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| **Section 1** - To be completed by Applicant as per the guidance given. |
| Company registered name and trading name, if different |
| Address of company:  |  |
| Mailing Address: |  |
| Telephone No: |  |
| Fax:  |  |
| E-mail:  |  |

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| Address of the principal place of business: |  |
| Telephone No: |  |
| Fax:  |  |
| E-mail:  |  |

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| 3. Proposed start date:  |
| 4. Proposed designation: - |
| 5. Management and key staff personnel: -  |
| **Name** | **Title** | **Telephone, fax, e-mail** |
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| Proposal for maintenance (to be completed by all applicants as appropriate) |
| 6. ⌂ Air operator intends to perform its maintenance as an AMO (AMO approval is a separate activity) ⌂ Air operator intends to arrange for maintenance and inspections of aircraft band associated equipment to beperformed by others (complete 7 and 11) |

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| 7. Air operator proposed type of operation.⌂ Passenger and cargo⌂ Cargo only⌂ Scheduled operations⌂ Charter flight operations⌂ Seaplane operations |
| 8. Aircraft data (provide a copy of the lease agreement for all leased aircraft) |
| a) Number of aircraft by type and model, Aircraft nationality and registration, makes where available: - |
| b) Number of passengers’ seats and/or cargo payload capacity |
| 9. Geographic area(s) of intended operations and proposed route structure |
| 10. Additional information that provides a better understanding of the proposed operation or business  (attach additional sheets, if necessary) |
| 11. Proposed training (aircraft and/or flight simulation training devices) |

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| 12.The signature and the information contained in this form denote an intent to apply for an AOC. |
| **Name** | **Signature** | **Date:** |
|  |  |  |

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| **13.** **Section 2** - **For DGCAR office use** |
| **Received by (Name and officer)** | **Signature** | **Date received:** |
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| **Date forwarded to the Flight Safety Office** |  | ⌂ For Action⌂ Information Only |
| **Remarks: -** |