



Republic of the Philippines
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

AOC Pre-Application Statement of Intent (PASI)

INSTRUCTIONS:

1. This application is used for an Initial/Original Air Operator Certificate.
2. To be completed by an applicant and CAAP Inspector.
3. Fill out all applicable items.

A. THIS IS TO GIVE NOTICE OF INTENT TO MAKE APPLICATION FOR THE CAAP CERTIFICATION FOR:

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

B. COMPANY SPECIFIC INFORMATION

Applying Company	Proposed Start Operating Date
Assigned Company Number	Economic Authority Approved (if required)
Address of Main Base of Operations	Address of the Facility other than Main base
Landline No.	Mobile No/s.
Address of Main Base of Maintenance/AMO	
Landline No.	Mobile No/s.

C. BUSINESS ORGANIZATION AND CORPORATE STRUCTURE (COMPANY PROFILE)

(Subsidiary, Affiliations, Partnerships)

D. 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		



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6. Quality Manager		
7. Security Manager		
8. Other Required Manager		

E. NAME AND ADDRESS OF LEGAL COUNSEL

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F. PROPOSED OPERATIONS

TYPE OF OPERATIONS

Proposed Areas of Operations

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Proposed Special Operations Authorizations

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Proposed City Pairs (if scheduled operations)

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G. AIRCRAFT DATA

Aircraft Make/ Model	Number of Aircraft to be Operated	Max Gross Takeoff Passenger Carrying Capacity	Cargo Payload Capacity (kg)



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H. PROPOSED INITIAL TRAINING

Methods/ Facilities/Service Providers

I. PROPOSED INITIAL MAINTENANCE SYSTEM

Methods/ Facilities/Maintenance Arrangements/Service Providers (where applicable)

J. OTHER PERTINENT INFORMATION

K. CERTIFICATION OF INTENT

Name of Accountable Manager

Date

Signature



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FOR CAAP USE ONLY

CERTIFICATION TEAM ASSIGNMENT

Certification Project Coordinator

Flight Operations Safety Inspector

Airworthiness Safety Inspector

Flight Operations Control Safety Inspector

Aircraft Cabin Safety Inspector

Dangerous Goods Safety Inspector

The above team certification assignment is authorized.

Signature of FOD Manager

Date