|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name of Operator:
 |  | 1. Name of Accountable Manager or Representative
 |  |
| 1. Address
 |  | 1. Contact No. and Email Address:
 |  |
| 1. Document Submission Date
 |  | 1. Evaluation and Meeting Date:
 |  |
| 1. Inspector/s Name
 |  | 1. Completion Date:
 |  |

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| This checklist listed data submission requirements required by The CAA to monitor conditions and conduct continuous surveillance in line with the Economic Operating License holders’ financial performance. An AOC Holder is required to submit related evidences to the CAA as mentioned in this checklist. References:1. Civil Aviation Law (CAL) Royal Decree No. (76/2019), Article (34)
2. Economic regulation of licensing and consumer protection in Civil Aviation December 2015

Chapter II: Licensing of Air Carriers and other Commercial Aviation*In addition, an Air operator is required to notify in advance to the CAA plans for:** *Significant changes in the type of or number of aircraft used*
* *A substantial change in the scale of its activities*
* *Any intended mergers or acquisitions and shall notify the OMAN CAA within 15 days of any change in the owners of a single shareholding.*
 |
| **S/No** | **Subject** | **Operator’s Reference & Evidences** | **S** | **U/S** | **Remarks** |
|  | **Document Submission by Operator** |
|  | Audit accounts not later than six months  |  |  |  |  |
|  | Most recent internal management balance sheet |  |  |  |  |
|  | An updated Business PlanNote: Updated Business Plan, similar in format and content during the initial application for a Commercial License & AOC |  |  |  |  |
|  | A Copy of all the above items a, b, & c to be forwarded to CAA Economic Regulation Department for further review & assessment. |  |  |  |  |

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| **S/No** | **Subject** | **Operator’s Reference & Evidences** | **S** | **U/S** | **Remarks** |
|  | **Document Review –**  |
|  | **Annual Requirements** |
|  | Annual Audited Accounts |  |  |  |  |
|  | Statement on Corporate details: - List of Directors, Senior Management and Shareholders |  |  |  |  |
|  | Confirmation of insurance arrangements Note: Insurance for all Properties/Assets including on-lease – Aviation and Non-Aviation |  |  |  |  |
|  | Budget and Cash Flow forecasts, including supporting assumptions |  |  |  |  |
|  | A review of AOC Holder Financial Risk Assessment for the following 12 monthsNote: * 1. To be submitted in advance to the CAA

ii. To schedule a meeting between the CAA and AOC Holder Senior Management Team. |  |  |  |  |
|  | **Quarterly Requirements** |
|  | Traffic Reports:1. Passenger load factor
 |  |  |  |  |
| 1. Amount of cargo carried (in kg)
 |  |  |  |  |
| 1. Sectors (names)

Sectors (frequencies)Note: Data to be submitted to the CAA Flight Safety and Economic Regulation Department. |  |  |  |  |
|  | Operational Reports by aircraft type:1. Number of Flights (Round trips)
 |  |  |  |  |
| ii. Flight Hours Flown |  |  |  |  |
|  | Aircraft Fleeti. Types |  |  |  |  |
| ii. Fleet Financing |  |  |  |  |
| **S/No** | **Subject** | **Operator’s Reference & Evidences** | **S** | **U/S** | **Remarks** |
|  | Future Fleet Forecast i. Future Fleet Plans |  |  |  |  |
| ii. Future Fleet Financing |  |  |  |  |
|  | Management Account:i. Cash Flows |  |  |  |  |
|  | ii. Balance Sheets |  |  |  |  |
|  | **Occasional requirements (as and when required by the CAA)** |  |  |  |  |
|  | Revised Business Plans as required under the Regulations |  |  |  |  |
|  | Information on key financing instruments and any associated covenants |  |  |  |  |
|  | Notification of significant changes to the AOC Holder company’s planned operations |  |  |  |  |

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|  | **Items Review & Accessed (CAA use only)** |
| **S/No** | **Item** | **Date Received** | **Comments/Remarks** |
|  | Documents Submission |  |  |
|  | Business Plan |  |  |
|  | Proof of Insurance |  |  |
|  | Annual Accounts |  |  |
|  | Management Accounts |  |  |
|  | Previous and Projected Balance Sheet including Profit & Loss Account |  |  |
|  | Q1 Operational Statistics |  |  |
|  | Q2 Operational Statistics |  |  |
|  | Q3 Operational Statistics |  |  |
|  | Q4 Operational Statistics |  |  |
|  | Financial trend risk assessment |  |  |
|  | Traffic/Revenue Forecasts for the following period |  |  |
|  | Shareholder Details |  |  |
|  | Fleet Size / Financing Details |  |  |

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| **Recommendations** **# For Flight Safety Department Use Only** |
|  |
| **FSD Inspectors** | **Signature** | **Date** |
| **Flight Operations Inspector Name:**  |  |  |
| **Chief Operations Section Name:**  |  |  |
| **Director Flight Safety Name:**  |  |  |

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| **# For Economic Regulation Department use only** |
| **Financial Fitness Statement:** | **Please Tick** |  |
| 1. This is to certify that (*insert AOC Holder Company Name*) has met the requirements as stipulated by the CAA.  |  | No action required |
| 2. The *(insert AOC Holder Company Name*) is required to present additional documents as follows:  |  | List the additional documents required.  |
| 3. The *(insert AOC Holder Company Name)* did not meet the financial fitness assessment due to the followings: |  | State the Reason of rejection/s:  |
| **Reviewed by Head of Economic Regulation of Airlines** | **Signature:**  | **Date:** |
| **Director of Economic Regulation Name:** | **Signature:**  | **Date:** |