**AIRLINE INFORMATION REQUIRED**

**General**

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| --- | --- |
| Airline Name: |  |
| Airline Code: |  |
| Airline Address: |  |
| Website Address: |  |

**Key Airline Contacts**

|  |  |
| --- | --- |
| Head Office: | Name:  Position:  Email:  Phone: |
| Station Manager: | Name:  Position:  Email:  Phone: |
| Network Planning: | Name:  Position:  Email:  Phone: |
| Finance / Billing: | Name:  Position:  Email:  Phone: |
| Health & Safety | Name:  Position:  Email:  Phone: |
| Disabled Aircraft Recovery | Name:  Position:  Email:  Phone: |
| Security | Name:  Position:  Email:  Phone: |

**Key Third Party Providers**

|  |  |
| --- | --- |
| Ground Handler – Front of House: |  |
| Ground Handler – Back of House: |  |
| Ground Handler – Security: |  |
| Ground Handler – Cargo: |  |
| Catering Services: |  |
| Airline Cleaner: |  |
| Airline Fueller: |  |
| Engineering Support / Line Maintenance: |  |

**Legal / Financial**

|  |  |
| --- | --- |
| Evidence that you have arranged insurance pursuant to Clause 7: |  |
| Evidence that you have a security deposit pursuant to Clause 11 (if applicable): |  |

**Health & Safety**

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| --- | --- |
| Confirmation/certification from your Aviation Regulator that your airline has an approved Safety Management System  *(please provide a copy)*: |  |

**Aircraft Incident / Accident:**

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| --- | --- |
| Who is the response agency/airline that would act legally on your behalf? (Covering media, WorkSafe, TAIC, NZ Police & CAA) |  |
| Do you have an appointed person within your local representation to be the lead of the Reconciliation process?  (please name this person & provide contact details especially if you have contracted this to your ground handler) |  |

**Disabled Aircraft Recovery**

|  |  |
| --- | --- |
| Are you a member of the International Airlines Technical Pool (IATP)? |  |
| Do you have a local agreement in place with Air New Zealand around use of their Disabled Aircraft Recovery equipment and team? |  |