



PREAPPLICATION STATEMENT OF INTENT

A. This is to give notice of intent to make application for the CAAP certification for:

- | | |
|--|---|
| 1. <input type="checkbox"/> - Air Operator Domestic Scheduled Operations | 5. <input type="checkbox"/> - Approved Aerial Work Organization |
| 2. <input type="checkbox"/> - Air Operator International Scheduled Operations | 6. <input type="checkbox"/> - Approved Training Organization |
| 3. <input type="checkbox"/> - Air Operator Domestic Charter-Only Operations | 7. <input type="checkbox"/> - Approved Maintenance Organization |
| 4. <input type="checkbox"/> - Air Operator International Charter-Only Operations | 8. <input type="checkbox"/> - Other: |

B. Company Specific Information

1. Applying Company Name:	5. Proposed Start Operating Date:
2. Assigned Company Number	6. Economic Authority Approved? (if required)
3. Mailing Address:	7. Physical Address: Principal Base of Operations:
4. Telephone and FAX Information :	8. Internet and/or E-mail Address:

C. Proposed Management Postholders

Title/Post/Position	Name (Last, First, Middle	Telephone & Email
1. Accountable Manager?		
2. Operations Manager?		
3. Maintenance Manager?		
4. Chief Pilot/Instructor)?		
5. Safety Manager?		
6. Other Required Manager?		

D. Proposed Operations (AOC Applicant)

1 Proposed Areas of Operations
2. Proposed Special Operations Authorizations
3 Proposed City Pairs (If scheduled operations)

E. Aircraft Data:(AOC, AWC, ATO Applicants)

Aircraft Make-Model:	Number of Aircraft to be Operated	Max Gross Takeoff Passenger Carrying Capacity:	Cargo Payload Capacity (kg)
1,			
2.			
3.			

F. Proposed Ratings
1 Proposed AMO Ratings
2. Proposed ATO Training Programme Curriculums
3. Proposed AWC Category Ratings
4 Proposed AMC Medical Class

G. Proposed Initial Training: (AOC Applicants)
Methods/Facilities/Service Providers

H. Proposed Initial Maintenance System: (AOC Applicants)
Methods/Facilities/Service Providers

I. Other Pertinent Information

J. Certification of Intent:		
Signature	Date	Name and Title

CERTIFICATION TEAM ASSIGNMENTS	
Certification Project Coordinator	
Flight Operations Inspector	
Maintenance Inspector	
Avionics Inspector	
Flight Dispatch Safety Inspector	
Cabin Safety Inspector	
<i>The above team certification team assignment is authorized.</i>	
Date:	Signature