INITIAL ISSUE/  AMENDMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LVO/AWO (Low Vis /All Weather operations)  RVSM (Reduced Vertical Separation Minima)  MNPS (Minimum Navigation Performance  Specifications)  EDTO/ETOPS (Extended Diversion/ Extended  Range Operations)  LR (Ultra Long Range Operations)  FTL (Flight Time Limitations) Dispensation/  Waiver Process  *(\*Use one sheet for initial or individual application)*  *Please Mark*  *in the boxes provided* | | | | | | EFB (Electronic Flight Bag) and Software Data  HGS/HUD (Head Up Guidance System)  FANS (Future Air Navigation Systems)  GPS (GPS/GNSS approach)  PBN (Performance Based Navigations)  PRM (Precision Runway Monitoring)  PBCS (Performance-Based Communication and  Surveillance  Polar Operations  HELI (Off-Shore/HESLO/NVIS/EMS/HHO | | | | | | |
| 1. APPLICANT DETAILS (OPERATOR / ORGANISATION) | | | | | | | | | | | | |
| Operator’s Name: |  | | | AOC NO | | | | | *-* | | | |
| PH (Post Holder) Operation: |  | | | Phone and Email: | | | | | and | | | |
| PH Maintenance: |  | | | Phone and Email: | | | | | and | | | |
| PH Training: |  | | | Phone and Email: | | | | | and | | | |
| PH Quality: |  | | | Phone and Email: | | | | | and | | | |
| 1. OPERATIONS (Operating Procedures / Training) | | | | | | | | | | | | |
| 1. Initial/Recurrent training syllabus (\*/\*\*) | | |  | | | | | | | | | |
| 1. Crew Qualification\* | | |  | | | | | | | | | |
| 1. Flight Planning\* | | |  | | | | | | | | | |
| 1. FCOM/Checklist / SOP \* (\*\*) | | |  | | | | | | | | | |
| 1. Post flight procedures\* | | |  | | | | | | | | | |
| 1. Monitoring/reporting procedures\* | | |  | | | | | | | | | |
| 1. MEL reference related to operations | | |  | | | | | | | | | |
| 1. AIRWORTHINESS ASPECTS | | | | | | | | | | | | |
| 1. Equipment related Type Design Approval reflected in | | | | | AFM | | | TCDS | | STC | | Others: *Fill C.3.* |
| 1. AFM/applicable section of AFM\* (\*\*) | | | | |  | | | | | | | |
| 1. Equipment systems installation approval based on\* | | | | | TC  STC  SB | | | | | | | |
| 1. Equipment Maintenance program?\* (\*\*) | | | | |  | | | | | | | |
| 1. MEL\*: section of MEL State ref doc (\*\*) | | | | |  | | | | | | | |
| 1. Maintenance Procedures /continuing airworthiness\* | | | | |  | | | | | | | |
| 1. Downgrading/deferred, tech log entries, release to service, repetitive defects, CAA reporting proc\* | | | | |  | | | | | | | |
| 1. Maintenance training (initial and recurrent staff and sub contractor’s training syllabus and qualification, etc.) \*ref doc | | | | |  | | | | | | | |
| 1. Maintenance practices and procedures (MOE/MME, maintenance program, stand-alone document) \*\* | | | | |  | | | | | | | |
| 1. SUPPORTING EVIDENCE/Remarks | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. COMPLIANCE STATEMENT | | | | | | | | | | | | |
| I confirm that information in this application complies with the applicable regulations | | | | | | | | | | | | |
| PH OPERATIONS | | PH TRAINING | | | | | | | | | PH MAINTENANCE | |
| Name: | | Name: | | | | | | | | | Name: | |
| Signature:  Date:   /   / | | Signature:  Date:  /   / | | | | | | | | | Signature:  Date:   /   / | |
| 1. FOR CAA USE ONLY | | | | | | | | | | | | |
| CAA inspector have evaluate the applicant details and confirm that the application meet the minimum requirement as reflected with mark in the  below: | | | | | | | | | | | | |
| C1,  2,  3,  4,  5,  6,  7,  8,  9]  Flight Operations Inspector:  Approved  Not Approved | | | | | | | [B1, 2, 3, 4, 5, 6, 7]  Airworthiness Inspector:  Approve  Not Approved | | | | | |
| Name: | | | | | | | Name: | | | | | |
| Signature:  Date:   /   / | | | | | | | Signature:  Date:   /   / | | | | | |

