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| Form | 171-3 | | CIVIL AVIATION AUTHORITY  DIRECTORATE GENERAL OF CIVIL AVIATION REGULATION  AIR NAVIGATION SAFETY DEPARTMENT | | | | | |  |
| Revision | 02 | |
| Date | 30 NOV. 2024 | |
| 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. REQUIRED DOCUMENT MENTIONED IN FORM 171.2 | | | | : 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. **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 | |  | |  |
| 1. **STATEMENT** | |  |  | |  | |  |
| ON BEHALF OF……………………………………………, I HEREBY APPLY FOR CERTIFICATION OF AERONAUTICAL TELECOMMUNICATIO / RADIO NAVIGATION SERVICE PROVIDER | | | | | | | |
| NAME | TITLE | | | SIGNATURE | |  | |
|  |  | | |  | |