

# **GUIDELINES AND REQUIREMENTS FOR RENEWAL OF PERMIT FOR AERIAL AVIATION SERVICES (PAAS)**

## **1. GENERAL**

- (i) Application for renewal of Permit for Aerial Aviation Services (PAAS) shall be made in writing to the **Director General, Nigerian Civil Aviation Authority (NCAA)**.
- (ii) The application shall be signed by a person duly authorized by the applicant.
- (iii) The application must be submitted to the Director General, Nigerian Civil Aviation Authority (NCAA) on or before a date not less than **six (6) months** to the expiration of the existing PAAS.

## **2. REQUIREMENTS**

The following supporting documents are required for processing the application:

- (a) Receipt of Payment of five hundred and fifty thousand Naira (~~₦~~ 550,000.00) being:
  - (i) ~~₦~~250,000.00 processing fees; and
  - (ii) ~~₦~~300,000.00 utilization fees at ~~₦~~100,000.00 per annum.
- (b) Evidence of utilization of PAAS;
- (c) Evidence of regular and up-to-date payment of Aviation Charges.

## **3. SECURITY CLEARANCE**

Security clearance shall be required for renewal.

Provided there is a satisfactory report on the holder of PAAS and the holders has fulfilled the above listed requirements, the PAAS shall be renewed by the Director General for a further period of three (3) years.



4. **VALIDITY OF RENEWED PAAS AND ANNUAL UTILIZATION FEE**

- (i) The validity of a renewed ATL shall be **three (3) years**.
- (ii) An annual utilisation fee of ₦100,000.00 shall be paid to the Authority.

5. **ADDITIONAL INFORMATION**

- (i) On receipt of an application for the renewal of a PAAS, the Director General may request for additional information from the applicant as may be deemed necessary.
- (ii) The Director General may refuse to renew a Permit if the applicant is not cleared by the State Security Services' Office.
- (iii) No aircraft can be imported into the country without pre-arrival inspection.
- (iv) No aircraft operation can commence without NCAA Safety Clearance (Airworthiness and Operations).
- (v) A Permit not utilised at the expiration of its validity period, shall not be renewed.

**PAAS FORM 2**

*Application No:.....*

*Date Issued.....*

*Signature of Issuing Officer:.....*

**FINANCIAL STATUS AND ORGANISATION'S STRUCTURE**

Note: All questions should be answered or the word "not applicable" entered.

---

**SECTION A:**

**NAME, ADDRESS AND INCORPORATION**

- 1. Name: (Block Letters):.....
- 2. Trading Name if different from (1):.....  
.....
- 3(a) Registered Office:..... (b) Telephone No:.....  
..... Mobile:.....  
..... Fax:.....  
..... E-mail:.....  
..... Website Address:.....
- 4a. Address of Correspondence: (b) Telephone No:.....  
..... Mobile:.....  
..... Fax:.....  
..... E-mail:.....
- 5. Date and Place of Incorporation of Company: .....

**SECTION B:**

**SHARE CAPITAL**

- 1. The Company's Authorised Share Capital:.....
- 2. The Company's Paid-Up Share Capital:.....
- 3. The Company's Working Capital:.....
- 4. If any shares have been issued other than for cash, state number: .....



**SECTION C:**

**SHAREHOLDERS**

Where there are more than 20 shareholders in any company in sections C1, 2 or 3 below, details need be given only in respect of those holding more than 5% of the total share issued. For this purpose, nominee holding should be counted with any share held directly by the beneficial holder. The remaining shareholders should be grouped as others.

- 1. Name in full and nationality of every shareholder giving number of each class of shares held and indicating in the case of nominee holding the name and nationality of the beneficial holder.

FULL NAME OF SHAREHOLDER(S)	NUMBER OF SHARES	CLASS OF SHARE	% OF TOTAL SHARE ISSUED	NATIONALITY

- 2. If a Subsidiary of another Company:
  - i. Name, Address and Place of Incorporation of Parent Company .....  
.....  
.....
  - ii. Name in full and nationality of every shareholder of parent company giving number and class of share held, including the case of nominee holdings, the name and nationality of the beneficial holder.....  
.....  
.....
- 3. Name of ultimate holding company if different from that shown in C2 with other details as in C2 (i) and C2 (ii) .....  
.....  
.....

**SECTION D:**

**SUBSIDIARY AND ASSOCIATED COMPANIES**

- 1. Name and place of incorporation of any subsidiary companies indicating proportion of shares held:.....  
.....



2. Name and place of incorporation of any associated companies indicating proportion of shares held or nature of association:.....

**SECTION E:**

**CONTROL OF BUSINESS**

1. Give details of any person or corporate body, which has any significant financial interest in the business (by way of shares, debentures, loans or otherwise) or can control the activities of the Company/Licence holder in any way and is not such a person or body described in Section C of this form:.....  
 .....

**SECTION F:**

**DIRECTORS, MANAGEMENT AND STAFF**

1. Name in full, position in company and nationality of each member of the Board of Directors:

FULL NAME	PROFESSIONAL BACKGROUND	POSITION HELD	NATIONALITY

2. **Experience of Directors and Senior Management:**

In the case of new applicants, directors and senior management’s personnel’s aviation experience should be stated. In the case of Licence holders, this section





needs to be completed only in respect of the board members or senior management personnel appointed since the last form was submitted.

3. Please list below details of the airlines' Senior Management other than Directors:

FULL NAME	POSITION IN COMPANY	NATIONALITY	PROFESSIONAL BACKGROUND

4. Please give details of financial arrangements on ground or proof that the company can meet fixed and operational costs incurred from operations for a period of three(3) months from the start of operations without taking into account any income from the airline's operations:

Financial resources available:.....  
.....  
.....

Details of Loan facilities:.....  
.....  
.....

5. Any other information affecting control of the airline can be written on a separate sheet of paper.

**CERTIFICATE**

I, THE UNDERSIGNED, DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED BY ME ARE TRUE AND COMPLETE.

DATED THIS.....DAY OF:.....20.....

SIGNATURE..... POSITION.....

SIGNATORY'S NAME:.....

ON BEHALF OF.....

## NIGERIAN CIVIL AVIATION AUTHORITY

4



### N.B.

- (i) *Please note that this Form should preferably be signed by an Accountable Officer i.e. that exercises both financial and operational control in the applicant-company.*
- (ii) *Before completion of this form, applicant should refer to the guidelines/ requirements for grant/renewal of Permit for Aerial Aviation Services (PAAS) for guidance.*

*This form should be returned to:*

The Directorate of Air Transport Regulation  
Air Transport Operations Department  
Licensing Unit  
NCAA.

NIGERIAN CIVIL AVIATION AUTHORITY

5

PAAS FORM 3

Application No:.....

Date Issued.....

Signature of Issuing Officer:.....

**APPLICATION FORM FOR RENEWAL OF PERMIT FOR AERIAL AVIATION SERVICES**

**Note:**

*Before completion of this form and other PAAS forms applicant should refer to the guidelines/requirements for renewal of Permit for Aerial Aviation Services (PAAS) for guidance.*

1. Name: (Block Letters):.....

2. Trading Name if different from (1):.....

3(a) Registered Office:..... (b) Telephone No:.....

..... Mobile:.....

..... Fax:.....

..... E-mail:.....

..... Website Address:.....

4a. Address of Correspondence: (b) Telephone No:.....

..... Mobile:.....

..... Fax:.....

..... E-mail:.....

5. Date between which Licence is to be renewed:

From:..... To..... Inclusive

6. Amount paid as processing fee and Receipt no:.....

7. Aircraft type being used:

NO	TYPE	NUMBER REQUIRED	CAPACITY



i			
ii			
iii.			
iv.			



8. Purpose for which the aircraft are being are being used.....  
.....  
.....

9. Sources of fund for the maintenance and Safe operation of the aircraft:

- (i) .....
- (ii) .....
- (iii) .....

10. Any other information affecting control of the aircraft can be written on a separate sheet of paper.

11. Are there changes in the membership of your board? Yes No

12. If yes please state the changes:

Names of New Members:

- (i) .....
- (ii) .....
- (iii) .....

**CERTIFICATE**

I, THE UNDERSIGNED, HEREBY APPLY FOR THE RENEWAL OF AN AIR TRANSPORT LICENCE AS DESCRIBED IN THIS APPLICATION AND I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS GIVEN IN THIS APPLICATION ARE TRUE.

DATED THIS.....DAY OF.....20.....

SIGNATURE..... POSITION.....

SIGNATORY'S NAME (IN BLOCK LETTERS):.....

ON BEHALF OF.....

# NIGERIAN CIVIL AVIATION AUTHORITY

2



**N.B.** Please note that this form should preferably be signed by an accountable officer i.e. the person that exercises both financial and operational control in the company.

*This form should be returned to:*

The Directorate of Air Transport Regulation  
Air Transport Operations Department  
Licensing Unit  
NCAA.

**PAAS FORM 4**

*Application No:...*

*Date Issued...*

*Signature of Issuing Officer:...*

**APPLICANT'S UNDERTAKING**

**Note:**

*This Form should be signed by an Accountable Officer i  
.e. that exercises both financial and operational control in the applicant-company.*

**CONDITIONS OF PERMIT FOR AERIAL AVIATION SERVICES (PAAS)**

I ..... on behalf of .....  
hereby agree to comply with the under listed conditions if my application for a Permit for  
Aerial Aviation Service is granted:

- (a) Obtain all relevant Certificates and authorizations including the Safety Clearance Certificate issued by the Nigerian Civil Aviation Authority (NCAA) before commencement of operations.
- (b) Ensure the aircraft operated must be in accordance with the laws, regulations and rules in force in Nigeria as well as the Standards and Recommended Practices (SARPs) of ICAO.
- (c) Ensure operation is not different from those specified in the Permit.
- (d) Ensure that the aircraft is not used for carriage of passenger(s), cargo or mail for hire or reward.
- (e) Ensure payment of staff salaries as and when due.
- (f) Ensure payment of aviation charges including 5% Contract Sales Charge as and when due.

- (g) Ensure the submission of monthly statistical returns, of all flights undertaken during the preceding month, to the Federal Ministry of Aviation or NCAA not later than 15th day of the following month and shall include the following particulars:
- (i) Date of operation;
  - (ii) Registration number and type of aircraft used;
  - (iii) Types and location of operations conducted;
  - (iv) Total flying time involved;



**Failure to comply with any of the conditions above (a to g) shall result in the, suspension, withdrawal or revocation of the Permit for Aerial Aviation Services.**

DATED THIS.....DAY OF.....20.....

SIGNATURE..... POSITION.....

SIGNATORY'S NAME (IN BLOCK LETTER).....

ON BEHALF OF.....

(Include company's official stamp)

**NIGERIAN CIVIL AVIATION AUTHORITY**