



Application Form Air Operator Certificate Issue

DOC.NO: CAAD-624-017
REV. NO: 02
DATED: 14-02- 2004

1. Company/Airline Name: _____
2. Name of the owner/authorized officer: _____
3. Address (es): _____

- Telephone No. _____ Fax No. _____ E-Mail _____
4. Principle place of business: _____
5. Names and addresses of entities and individuals with financial interest: _____
6. Management organization (Organogram) _____ (To be attached with on extra sheets)
7. Key Management Personnel : _____ (Indicate as Applicable)
a) DFO/Chief Executive b) Director Engineering /Chief Engineer c) Chief Pilot(s)
d) GM Operations/Ops Manager e) Chief Flying Instructor f) Flight Safety Officer
g) Manager Quality Control
8. Key Management Personnel Resumes: (To be attached with on extra sheets) _____
a) Title: _____ b) Name: _____ c) Qualification: _____ d) Practical experience: _____
9. Aircraft Lease Agreement: _____ (if applicable, attach a copy)
10. Flight Crew Data (each crew): _____ (use extra sheets with following details)
a) Name b) License Type & No. c) Rating & Currency on the Type
d) Medical Category
11. Training & Checking Organization _____ (attach organization chart with relevant details)
_____ (if contracted, attach a copy of agreement)
12. Flight crew Training Source: _____
a) Type technical b) Simulator (where applicable) c) Flight training
13. Base facilities & Infrastructure:
(Tick the available facility and if contracted attach a copy of contract)
a) Location b) Operations room c) Crew Room
d) Briefing room e) Staff f) Office Accommodation
g) Technical Library h) Crew Scheduling i) Passenger Handling and Facilities
j) Engineering Infrastructure

14. Operating Ports & Facilities Available: _____ (Attach the list)
15. Proposed Date of Commencement of Operations: _____
16. Type of Operation with applicable details: (include the details in draft Ops. Specs.)
17. Type of aircraft with Registration No.: _____ (List in the draft Ops. Specs.)
18. State of Registry of Aircraft: _____
19. Type of Communications and Navigation Equipment: (List in the draft Ops. Specs.)
20. Type of Instruments and Major items of Equipment to be used: (draft Ops. Specs)
21. Arrangements for maintenance: (if contracted out, give the name of organization and attach a copy of the contract with details in draft Ops. Specs) _____
22. Proposed routes with Geographical Tracks: _____ (draft Ops. Specs.)
23. List of Aerodromes to be used including Alternate: _____ (draft Ops. Specs)
24. Desired Aerodrome Operating Minima: _____ (draft Ops. Specs)
25. Procedures & Source for obtaining latest weather and aerodrome conditions: _____
_____ (draft Ops. Specs)
26. Statement of compliance for fulfilling the operations requirements: (draft Ops. Specs)

Certificate: It is certified that the above given information is correct to the best of my knowledge and belief.

Signature: _____

Name: _____

Address : _____

Date: _____

Instructions:

- i) **No column shall be left blank**
- ii) Please Tick as applicable columns
- iii) Attach extra sheets if required for detailed information
- iv) Application shall be signed by the person authorised for the correspondence