



**AOC Formal Application**

**INSTRUCTIONS:**

This is the formal application for AOC certification and cover page for the manuals and documents which is submitted for the CAAP certification process.

**A. THE FOLLOWING APPLICATION IS HEREBY SUBMITTED**

Date of Submission	Applying Company Name
Proposed Start Operating Date	
Address of Main Base of Operations	
Landline No.	Mobile No/s.
Address of the Facility other than Main base	
Address of Main Base of Maintenance/AMO	
Landline No.	Mobile No/s.

**B. BUSINESS ORGANIZATION AND CORPORATE STRUCTURE (COMPANY PROFILE)**

*(Subsidiary, Affiliations, Partnerships)*

**C. PROPOSED MANAGEMENT POSTHOLDERS**

Title/ Post/ Position	Full Name (with Middle Initial)	Contact No./ Email
1. Accountable Manager		
2. Director of Operations		
3. Director of Maintenance		
4. Head of Training		
5. Chief Pilot		
6. Director of Safety		
6. Quality Manager		
7. Security Manager		
8. Other Required Manager		



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**D. NAME AND ADDRESS OF LEGAL REPRESENTATIVE**

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**E. THE FOLLOWING CERTIFICATES ARE REQUESTED**

<input type="checkbox"/> Air Operator Domestic Scheduled Operations	<input type="checkbox"/> Air Operator International Scheduled Operations
<input type="checkbox"/> Air Operator Domestic Charter-Only Operations	<input type="checkbox"/> Air Operator International Charter-Only Operations

**F. THE FOLLOWING OPERATIONS SPECIFICATION AUTHORIZATIONS ARE REQUESTED WITH THE ISSUANCE OF THE AOC**

<input type="checkbox"/> Passengers	<input type="checkbox"/> All Weather Operations -CAT II
<input type="checkbox"/> Cargo	<input type="checkbox"/> All Weather Operations -CAT IIIA
<input type="checkbox"/> VFR day only	<input type="checkbox"/> All Weather Operations -CAT IIIB
<input type="checkbox"/> VFR Day and night only	<input type="checkbox"/> All Weather Operations -CAT IIIC
<input type="checkbox"/> IFR Day and night	<input type="checkbox"/> All Weather Operations -Low Visibility Take-off
<input type="checkbox"/> Helicopter Offshore Operations	<input type="checkbox"/> RVSM Operations
<input type="checkbox"/> Single PIC AOC	<input type="checkbox"/> MNPS Operations
<input type="checkbox"/> Polar Operations	<input type="checkbox"/> EDTO or/ETOPS Operations
<input type="checkbox"/> EFB/C-EFB	<input type="checkbox"/> RNP or/RNAV Operations
<input type="checkbox"/> Emergency Medical Service	<input type="checkbox"/> Carriage of Dangerous Goods
<input type="checkbox"/> IFR Single Pilot with Autopilot	<input type="checkbox"/> Other Operations

**G. ARE THERE ANY CHANGES TO THE INFORMATION SUBMITTED IN THE PRE-APPLICATION STATEMENT OF INTENT (PASI)?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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If YES (List those changes in this block)

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**H. ARE THE RESUMES FOR ALL MANAGEMENT POSITIONS REQUIRED BY PART 9 INCLUDED WITH THIS APPLICATION FORM?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Deviation Requested (see letter)
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If NO (List all those positions for which no person has yet been identified or for which no resume is attached)

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**I. THE FOLLOWING REGULATORY CONFORMANCE CHECKLISTS (RCC) ARE INCLUDED WITH THIS APPLICATION?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Part 7                  | <input type="checkbox"/> Part 18         | <input type="checkbox"/> EDTO or/ETOPS Operations         |
| <input type="checkbox"/> Part 8                  | <input type="checkbox"/> Part 19         | <input type="checkbox"/> All Weather Operations           |
| <input type="checkbox"/> Part 9                  | <input type="checkbox"/> RVSM Operations | <input type="checkbox"/> Performance Based Nav Operations |
| <input type="checkbox"/> Others (Please specify) |  |   |

**J. ARE THE REQUIRED COPIES OF ALL APPLICABLE MANUALS IN THE QUANTITY OUTLINED IN ADVISORY CIRCULAR (AC 09-001) INCLUDED WITH THIS APPLICATION?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|

If NO (List all manuals required by AC-09-001 that are not included)

**K. ARE THE REQUIRED COPIES OF ALL LEASES AND OTHER DOCUMENTS AS OUTLINED IN AC 09-001 INCLUDED WITH THIS APPLICATION?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|

If NO (List all manuals required by AC-09-001 that are not included)

**L. APPLICANT IS REQUESTING EARLY EVALUATION AND APPROVAL OF OPERATIONS OR MAINTENANCE/ ENGINEERING TRAINING?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|

(List specific training syllabuses, simulators, training facilities and personnel which will require early interim evaluation and approval)

**M. THE RESUMES OF ALL PERSONS NOMINATED TO THE POST HOLDER'S POSITIONS AND FLIGHT AND CABIN CREW TRAINING AND CHECKING POSITIONS ARE INCLUDED WITH THIS APPLICATION FORM?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|

If NO (List any necessary training or checking position that does not yet have a nominated person)

**N. IS A COMPLETED COPY OF THE PROPOSED SCHEDULE OF EVENTS INCLUDED WITH THE APPLICATION?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|



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**O. ARE COMPLETED COPIES OF THE AIR OPERATOR COMPLEXITY AND INDIVIDUAL AIRCRAFT SUMMARY FORMS INCLUDED WITH THE APPLICATION?**

- Yes                       No                       Not Applicable

List information summary forms that have not yet been submitted

**P. ATTACHMENTS**

<input type="checkbox"/> Identification of Operations Specifications to be approved	<input type="checkbox"/> Operations Manual
<input type="checkbox"/> Schedule of Events	<input type="checkbox"/> Quality Manual
<input type="checkbox"/> Initial Statement of Compliance <i>(with attached Regulatory Compliance Checklist)</i>	<input type="checkbox"/> Maintenance Control Management (MCM)
<input type="checkbox"/> Management Structure and Key Staff Members (e.g. Resumé)	<input type="checkbox"/> Details of the method of control and supervision of operations
<input type="checkbox"/> SMS Manual	<input type="checkbox"/> CAB Permit (Certificate of Public Convenience and Necessity [CPCN] or Temporary Operating Permit [TOP])
<input type="checkbox"/> List of Destination and Alternate Aerodromes for Scheduled Services, Areas of Operations for Non-Scheduled Services and Bases for Operations	<input type="checkbox"/> Maintenance Program for each aircraft type and Reliability Program (where applicable) <i>Note: Attach application form and supporting documentation</i>
<input type="checkbox"/> List of aircraft to be operated	<input type="checkbox"/> Maintenance Quality Assurance System (where applicable)
<input type="checkbox"/> Documents of Purchase, Leases, Contracts or Letters of Intent	<input type="checkbox"/> Maintenance Arrangements with AMO(s)
<input type="checkbox"/> Arrangements for Crew and Ground Personnel Training and Qualification, the Facilities and Equipment required and available	<input type="checkbox"/> Minimum Equipment List (MEL) and Configuration Deviation List (CDL) for each aircraft type <i>Note: Attach application form and supporting documentation</i>

**Q.** *I certify that this serves as a formal application for an AOC. I have submitted all required documents and manuals. I further certify that this company is committed to fulfill all specified requirements for this certification.*

Name of Accountable Manager	Date	Signature