



AIR NAVIGATION SERVICES PROVIDER (ANSP) APPLICATION FOR DESIGNATION FORM

INSTRUCTIONS

Please complete Sections A through F ONLY. See "Supplemental Information" Section for more information. Notes are italicised.

SUPPLEMENTAL INFORMATION

Any person who makes a false representation or statement for the purpose of producing for himself, or any other person, the grant, renewal, or variation of an aviation document, commits an offence under this Act. (Bahamas Civil Aviation Act, 2021 – Section 22 (5))

A. APPLICATION FOR:

Tick as appropriate:

- Initial Designation Certificate Renewal Designation Certificate
 Amendment (specify changes):

B. GENERAL INFORMATION

APPLICANT DETAILS

- | | |
|--|-------------|
| 1. Name of Organisation : | 2. Address: |
| 3. Telephone: | 4. Email: |
| 5. ICAO Location Code (if applicable): | |

AUTHORISED REPRESENTATIVE

- | | |
|---------------|--------------|
| 6. Name: | 7. Position: |
| 8. Telephone: | 9. Email: |

OTHER MANAGEMENT CONTACTS

10. Accountable Manager:
11. Quality & Compliance Manager (as applicable):
12. Safety Management System Manager (as applicable):

C. TYPE OF SERVICE(S)

Tick all that apply

- Aeronautical Charts Air Traffic Control (ATC) Aeronautical Search and Rescue (SAR)
 Aeronautical Information Services (AIS) Flight Information Service (FIS) Instrument Flight Procedure Design Services (IFPDS)
 Meteorological Service Provider (MSP) Meteorological Watch Office (MWO) Communications(C), Navigation(N), & Surveillance(S)
 Additional/Other Services (please specify):

D. SCOPE OF SERVICE(S)

1. Describe the operational scope and geographic area covered by this application:

E. DOCUMENTS REQUIRED

Attach the following documents (as applicable):

- Resumes of Management & Operational Team (*Resumes are requested in accordance with Section 22 (a)(b) of the Civil Aviation Act, 2021*)
 Organisation's Manual
 Standard Operating Procedures Manual
 Quality Management System Manual (as applicable)
 Safety Management System Manual (as applicable)
 Letters of Agreement (as applicable)

F. COMPLIANCE STATEMENT

I hereby declare that the information provided in this application and accompanying documents is true and complete to the best of my knowledge.

Applicant Name:	Title/Position:
Signature:	Date:

-----FOR AUTHORITY'S USE ONLY-----

G. APPROVALS

Application/Approval Reference No.:	Designation Approved : <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received:	Authorised by: Director General
Reviewed by:	Date:
Signature:	Signature:

AIR NAVIGATION SERVICES PROVIDER (ANSP) APPLICATION FOR DESIGNATION INSTRUCTIONS

Instructions for completing Form No. ANS002-02

Purpose of the Application Form: The Air Navigation Services Provider (ANSP) Application for Designation Form is used by organizations seeking initial designation, renewal, or amendment of their approval to provide air navigation services within The Bahamas. The form collects essential organizational, operational, and compliance information to allow the Civil Aviation Authority Bahamas (CAA-B) to assess an applicant's capability, safety standards, management structure, and regulatory compliance before granting or updating an ANSP designation.

Section A: Application For

Purpose: Indicate the type of application.

Action: Tick the appropriate box:

- **Initial Designation Certificate** – for first-time applications.
- **Renewal Designation Certificate** – if renewing an existing certificate.
- **Amendment** – specify any changes in the provided text box.

Section B: General Information

Applicant Details:

Enter your **Organisation Name, Address, Telephone, Email,** and **ICAO Location Code** (if applicable).

Authorised Representative:

Provide the **Name, Position, Telephone,** and **Email** of the person authorised to act on behalf of the organisation.

Other Management Contacts:

List the **Accountable Manager, Quality & Compliance Manager,** and **Safety Management System Manager** (if applicable).

Section C: Type of Service(s)

Action: Tick all services your organisation provides, such as:

- Aeronautical Charts
- Air Traffic Control (ATC)
- Aeronautical Search and Rescue (SAR)
- Aeronautical Information Services (AIS)
- Flight Information Service (FIS)
- Instrument Flight Procedure Design Services (IFPDS)
- Meteorological Service Provider (MSP)
- Meteorological Watch Office (MWO)
- Communications, Navigation & Surveillance (CNS)
- If offering additional services, specify them in the text box.

Section D: Scope of Service(s)

Action: Describe:

- The **operational scope** (e.g., type of operations, functions).
- The **geographic area** covered by your services.

Section E: Documents Required

Attach the following (as applicable):

- Resumes of Management & Operational Team
- Organisation's Manual
- Standard Operating Procedures Manual
- Quality Management System Manual (if applicable)
- Safety Management System Manual (if applicable)
- Letters of Agreement (if applicable)

Section F: Compliance Statement

Action:

- Enter **Applicant Name** and **Title/Position**.
- Sign and date the declaration confirming the accuracy and completeness of the information.

Section G: Approvals (Authority Use Only)

Note: This section is **not for the applicant to complete**. It will be filled out by the Civil Aviation Authority and includes:

- Application Reference No.
- Date received
- Reviewed by
- Approval status (Yes/No)
- Approval Reference No.
- Authorised Officer details and signature.
- Director General signature