TO BE COMPLETED BY CASAS OFFICIAL

Received by (Name and Office):	Date received (day/month/year)
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Date forwarded to Director of the Civil Aviation Safety Authority (day/month/year):	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only
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Remarks:

SECTION 3. TO BE COMPLETED BY THE DIRECTOR OF THE CIVIL AVIATION SAFETY AUTHORITY SURINAME

Assigned as PM:	Pre-application Number:
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Date (day/month/year):	Assigned Certification Number:
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Remarks:
