



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

APPLICATION FOR AUTHORIZATION TO CONDUCT VEHICULAR TRAFFIC REPORTING

1. Name of Operator:		2. Name of Responsible Person:	
3. Address of Operator:			
4. Detailed description of proposed operation:			
5. Requested area of operation (Include navigational boundaries and altitudes of operation)			
6. Period of operation (date and time)			
6(a) Beginning at: _____ / _____		6(b) Ending at: _____ / _____	
7(a) Make and Model of Aircraft	(b) Names of Pilots	(c) Licence Number and Ratings	(d) Total Flight Time
Name _____ Signature _____ Date _____			
For Official Use Only:			
Fees Paid: _____ Receipt No.: _____ Date: _____			
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended (Reasons for Denial)		
Name _____ Signature _____ Date _____			