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| **Name of Applicant:** |  | **Date:**  |  |
| **Address:** |  | **Contact No.****Email:**  |  |
| **S No.** | **Reference** | **Appendix 1 to CAR OPS-1.1045 – OM C** | **Applicant’s OM-C****reference** | **S/ US** | **Required corrective action** | **Comment** |
|  | **ROUTE AND AERODROME INSTRUCTIONS AND INFORMATION** | 1. Instructions and information relating to communications, navigation and aerodromes including minimum flight levels and altitudes for each route to be flown and operating minima for each aerodrome planned to be used, including:
2. Minimum flight level/altitude;
 |  |  |  |  |
| 1. Operating minima for departure,

destination and alternate aerodromes |  |  |  |  |
| 1. Communication facilities and navigation aids;
 |  |  |  |  |
| 1. Runway data and aerodrome facilities
 |  |  |  |  |
| 1. Approach, missed approach and

 departure procedures including noise abatement procedures; |  |  |  |  |
| 1. COM-failure procedures;
 |  |  |  |  |
| 1. Search and rescue facilities in the area over which the aeroplane is to be flown;
 |  |  |  |  |
| 1. Information related to RFFS (Rescue Fire Fighting Services) protection shall be described in the operations manual for aerodrome information against aircraft fire-fighting required.
 |  |  |  |  |
| 1. A description of the aeronautical charts that must be carried on board in relation to the type of flight and the route to be flown, including the method to check their validity
 |  |  |  |  |
| 1. Availability of aeronautical information and MET services;
 |  |  |  |  |
| 1. En-route COM/NAV procedures
 |  |  |  |  |
| 1. Aerodrome categorization for flight crew competence qualification (See AMC OPS 1.975);
 |  |  |  |  |
| 1. Special aerodrome limitations (performance limitations and operating procedures etc.).
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| **This is to certify that the company manual(s) have addressed all Sultanate of Oman relevant applicable Regulations (CARs) to the proposed operations.** |
| **Postholder Operations Name** | **Signature:** | **Date:** |
|  |  |  |

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| **CAA Use Only** |
| **Title** | **Name of CAA Inspector** | **Signature** | **Date:** |
| **FOI** |  |  |  |
| **AWI** |  |  |  |
| **GOI/DGI** |  |  |  |

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| **Review No:** | **Results:-** | ☐ **Approved** | ☐ **Not Approved** |

|  |  |  |
| --- | --- | --- |
| **Chief Operations Section (COS) Name** | **Signature** | **Date:** |
|  |  |  |