

## LIMITED OPERATION PERMIT INSTRUCTIONS

Air Carriers requesting to conduct business at the Luis Muñoz Marín International Airport (“Airport” or “SJU”) on an on-demand, non-permanent basis, including one-time operations, must obtain a Limited Operation Permit. Air Carriers may schedule up to three (3) flight operations per permit. No more than two (2) permits will be issued per calendar year.

In order to obtain a Limited Operation Permit, the Air Carrier shall complete the following documents:

1. Limited Operation Permit Application – must be completed in all its parts. If additional space is needed, please provide the information on company letterhead.
2. Evidence of Insurance – please attach a copy of your insurance in accordance with the requirements established in Section 5 of the Limited Operation Permit Application.
3. Air Carrier Certificate – please attach a copy of the certificate issued by the Federal Aviation Administration or similar certification/license from country of origin.
4. Operation Fees<sup>1</sup> – the Air Carrier must pay the operations for the requested Limited Operation Permit in advance if such fees are not covered by the selected local ground handler. To calculate the Operation Fees, the Air Carrier must complete the Operation Report in all its parts and submit it with the Limited Operation Permit Application.
5. Operation Report – within ten (10) days after the end of each calendar month of operation at SJU, the Air Carrier must submit an Operation Report, and Aerostar will deduct from the prepayment the fees corresponding to said month of operation. If the Air Carrier fails to timely submit the Operation Report and/or if the remaining portion of the prepayment is not sufficient to cover the rest of the operation, Aerostar, at its sole discretion, may cancel any remaining operation included in the Limited Operation Permit, until the Air Carrier has submitted the Operation Report and/or deposited an amount sufficient to cover said future operation.


After the Air Carrier has culminated its operations under this application and submitted its final Operation Report, and after Aerostar has deducted all of the amount due from the Air Carriers operations, if there is a balance remaining in favor of the Air Carrier, then Aerostar will pay said remaining amount to the Air Carrier, within thirty (30) days of the Air Carrier submitting the final Operation Report.

All the aforementioned documents must be submitted to the following address:

reinaldo.garcia@aerostarairports.com  
LMM International Airport  
Terminal D - First Floor  
Carolina, PR 00979

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<sup>1</sup> Operation Fees are subject to revision by Aerostar from time to time. Aerostar reserves the right to deny a Limited Operation Permit Application if the Air Carrier has an outstanding debt with Aerostar.

	Luis Muñoz Marín International Airport (SJU)	RE-CM-FRM-002.2	
		Revision 03	June-2-2022
<b>LIMITED OPERATION PERMIT APPLICATION</b>		<b>Contract Management</b>	

**Section 1. Air Carrier Information**

<b>AIR CARRIER LEGAL NAME (MUST MATCH NAME ON FAA'S AIR CARRIER CERTIFICATE/AUTHORITY'S OPERATOR'S CERTIFICATE):</b>		IATA Code:	
		ICAO Code:	
		Callsign:	
		State/Country of Incorporation:	
<b>Legal Person Name:</b>		Title:	
Address:		Office Phone:	
		Business Phone:	
		Email Address:	
<b>Billing Contact Name:</b>		Title:	
Address:		Office Phone:	
		Business Phone:	
		Email Address:	

**Section 2. Aircraft Information: Include all aircraft intended to operate at SJU.**

AIRCRAFT DESCRIPTION	FAR PART	TYPE	TAIL NO.	ADG	CAPACITY (PAX)	MTOW	MLW

**Section 3. Details: Limited Operation Permit Proposed Use and Description of Operations**

**Operation #1**

<b>Description of Operation</b>	Payment Arrangements:	<input type="checkbox"/>	Prepaid	<input type="checkbox"/>	Ground Handler
Aircraft Operator: _____	Aircraft Tail No.: _____	SOB: _____			
<b>Arrival at SJU</b>	Date: _____	Time: _____	Origin: _____	Destination: _____	
<b>Departure from SJU</b>	Date: _____	Time: _____	Origin: _____	Destination: _____	

**Type of Operation: Check all that apply.**

<input type="checkbox"/> Passenger	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Cargo	<input type="checkbox"/> Tech Stop
<input type="checkbox"/> Domestic	<input type="checkbox"/> Charter
<input type="checkbox"/> International	<input type="checkbox"/> Other: _____

**Required Resources**

<input type="checkbox"/> Ticket Counter	Est. Time: _____	<input type="checkbox"/> Remote Stand	Est. Time: _____
<input type="checkbox"/> Gate	Est. Time: _____	<input type="checkbox"/> Other: _____	Est. Time: _____

**Service Arrangements**


**Ground Handler:**

Contact Name:	Office Phone:
Email Address:	Business Phone:

