



REGISTRATION FOR AIRCRAFT GROUND HANDLER

| | |
|--|--|
| NAME AND ADDRESS OF THE COMPANY | |
| | |
| | |
| | |
| | |
| TEL | |
| FAX | |
| E-MAIL | |
| WEBSITE | |

TYPE OF SERVICE RENDERED

| | | | |
|---|-----|---|--|
| PASSENGER SERVICES | 1. | Airport Ticketing Sales Desk | |
| | 2. | Arrival and Transfer Services | |
| | 3. | Baggage Services | |
| | 4. | Check-In Services | |
| | 5. | Dedicated Passenger Services | |
| | 6. | Gate and Departure Services | |
| | 7. | Lost and Found Services | |
| | 8. | Operation of Airport Lounges | |
| | 9. | Special Passenger and VIP Services | |
| | 10. | Surface Transport of Passengers and Crews | |
| | 11. | | |
| | 12. | | |
| | 13. | | |
| | 14. | | |
| | 15. | | |
| PLANNING AND MANAGEMENT SERVICES | 1. | Flight Plan Filing | |
| | 2. | Crew Administration | |
| | 3. | Flight Operations Assistance | |
| | 4. | Fuel Planning | |
| | 5. | Irregularity Operations Support | |
| | 6. | Liaising With Various Authorities | |
| | 7. | Load Control | |
| | 8. | Station Control | |
| | 9. | Station Representation and Supervision | |
| | 10. | Weather Briefing | |
| | 11. | | |
| | 12. | | |
| | 13. | | |
| | 14. | | |
| | 15. | | |



**DEPARTMENT OF CIVIL AVIATION
MALAYSIA**

DCA 46-GH

| | | | |
|---------------------------------------|-----|--|--------------------------|
| RAMP AND CARGO SERVICES | 1. | Aircraft Loading/Unloading | <input type="checkbox"/> |
| | 2. | Baggage Sorting | <input type="checkbox"/> |
| | 3. | Bonded Warehouse | <input type="checkbox"/> |
| | 4. | Cabin Cleaning | <input type="checkbox"/> |
| | 5. | Cargo and Mail Handling | <input type="checkbox"/> |
| | 6. | De-icing | <input type="checkbox"/> |
| | 7. | Full Export & Import Document Handling Including AWB Check | <input type="checkbox"/> |
| | 8. | GPU, Tractor and Towing | <input type="checkbox"/> |
| | 9. | Mail Handling | <input type="checkbox"/> |
| | 10. | ULD Control and Management | <input type="checkbox"/> |
| | 11. | Water and Toilet Services | <input type="checkbox"/> |
| | 12. | | <input type="checkbox"/> |
| | 13. | | <input type="checkbox"/> |
| | 14. | | <input type="checkbox"/> |
| | 15. | | <input type="checkbox"/> |
| OTHER SERVICES | 1. | Aircraft Line Maintenance | <input type="checkbox"/> |
| | 2. | Aircraft Servicing and Cleaning | <input type="checkbox"/> |
| | 3. | Catering Services | <input type="checkbox"/> |
| | 4. | Equipment Maintenance | <input type="checkbox"/> |
| | 5. | E-services | <input type="checkbox"/> |
| | 6. | Executive Aviation Handling | <input type="checkbox"/> |
| | 7. | Fueling | <input type="checkbox"/> |
| | 8. | Ground Support Equipment Maintenance | <input type="checkbox"/> |
| | 9. | Security Services | <input type="checkbox"/> |
| | 10. | | <input type="checkbox"/> |
| | 11. | | <input type="checkbox"/> |
| | 12. | | <input type="checkbox"/> |
| | 13. | | <input type="checkbox"/> |
| | 14. | | <input type="checkbox"/> |
| | 15. | | <input type="checkbox"/> |
| Please tick at the appropriate box/es | | | <input type="checkbox"/> |

| | |
|---|-------|
| EXPERIENCE AS GROUND HANDLER AGENT | years |
|---|-------|

| | | |
|----------------------------------|-----|--|
| EQUIPMENT OWNED/AVAILABLE | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |
| | 5. | |
| | 6. | |
| | 7. | |
| | 8. | |
| | 9. | |
| | 10. | |



**DEPARTMENT OF CIVIL AVIATION
MALAYSIA**

DCA 46-GH

| | | |
|---|-----|--|
| EQUIPMENT CAN BE READILY AVAILABLE | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |
| | 5. | |
| | 6. | |
| | 7. | |
| | 8. | |
| | 9. | |
| | 10. | |

| | |
|--|--|
| NAME OF ACCOUNTABLE PERSON (RESUME) | |
|--|--|

| NAMES OF EMPLOYEE AND QUALIFICATION | | |
|--|-------------|----------------------|
| | NAME | QUALIFICATION |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

| | INSURANCE COVERAGE (3RD PARTY LIABILITY) | NAME AND POLICY NUMBER |
|----|--|-------------------------------|
| 1. | | |
| 2. | | |

| STATEMENT | |
|---|-------|
| <p>I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, the DCA may refuse to grant any recognition for this application. All operations will be conducted in accordance with AIC 31/2005 and procedures laid out in our Company Operations Manual.</p> | |
| _____ | _____ |
| Accountable Manager Signature | Date |
| Name: | |
| Note: Please facsimile the duly completed form to 03- 88714334 | |
| _____ | _____ |
| DCA Director Of Flight Operations Signature | Date |