

**CIVIL AVIATION AUTHORITY OF SINGAPORE (CAAS)
THE AIR TRANSPORT ADMINISTRATION AND LICENSING SYSTEM
REGISTRATION FORM FOR AIRLINES**

AIR TRANSPORT DIVISION
CIVIL AVIATION AUTHORITY OF SINGAPORE
PO BOX 1
SINGAPORE CHANGI AIRPORT
SINGAPORE 918141

AT Administrator:
Email: caas_atlas_admin@caas.gov.sg

AIRLINE INFORMATION

Airline Name (as per Air Operator's Certificate): _____

Airline Code (ICAO): _____

Airline Code (IATA): _____

Type of Operations: Passenger Freight
 Aerial Work Non-Scheduled carrier

Carrier Type: Scheduled carrier Non-Scheduled carrier

State of Registry: _____

Radio Telephony Designator: _____

MAIN INFORMATION (AS PER AIR OPERATOR'S CERTIFICATE)

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Postal Number: _____

Country: _____

Contact Number: _____

Fax Number: _____

Email Address: _____

** Please kindly attached Air Operator Certificate (AOC) for verification.*

DECLARATION

I declare that the information provided is true. Incomplete or false information may affect the registration.

Name of Contact Person: _____ Contact Number: _____

Designation: _____ Date: _____

Singature: _____

FOR COMPLETION BY CAAS AIR TRANSPORT DIVISION

Handled By : _____

Date Created: _____