



# Transport Licensing Authority

## APPLICATION FOR A GUERNSEY AIR TRANSPORT LICENCE

1.

Name of Applicant (including any trading name): AIR ALDERNEY LIMITED

Address for Correspondence: 2 VICTORIA STREET

ALDERNEY, GY9 3UF

Contact Information: Telephone: 82 2080

Fax: \_\_\_\_\_

e-mail operations@airalderney.gg

2.

Route to which the application relates: ALDERNEY - GUERNSEY - ALDERNEY

3.

Is the application for:

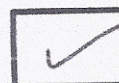
a scheduled passenger service ? or

a charter passenger service ?

POST & FREIGHT  
ONLY

Will cargo be carried as part of the service ?

Yes



No




4.

Applicants must hold a valid Civil Aviation Authority Licence. Please state the relevant

licence number: N/A TO THIS APPLICATION

5.

Will the flights to which the application refers include flights to or from:

- any other place in the United Kingdom ?\*,
- the Isle of Man ?,
- Alderney ?, or
- Jersey ?

✓

\* If yes, please specify: ALDERNEY - GUERNSEY - ALDERNEY

6.

Proposed date of commencement of service: \_\_\_\_\_

7.

Period of service:      year-round

seasonal

✓

state period: \_\_\_\_\_

Frequency of service: \_\_\_\_\_

\_\_\_\_\_



8.

Type of aircraft to be used and seating capacity: EC 155 B1 AIRCRAFT  
IN FREIGHT CONFIGURATION

Other aircraft in the applicants fleet, including seating capacity, that are considered suitable for the route:

TWO BN-2T ISLANDER AIRCRAFT WILL BE BASED IN  
ALDERNEY WITHIN THE NEXT FEW MONTHS THEY WILL  
BE USED ON THIS ROUTE IN FREIGHT CONFIGURATION

9.

Proposed fare structure: N/A NO PASSENGERS TO BE  
CARRIED

10.

Contingency plan if services are delayed or disrupted: SCHEDULE CONTAINS  
BCATCH UP PERIODS. BACK UP AIRCRAFT  
AVAILABLE WHEN REQUIRED

11.

Explain the need and/or demand for this service and the benefits that will derive to users and Guernsey if the application is granted:

INFORMATION PROVIDED BY THE ALDERNEY  
CHAMBER OF COMMERCE AND PUBLIC DEMAND



12.

How will the service be promoted?: LOCAL ADVERTISING

13.

In the case of an application for a charter service, name and contact information of the charterer:

N/A

#### 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:

D. Brem Wilson

Date:

13/12/2017

Print Name:

D. BREM-WILSON

Position:

MANAGING DIRECTOR

**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.**

Applications, supporting documents and evidence of insurance must be sent to the Transport Licensing Authority, Raymond Falla House, P.O.Box 459, Longue Rue, St Martin, Guernsey, GY1 6AF.