



Republic of the Philippines
Civil Aviation Authority of the Philippines

COA Pre-Application Statement of Intent (PASI)

INSTRUCTIONS:

1. Application for a Certificate of Authorization.
2. To be completed by an applicant for approval to conduct aerial operations.
3. Fill out all applicable positions in Part C.

A. THIS IS TO GIVE NOTICE OF INTENT TO MAKE APPLICATION FOR THE CAAP CERTIFICATION FOR AERIAL WORKS OPERATIONS

This application is for	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Others _____
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B. COMPANY SPECIFIC INFORMATION

Company Name		Proposed Start Operating Date
Address of Principal Base of Operations		Address of the Facility other than Main base
Landline No.	Mobile No/s.	Email address

C. PROPOSED MANAGEMENT POSTHOLDERS

Title/ Post/ Position	Full Name (with middle initial)	Contact No./ Email
1. Accountable Manager		
2. Chief Pilot/ Remote Pilot		
3. Pilot/ Remote Pilot		
4. Pilot/ Remote Pilot		
5. Chief Maintenance		
6. Other Required Personnel		
7. Other Required Personnel		

D. AREA OF OPERATIONS

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E. PROPOSED TYPE OF OPERATION/S

<input type="checkbox"/> Agricultural Aircraft Operations- Manned (AAO)
<input type="checkbox"/> Remotely Piloted Aircraft Systems Operations (RPAS)/ Unmanned



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<input type="checkbox"/> Glider Towing <input type="checkbox"/> Banner Towing <input type="checkbox"/> TV and Movie Operations <input type="checkbox"/> Sight Seeing	<input type="checkbox"/> News Media and Traffic Reporting <input type="checkbox"/> Fish Spotting <input type="checkbox"/> Rotorcraft	<input type="checkbox"/> Agricultural <input type="checkbox"/> Surveying/Mapping <input type="checkbox"/> Aerial Photography/Videography/Advertisement <input type="checkbox"/> Pipeline and powerline inspections <input type="checkbox"/> Media and entertainment/ flying display <input type="checkbox"/> Delivery/carriage of items	<input type="checkbox"/> Conduct of training involving flying <input type="checkbox"/> Discharge of substances <input type="checkbox"/> Construction <input type="checkbox"/> Highway and road traffic monitoring <input type="checkbox"/> Others
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F. MANNED AIRCRAFT/ REMOTELY PILOTED AIRCRAFT/ OTHERS

Aircraft Make/ Model	Certificate of Registration (RP-R/ RP-U)	Number of Aircraft	Aircraft Weight (kg)

G. PROPOSED ORGANIZATIONAL STRUCTURE

H. CERTIFICATION OF INTENT

Name and Title	Signature	Date

FOR CAAP USE ONLY



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CERTIFICATION TEAM ASSIGNMENT

Certification Project Manager (CPM)

Aviation Safety Inspector/Team Member

The above team certification assignment is authorized.

Signature of Department Manager- Flight Operations Department

Date