Note: \*: Fill applicable section of referenced document,

\*\*: For initial approval Submit relevant section of the document

#### ***Note: This guide is for operator guide not part of application to be submitted***

#### **APPLICATION GUIDE AND REQUIREMENTS**

#### **Section A. APPLICANT DETAILS** (Submit application form with cover letter)

Fill operator name, Post Holder: Operations, Maintenance and Training name and details or their delegates (supporting delegation appointment required)

#### **Scope of Application (tick applicable item)**

Section B. OPERATIONS (Operating Procedures/Training)

Describes reference document adjacent to the application column and attach document for initial application

1. Initial/Recurrent training: reference for training and its syllabus
2. Crew Qualification: Crew qualification
3. Flight Planning: Procedures for flight planning
4. FCOM/Checklist/SOP; Standard Procedures: describes standard operating procedures for the approval sought
5. Post flight procedures: reporting deviation, filling forms
6. Monitoring/reporting procedures particularly for temporary application for upgrade or permanent purposes
7. MEL reference related to operations

#### **Section C. AIRWORTHINESS**

1. Aircraft Type Design Approval reflected in:

AFM: Aircraft Flight Manual

TCDS: Type Certificate Data Sheet

STC: Supplemental Type Certificate

1. AFM/Supplement indicates the Equipment related to the above application.
2. The approval of the equipment related to the systems installation based on: Supplemental Type Certificate (STC) or additional SB installation, attach the evidence.
3. Maintenance program related to the above approval seek exist? Supply Ref doc.
4. MEL: section of MEL reference in the paragraph or separate section.
5. Maintenance Procedures/continuing airworthiness.
6. Downgrading/deferred, tech log entries, release to service, repetitive defects, reliability, reporting to the CAA procedures.
7. Maintenance training (initial and recurrent staff and sub contractor’s training syllabus and qualification, etc.).
8. Maintenance practices and procedures (MOE/MME, maintenance program, stand-alone document)\*\*.
9. If required: Test equipment (procedures, handling, calibration, etc.).

Section D. SUPPORTING EVIDENCE

1. Attach AFM/Supplements related to the application/equipment operational approval.
2. State the Flight crew training and syllabus reference.
3. Operation manuals, checklists, operating procedures\* (OM-A, B, D, (FCOM/AOM, Route) etc.
4. MEL reference related to the above equipment.
5. Maintenance program or revision related to above equipment\*.
6. Maintenance practices and procedures (MOE/MME, maintenance program, stand-alone document) (\*).
7. SB, STC or Modification Approval\*.

Section E. COMPLIANCE STATEMENT

To be signed by applicable post holder or its delegated personnel (supporting delegation letter required).

This compliance statement is to assure that the relevant application have been completed and comply with applicable regulations; that the aeroplane system installation including continuing airworthiness of systems, minimum equipment for dispatch procedures, standard operating procedures and flight crew training comply with the requirements of OMAN Civil Aviation Regulations.

Section F. FOR CAA USE ONLY

1. CAA ADMIN shall submit the application to OPERATIONS THEN AIRWORTHINESS.
2. CAA POI shall review initial process (Follow up with applicant should additional document required) once completed, SIGN and HAND OVER to AWI for AW approval.
3. Once completed, AWI shall hand over to POI/FOI.
4. FOI shall summarized and included in the operations specifications, Notify FO ADMIN to enter to the new OPSPEC, if rejected or other supporting document required, FOI shall Notify Operator.