JAMAICA ASSOCIATION OF COMPOSERS, AUTHORS & PUBLISHERS LTD.
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APPLICATION FOR COPYRIGHT MUSIC LICENCE

Particulars

	Name of Management			
	Name of Premises			
	Mailing Address of Premises			
	Telephone Number		Fax Number	Email Address

AIRCRAFTS

	Seating Capacity	**Number of Aircraft/s**
	1 to 100	
	101 to 160	
	161 to 250	
	251 or more	

Declaration

I declare that all information disclosed above is true to the best of my knowledge and undertake to pay to JACAP upon assessment in accordance with JACAP's prescribed and current rates.

Name		Company Stamp
Designation		
Date		
Signature		

The Society, by its duly-authorized agent, shall have the right of entry to the Premises at all reasonable times but only for the purpose of checking the particulars on which the Licence is assessed.