



Application for Air Operator Certificate

1. Name and Mailing Address of Company:	2. Address of Principal base where Operations will be Conducted:			
3. Proposed Start – Up date:				
4. Requested Three - Letter Company Identifier in order of Preference:				
1. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 2. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 3. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>				
5. Management Personnel:				
Name	Title	Tel. No. & E-mail		
6. Maintenance Arrangements:				
<input type="checkbox"/> Air Operator intends to perform its maintenance as an AMO (<i>Complete form CA-I / 204</i>).				
<input type="checkbox"/> Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (<i>Complete Block 10</i>).				
<input type="checkbox"/> Air Operator intends to perform maintenance under an equivalent system (<i>Complete Block 10</i>).				
7. Proposed Type of Operation (<i>Check as many as applicable</i>):				
<input type="checkbox"/> Passenger and Cargo.				
<input type="checkbox"/> Cargo only.				
<input type="checkbox"/> Scheduled Operations.				
<input type="checkbox"/> Charter Flight Operations.				
8. Aircraft Data (<i>for foreign registered aircraft, please provide a copy of the lease agreement</i>):				
Total No. of Aircraft: <input style="width: 60px; height: 20px;" type="text"/>				
Aircraft Type	Registration Mark	Aircraft Manufacturing	Serial No.	Number of passengers seats or cargo payload capacity

9. Geographical Area of Intended Operations :

10. Additional Information (*Attach additional sheets if necessary*):

11. Proposed Training (*Aircraft and / or Simulator*) :

I hereby declare that the above particulars are true.

Signature:

Name and Title:

Date:

For official use (not to be filled by applicant)

Assigned Certification Number:

Date:

Remarks:

Director of Flight Safety Department

Signature and Stamp:

Date: