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|  | | CIVIL AVIATION AUTHORITY  DIRECTORATE GENERAL OF CIVIL AVIATION REGULATION  AIR NAVIGATION SAFETY DEPARTMENT | | | | | | Form | 171-3 |
| Revision | 01 |
| Date | 30 NOV. 2022 |
| FLIGHT INSPECTION SERVICE PROVIDER | | | | | | | | | |
| **APPLICATION FORM** | | | | | | | | | |
| 1. **TYPE OF APPLICATION** | | | | | | | | | |
|  | **INITIAL** | |  | **RENEWAL** | |  | **AMENDMENT** | | |
| 1. COMPANY DATA | | | | | | | | | |
| 1. COMPANY NAME | | | : | | | | | | |
| 1. REGISTERED ADDRESS | | | : | | | | | | |
| 1. CEO / ACCOUNTABLE MANAGER | | | : | | | | | | |
| 1. POST ADDRESS | | | : | | | | | | |
| 1. TELEPHONE NUMBER | | | : | | | | | | |
| 1. FAX NUMBER | | | : | | | | | | |
| 1. EMAIL | | | : | | | | | | |
| 1. WEBSITE | | | : | | | | | | |
| 1. OPERATION DETAILS TO BE CERTIFIED | | | | | | | | | |
| 1. PROPOSED LOCATION TO BE CERTIFIED | | | : | | | | | | |
| 1. PROPOSED COMMENCEMENT DATE | | | : | | | | | | |
| 1. ORGANIZATION EXPOSITION/MANUAL OPERATION | | | : YES  NO | | | | | | |
| 1. LIST OF NON COMPLIANCE WITH DGCAR CAR 171 AND ICAO DOC 8071 | | | | | | | | | |
| DGCAR CAR 171 AND ICAO DOC 8071  ATTACHED LIST IF INSUFFICIANT SPACE | | | | | DETAILS AND REASON FOR NON COMPLIANCE | | | | |
|  | | | | |  | | | | |
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|  | | | | |  | | | | |
| 1. STATEMENT | | | | | | | | | |
| ON BEHALF OF……………………………………………, I HEREBY APPLY FOR CERTIFICATION OF AERONAUTICAL TELECOMMUNICATIO / RADIO NAVIGATION SERVICE PROVIDER  SIGNATURE……………………………… DATE:……………../………../………….. | | | | | | | | | |

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|  | CIVIL AVIATION AUTHORITY  DIRECTORATE GENERAL OF CIVIL AVIATION REGULATION  AIR NAVIGATION SAFETY DEPARTMENT | | | |
|  |  |  | ATTACHMENT OF FORM 171-3 |
| **FLIGHT INSPECTION SERVICE PROVIDED** | | | | |
| 1. COMMUNICATION SYSTEM | | | | |
| VHF A/G |  |  |  |  |
| 1. NAVIGATION SYSTEM | | | | |
| GROUND BASED NAVIGATION | ILS CAT I | ILS CAT.II |  | ILS CAT III |
|  | MLS | PAR |  | CVOR |
|  | DVOR | DME |  | NDB |
| SATELLITE BASED NAVIGATION | GBAS | OTHER |  |  |
| 1. SURVEILLANCE RADAR AND COLLISION AVOIDANCE SYSTEM | | | | |
| PSR | SSR | MSSR |  | MSSR-MODE S |
| 1. OTHERS | | | | |
| PAPI | VASI | AGL |  | FLIGHT PROCEDURE VALIDATION |
|  |  |  |  |  |
| REMARK: |  | DATE………………………………………….. |  |  |
|  |  |  | | |
|  |  |
|  |  |
|  |  |
|  |  | SIGNATURE: |  |  |

**COMPANY’S LETTER HEAD**

**SAMPLE OF COVER LETTER FOR**

**FLIGHT INSPECTION SERVICE PROVIDER APPLICATION**

Date...../……./……..

Mr/Mrs……………………….,

Director General of Civil Aviation Regulation

Civil Aviation Authority

P.O. Box 1, CPO,

Postal Code 111,

The Sultanate of Oman.

Dear Sir/Madam,

With respect, the undersign below:

1. Applicant Name :………………………………………
2. Address :……………………………………..
3. Mobile Number :……………………………………..
4. Title in Organization :……………………………………..

Acting and on behalf of:

1. Organization name :……………………………………
2. Organization address :……………………………………
3. Telephone Number :……………………………………
4. Email :……………………………………
5. Website :…………………………………….

apply for a certificate of Flight Inspection Service Provider along with the attached documents for your consideration as follows:

1. statement letter, state that:
2. Organization shall comply with DGCAR rules and regulation applicable in this manual.
3. Organization shall fulfill the relevant laws and regulations for Flight Inspection of Radio Navigation Aids.
4. Organization shall be prioritizing safety in carrying out Flight Inspection for Radio Navigation Aids.
5. Manual Operation of Flight Inspection Service Provider

We would highly appreciate receiving your feedback at your earliest convenience.

Yours faithfully,

(Signed by CEO)