## MONITORING APPLICATION FORM

(Return completed form to the MAAR by Email via maar@aerothai.co.th)

**Operator Name**:

**Address**:

**HKPM Location:**

**Billing Details:**
(*In case there is a company making a payment on behalf of the operator; please identify the company details below.*)
­­­­Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**

Name: Position:

Address:

Required Documents:
(*In case additional documents are needed for the payment process, multiple items from the list below can be checked.*)
[ ]  Form 10F [ ]  No Permanent Establishment (No PE) [ ]  Tax Residency Certificate (TRC)

**Operator Point of Contact**

Name: Position:

Telephone Number: Email Address:

**Operator Authorized Signatory to Sign a Service Agreement**

Name: Position:

Telephone Number: Email Address:

**Civil Aviation Authority Contact**

Name: Position:

Telephone Number: Email Address:

**AIRCRAFT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Aircraft Model** | **Registration Number** | **Serial Number** |
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