

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

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

AGENCY INFORMATION

Agency Name _____

Agency Type Local Ground Handling

MAIN CONTACT INFORMATION

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Postal Number: _____

Country: _____

Contact Number: _____

Fax Number: _____

Email Address: _____
(Main Point of Contact for Agency)

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: _____