DOMESTIC LEASE APPLICATION FORM

Application for Authorising a Leasing Operation Involving an Azerbaijan Air Operator (Lessor) to another Azerbaijan Air Operator (Lessee)

To be completed by the Azerbaijan Air Operator

Note: *Complete Airworthiness Assessment and Operations Assessment Reports and submit along with this application.*

A. Identification of the aircraft

Aircraft Manufacturer:	Model Designation:	
Serial No.:	Nationality and Registration Mark:	Maximum Take-off Weight

B. Lessor/ Lessee

Name and Address of the Azerbaijan Air Operator (Lessor):	Telephone:	Fax:
	Air Operator Permit No. and Validity:	
Name and Address of the Foreign Air Operator(Lessee):	Telephone:	Fax:
	Air Operator Certificate No. and Validity:	

C. Operations – Utilization

Aircraft Base of Operations – Azerbaijan Air Operator Lessor:	Aircraft Base of Operations – Azerbaijan Air Operator Lessee:

D. Maintenance

Name and address of person/ company who will maintain the aircraft	Telephone:	Location of aircraft main base:
	Fax:	
AMO No. and Validity:	Maintenance Programme approval:	

E. Type of Lease: (Lease-out - Wet, Damp, Dry)	**F. Whether the aircraft's registration will change during the lease** ☐ YES/ NO ☐

G. Lease Agreement						**H. Authorisation Dates requested – Date**					
Commencement Date:			Termination Date:			Commencement Date:			Termination Date:		
DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY

I. Certification of Applicant – Attestation

I certify that:

1. The responsibility for legal custody and control of the aircraft is clearly vested in the lessee during the term of the lease
2. All of the information and statements contained in this application are true and complete to the best of my knowledge and belief

_____ _____

Name and signature of person authorized to sign On behalf of Azerbaijan Air Operator Lessor

Date(DD-MM-YYYY)

FOR SCAA USE ONLY

Lessor File Number:	Leasing File Number:

APPLICATION ROUTING FOR COORDINATION

	Signatures	Additional Conditions Attached
1. SRCD	_____	☐
2. Flight Safety Inspectorate	_____	☐