



States of Guernsey

FOR OFFICIAL USE ONLY

Application Number :

Date Received :

COMMERCE AND EMPLOYMENT DEPARTMENT

APPLICATION FOR A GUERNSEY AIR TRANSPORT LICENCE

1. Before making an application, the applicant should refer to the Air Transport Licensing (Guernsey) Law 1995 and to the policy statement issued by the Department in accordance with the Law. Copies are available from the Department.
2. A Guernsey Air Transport Licence is only required for services between Guernsey and the United Kingdom, Isle of Man and other Channel Islands.
3. Applicants are invited to discuss their proposals with the Department, or its officers, before submitting an application.
4. A separate application is required for each route to be served.
5. Applicants are required to provide evidence of meeting the minimum insurance cover requirements, as stipulated from time to time by the UK Civil Aviation Authority. If the application is successful, the licence holder will be required to provide such evidence annually to the Guernsey Airport Director.
6. Applicants are requested to forward a proposed timetable for each route, together with a copy of the proposed fare structure. Other replies may be amplified on a separate sheet if necessary.
7. This form should be returned to the Commerce and Employment Department, Raymond Falla House, P.O.Box 459, Longue Rue, St Martin, Guernsey, GY1 6AF.
8. After receipt of an application the Department may require additional information and documents to be furnished.

NAME OF APPLICANT:

(Including any trading name) BLUE ISLANDS LIMITED

Address of Registered Office: CENTURY HOUSE, 12 VICTORIA STREET, ALDERNEY, GY9 3UF

Telephone Number: 01481 235468 Facsimile Number _____

Contact e-mail brentb@blueislands.com

To which route does this application refer? GUERNSEY TO/FROM LONDON-LUTON

Is this an application for
a) a scheduled service for passengers?
or b) a charter service for passengers?

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Will cargo be carried as part of this service?

YES

☐

NO

☒

Do you hold a valid relevant Civil Aviation Authority Licence or a permit issued by the Secretary of State for Transport for the route to which this application refers?.

YES

☒

NO

☐

If YES, what is the licence/permit number? GB 2189

Do you have the required minimum insurance cover (as stipulated by the UK Civil Aviation Authority from time to time)?.

YES

☒

NO

☐

If YES, please **enclose a copy** of the evidence of this insurance cover.

Is it intended that the flight to which the application refers will be part of an air transport service which includes flights to or from any other point(s) in the:

a) United Kingdom or Isle of Man?

YES

☐

NO

☒

If YES, please specify. _____

Is it intended that the flight to which this application refers will be part of an air transport service which includes flights to or from:

b) Alderney or Jersey?

YES

☐

NO

☒

If YES, please specify. _____

From what date is the service to commence? 26 MARCH 2017 _____

Please provide the following information:

a) Period of service:

____ 26 MARCH – 28 OCTOBER 2017 _____

b) Frequency of service (if a proposed timetable is not attached):

____ THREE OR FOUR TIMES A WEEK SERVICE _____

c) Aircraft type(s) to be used and seating capacity:

____ ATR 72 / 66 SEATS and ATR 42 / 46 SEATS _____

d) The number and nature of other aircraft, including seating capacity, in the applicant's fleet which are considered suited to the route:

____ 1 X ATR 72 W/66 SEAT CAPACITY 4 X ATR 42 AIRCRAFT WITH 46-48 SEAT CAPACITY _____

e) What are your contingency plans if services are delayed/disrupted?:

____ UTILISING OUR CHANNEL ISLANDS BASED FLEET & CREW WHICH INCLUDES A DEDICATED SPARE AIRCRAFT, ACMI PROVISION _____

f) Fare structure and level (if a proposed fare structure is not attached):

____ FARE STRUCTURE COMPARABLE WITH OUR OTHER ROUTES _____

g) Information relating to the need/demand for the service and benefits to be derived by users and by the Island from the granting of the licence applied for:

____ INFORMATION PROVIDED BY THE ETG AND VISIT GUERNSEY _____

h) How is the service to be promoted?:

____ AS A FRANCHISE PARTNER OF FLYBE, EUROPE'S LARGEST REGIONAL AIRLINE, PROMOTION WILL BE THROUGH THE MARKETING CHANNELS AND DISTRIBUTION NETWORK OF FLYBE COMPLEMENTED WITH DIRECT TARGETING OF TOUR OPERATORS AND BLUE ISLANDS PROMOTIONS THROUGH DIGITAL, PRINT AND RADIO MEDIUMS _____


(Please amplify the above and/or provide additional information where appropriate in an accompanying letter).

In the case of an application for a licence to operate a charter service, please advise the name and address of the charterer of the aircraft, the name, address and ATOL number (where appropriate) of the travel agent, organiser or other person, if any, who is to make available accommodation on the proposed service.

NOTE: Section 18 of the Air Transport Licensing (Guernsey) Law 1995 makes it an offence to knowingly or recklessly produce information to the Department which is false, deceptive or misleading.

APPLICATION AND DECLARATION

I, the undersigned, hereby apply for the grant of a licence as described in this application and I declare that, to the best of my knowledge and belief, the statements given in this application and the contents of any documents accompanying it are true.

Signed:  Date: 11/4/16

Name: BRENT BLONDEL

Position in company: COMMERCIAL MANAGER

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