

 هيئة الطيران المدني	<b>Application for Lease of Aircraft</b>	<b>Form</b>	<b>AWR 019</b>
		<b>Edition</b>	<b>Original</b>
	<b>Civil Aviation Authority - DG CAR</b>	<b>Revision</b>	<b>3</b>
		<b>Date</b>	<b>01/09/2020</b>

<b>A. Type of Lease</b>
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<input type="checkbox"/> Wet Lease-in <input type="checkbox"/> Wet Lease-Out	<input type="checkbox"/> Dry Lease in <input type="checkbox"/> Dry Lease out	<input type="checkbox"/> Damp lease in <input type="checkbox"/> Damp Lease out	Duration: From .....To .....
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<b>B. Applicant Details</b>
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1. AOC holder	2. Contact person
3. Contact (email)	4. Phone
5. State of Registry	
6. State of Operator (if different from the State of Registry)	
7. Business place	

<b>C. Aircraft Details</b>
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1. Aircraft Model	
2. Year of Manufacturing	
3. Aircraft Registration mark	4. MSN (Serial Number)

<b>D. Documents to be provided along with the application</b>
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1. Copy of AOC and Operations Specifications	<input type="checkbox"/> Attached	<input type="checkbox"/> No
2. Copy of Insurance as per the lease agreement	<input type="checkbox"/> Attached	<input type="checkbox"/> No
3. Copy of noise certificate ( <i>in case of leasing in</i> )	<input type="checkbox"/> Attached	<input type="checkbox"/> No
4. Copy of Radio license ( <i>in case of leasing in</i> )	<input type="checkbox"/> Attached	<input type="checkbox"/> No
5. Copy of the C of R and C of A ( <i>in case of leasing in</i> )	<input type="checkbox"/> Attached	<input type="checkbox"/> No
6. Copy of the lease agreement	<input type="checkbox"/> Attached	<input type="checkbox"/> No
7. Others as deemed necessary		

<b>E. Assessment Status</b>
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1. TCAS as per CAR-OPS 1.668 installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Compliance with Subpart K and L of CAR OPS-1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Security Door as per CAR-OPS1.1255 installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Valid ARC? (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Maintenance Control identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Compliance with CAR M	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Compliance with CAR 145	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Compliance with CAR –OPS1,3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**For Dry Lease which involves transfer of oversight, continue with Paragraph F**

<b>F. Lease responsibility</b>
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1. Aircraft airworthiness and maintenance data, record and control?	<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee
2. Who is signing of maintenance release?	<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee
3. A consent from lessor not de-register aircraft under lease	<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee
4. A consent from legal owner of aircraft to the lease agreement	<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee

<b>G. Airworthiness Evaluations and Recommendations</b>			
1. This lease meets the Airworthiness Requirements set forth in Oman CAR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FOR CAA USE ONLY</b>			
<b>Transfer Functions to Other National Aviation Authority (if any)</b>			
Decision making assessment completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Specific Transfer of authority and justification to be proposed by FOI &AWI in each area,	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
For lease-out, is the maintenance organization approved by CAA? (and ensure that the foreign State of the Operator approves the maintenance of the aircraft)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
AWS Inspector Name:	Decision;		
Date:			
Ops Inspector Name:	Decision;		
Date:			