



APPLICATION FOR QUALIFYING LOCAL REPRESENTATIVE IN ARUBA

A. DETAILS OF AIRCRAFT:

1. Registration Mark: P4- _____
2. Model: _____ 3. Serial No.: _____

B. DETAILS OF AIRCRAFT OWNER OR QUALIFYING HOLDER:

1. Name: _____
2. Address: _____
3. Tel: _____ Fax: _____ Email: _____
4. Contact Person: _____
5. Country/Province/State of Incorporation: _____

The undersigned hereby declares that the following qualifying local representative in Aruba, with offices as indicated below, is authorized to receive/transmit all correspondence to/from the Department of Civil Aviation of Aruba in respect to the registration of the aircraft.

Date (day/month/year)

Name of applicant

Signature of applicant

C. DETAILS OF NOMINATED QUALIFYING LOCAL REPRESENTATIVE:

1. Firm's name _____
2. Individual assigned: _____
3. Address: _____
4. Tel: _____ Fax: _____ Email: _____

The undersigned hereby declares that it accepts this nomination in accordance with the applicable terms of engagement and shall receive/transmit all notices and notifications from/to the Department of Civil Aviation of Aruba in representation of the applicant above.

Date (day/month/year)

Name of representative

Signature of representative