**Fixed-Base Operator (FBO):**

Contact Name:	Office Phone:
Email Address:	Business Phone:

Operation #1 (Continued)				
<b>Fuel Supplier (if not supplied by ground handler or FBO):</b>				
Contact Name:		Office Phone:		
Email Address:		Business Phone:		
<b>Line Maintenance (if not provided by ground handler or FBO):</b>				
Contact Name:		Office Phone:		
Email Address:		Business Phone:		
Operation #2				
<b>Description of Operation</b>	Payment Arrangements: <input type="checkbox"/> Prepaid <input type="checkbox"/>		Ground Handler	
Aircraft Operator: _____	Aircraft Tail No.: _____		SOB: _____	
<b>Arrival at SJU</b>	Date: _____	Time: _____	Origin: _____	Destination: _____
<b>Departure from SJU</b>	Date: _____	Time: _____	Origin: _____	Destination: _____
<b>Type of Operation: Check all that apply.</b>				
<input type="checkbox"/> Passenger		<input type="checkbox"/> Seasonal		
<input type="checkbox"/> Cargo		<input type="checkbox"/> Tech Stop		
<input type="checkbox"/> Domestic		<input type="checkbox"/> Charter		
<input type="checkbox"/> International		<input type="checkbox"/> Other: _____		
<b>Required Resources</b>				
<input type="checkbox"/> Ticket Counter	Est. Time: _____	<input type="checkbox"/> Parking Spot	Est. Time: _____	
<input type="checkbox"/> Gate/Slot	Est. Time: _____	<input type="checkbox"/> Other: _____	Est. Time: _____	
<b>Service Arrangements</b>				
<b>Ground Handler:</b>				
Contact Name:		Office Phone:		
Email Address:		Business Phone:		
<b>Fixed-Base Operator (FBO):</b>				
Contact Name:		Office Phone:		
Email Address:		Business Phone:		
<b>Fuel Supply (if not supplied by ground handler or FBO):</b>				
Contact Name:		Office Phone:		
Email Address:		Business Phone:		
<b>Line Maintenance (if not provided by ground handler or FBO):</b>				
Contact Name:		Office Phone:		
Email Address:		Business Phone:		
Operation #3				
<b>Description of Operation</b>	Payment Arrangements: <input type="checkbox"/> Prepaid <input type="checkbox"/>		Ground Handler	
Aircraft Operator: _____	Aircraft Tail No.: _____		SOB: _____	
<b>Arrival at SJU</b>	Date: _____	Time: _____	Origin: _____	Destination: _____
<b>Departure from SJU</b>	Date: _____	Time: _____	Origin: _____	Destination: _____
<b>Type of Operation:</b>				
<input type="checkbox"/> Passenger		<input type="checkbox"/> Seasonal		
<input type="checkbox"/> Cargo		<input type="checkbox"/> Tech Stop		
<input type="checkbox"/> Domestic		<input type="checkbox"/> Charter		
<input type="checkbox"/> International		<input type="checkbox"/> Other: _____		

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**Operation #3 (Continued)**

**Required Resources**

<input type="checkbox"/>	Ticket Counter	Est. Time: _____	<input type="checkbox"/>	Parking Spot	Est. Time: _____
<input type="checkbox"/>	Gate/Slot	Est. Time: _____	<input type="checkbox"/>	Other: _____	Est. Time: _____

**Service Arrangements**

**Ground Handler:**

Contact Name:	Office Phone:
Email Address:	Business Phone:

**Fixed-Base Operator (FBO):**

Contact Name:	Office Phone:
Email Address:	Business Phone:

**Fuel Supply (if not supplied by ground handler or FBO):**

Contact Name:	Office Phone:
Email Address:	Business Phone:

**Line Maintenance (if not provided by ground handler or FBO):**


Contact Name:	Office Phone:
Email Address:	Business Phone:

**Section 4. Activities or business functions proposed (attach additional pages as needed)**

**Section 5. Insurance Requirements: Air Carriers pursuing a Limited Operation Certificate shall demonstrate that currently have possession of, at a minimum, the types and amounts of insurances specified below.**

