SECTION A: PARTICULARS OF THE APPLICANT								
Name of ANSP Organisation:								
Physical Address:								
Postal Address:								
E-mail:								
Telephone:								
Previous Certificate number (if provide):								
Application Type (Tick √ one):	New	☐	Renewal	☐	Amendment	☐	Surrender	☐
Accountable Manager Name:								
Date of Application:	Click or tap to enter a date.							

SECTION B: OPERATIONAL DETAILS	
Location of Proposed Operation:	
Service(s) to be provided:	Location and Coverage of Each Service:
☐ Air Navigation Services Headquarters	
☐ Aerodrome Control	
☐ Approach Control (APP) Procedural	
☐ Approach Control (APP) Surveillance	
☐ Area Control Procedural	
☐ Area Control Surveillance	
☐ Search and Rescue (SAR)	
☐ Aeronautical Information Services (AIS) Aerodrome Unit	
☐ Air Traffic Services Reporting Office (ARO)	
☐ International NOTAM Office (NOF)	
☐ Aeronautical Telecommunications (COM Centre)	
☐ Aeronautical Charts	
☐ Aeronautical Information Publications (AIM OPS & PUBs)	
☐ Communication, Navigation and Surveillance (Communication, NAVAIDS, Surveillance and Auxiliary facilities)	
☐ Instrument Flight Procedure Design (IFPD)	
☐ Aerodrome Flight information Service (AFIS)	
☐ Other (Specify) ……..	

Proposed Commencement Date:	
Daily Hours of Service:	

SECTION C: SUBMISSION OF CERTIFICATION DOCUMENTATION

No.	Submitted Required Documentation	*(Mark as appropriate)*			Remarks
		Yes	No	N/A	
1	Statement of Compliance	☐	☐	☐	
2	Manual of Air Navigation Services (for all the ANS Domains available)	☐	☐	☐	
3	Safety Management System Manual	☐	☐	☐	
4	Quality Management System Manual	☐	☐	☐	
5	Station Standing Instructions	☐	☐	☐	
6	Training Programme	☐	☐	☐	
7	OJT Programme	☐	☐	☐	
8	Organization General Manuals if applicable	☐	☐	☐	
9	Aerodrome Emergency Plan	☐	☐	☐	
10	Statement on financial capability to provide the service (to be submitted initial Certification)	☐	☐	☐	
11	Insurance policy in force in relation to the services provided	☐	☐	☐	

SECTION D: PROPOSED CHANGES/AMENDMENTS (as applicable)	
1	
2	
3	
4	

SECTION E: DECLARATION	
I hereby certify that to the best of my knowledge the information supplied in support of this application for certification as an Air Navigation Service Provider and supporting documentation, is correct and that no relevant information has been withheld.	
Name of person making a declaration:	
Signature:	
Date:	

Note:	***1. The Application MUST be submitted to the Civil Aviation Authority, Headquarters through Safety Oversight for Integrated Application (SOFIA) under eServices → Licencing/Certification Portal available on Authority website https://www.tcaa.go.tz/.*** ***2. On submission of this application, a fee shall be paid to the Authority to cover the cost of certification.*** ***3. Documentary evidence in support of all matters in this application may be requested.***