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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 be  performed 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: -** | | |