	<u>Limits</u>
<b>I. Comprehensive Liability Insurance</b> <i>Commercial/Comprehensive General Liability, Bodily Injury and Property Damage to Third Parties, Passenger Liability, Personal Injury and Advertising Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Operations, Independent Contractors, Products-Completed Operations Liabilities, and Cargo Legal Liabilities. Explosion, Collapse and Underground Property Damage Liability Coverage shall not be excluded.</i>	\$300,000,000.00 (for 21 SOB <sup>1</sup> and up) \$50,000,000.00 (for up to 20 SOB or exclusively Cargo OPS) \$10,000,000.00 (for up to 9 SOB)
<b>II. Aircraft Liability Insurance</b> <i>Bodily injury or death, personal injury, and property damage for all owned, operated, maintained, non-owned, leased, or hired aircraft, including passenger coverage.</i>	\$300,000,000.00 (for 21 SOB and up) \$50,000,000.00 (for up to 20 SOB or exclusively Cargo OPS) \$10,000,000.00 (for up to 9 SOB)
<b>III. Commercial Automobile Liability</b> <i>Covering owned, non-owned and hired vehicles, operating in the Airport.</i>	\$5,000,000.00
<b>IV. Workers' Compensation, Unemployment and Disability Insurance</b>	Statutory Limits
<b>V. Commercial Property Insurance</b>	Covering full value of the Air Carrier property.

<sup>1</sup> Souls on Board

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**Section 5. Insurance Requirements (Continued)**

The certificates of insurance must include the following endorsements:

A. Additional Insured  
AEROSTAR AIRPORT HOLDINGS, LLC      PUERTO RICO PORTS AUTHORITY      CITIBANK, NA AS COLLATERAL AGENT  
PO BOX 38085      PO BOX 362829      CITIBANK AGENCY & TRUST  
SAN JUAN, PR 00937-1085      SAN JUAN, PR 00936-2829      388 GREENWICH STREET  
NEW YORK, NY 10013

B. Include the following endorsements, in favor of the Additional Insured:

- Waiver of Subrogation
- Hold Harmless
- Thirty (30) day notice of Cancellation
- Primary and Noncontributory

The insurance policies shall be in a form acceptable to Aerostar and issued by a company authorized and licensed to do business in Puerto Rico, with a classification of A- or more by the firm of A.M. Best.

**Section 6. Compliance, Liability and Payment**

The Air Carrier agrees that it will comply with all applicable present and future laws, statutes, ordinances, rules and regulations issued by the Commonwealth of Puerto Rico and the United States of America, as well as those issued by the federal, state and local governmental authorities, subdivisions, departments and agencies.

The Air Carrier acknowledges and agrees that it will pay the fees imposed by Aerostar, from time to time. The Air Carrier covenants and agrees that it will pay Aerostar the amount detailed in the Operation Report, attached hereto, as a prepayment of the operations requested under this application. The Air Carrier acknowledges and agrees that it shall be liable to Aerostar for any and all payments in regard to its operations at SJU.


The Air Carrier acknowledges that the prepayment is an estimate of the fees corresponding to the operations requested under this application, therefore, the Air Carrier agrees that within ten (10) days after the end of each calendar month of operations at SJU, it will submit to Aerostar an operation report (in a form acceptable to Aerostar) with its actual operations at SJU, corresponding to the previous month, and Aerostar will proceed to deduct from the prepayment the fees corresponding to said month of operation. If the prepayment amount is not sufficient to cover the Air Carrier’s operation, then with said report the Air Carrier shall submit the payment for any outstanding amount. The Air Carrier acknowledges and agrees that if: (i) the amount corresponding to its operations is not paid in full; (ii) the prepayment is not sufficient to pay the operations in full; or (iii) the Air Carrier fails to timely submit the Operation Report, then Aerostar, at its sole discretion, may cancel any remaining operations included in the Limited Operation Permit, until the Air Carrier has submitted the Operation Report and/or paid an amount sufficient to cover the fees of any future operation. The Air Carrier further agrees that it will not operate in any manner at the SJU without Aerostar’s prior written authorization.

The Air Carrier shall indemnify, save, hold harmless, and defend Aerostar, the Puerto Rico Ports Authority and their respective officials, agents and employees, successors and assigns, individually and collectively, from and against any claim, action, liability and loss (including, but not limited to, reasonable attorney fees, disbursements, court costs, and expert fees) due to or caused by any act or omission of the Air Carrier, or its representatives, including but not limited to injury to persons, environmental liability, spills and/or damage to property arising out of, resulting from, the Air Carrier’s operation at SJU.

This application, the Limited Operation Permit and any agreements contained therein shall be governed by and interpreted in accordance with the laws of the Commonwealth of Puerto Rico. The Air Carrier acknowledges and agrees that any action or suit, concerning this application, the Limited Operation Permit, the Air Carrier’s operations at the SJU or any related matters shall only be brought before a court located within the Commonwealth of Puerto Rico.

**Section 7. Execution**

**IN WITNESS WHEREOF, the, undersigned, as an authorized representative of the Air Carrier and on behalf of the Air Carrier, accept and subscribe this Limited Operation Permit Application freely and voluntarily on the date set forth below.**

	<b>SIGNATURE</b>	Name:
		Title:
		Date:

FOR AEROSTAR USE ONLY	
CONTROL NO.:	RECEIVED: