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| **PART A – OPERATOR INFORMATION**  |
| **1. Name of Operator:**  |  | **2. Name of Applicant:** |  |
| **3. Address:** |  | **4. Contact No. and Email Address:** |  |
| **5. Aircraft Type, Model & Registration:** |  | **6. Document Submission Date:** |  |
| **7. Type of Operations** | 1. Schedule [ ]  or Unscheduled [ ] 2. Passenger [ ]  or Cargo [ ] 3. Transport of Dangerous Goods [ ] 4. Aerial Work [ ]  or Special Purpose (eg. Air Ambulance/Fire Fighting etc) [ ] 5. Others (Specify)………………………… | **8. Evaluation Date & Place:** |  |
| **9. Inspectors Designation:** | **Names:** |
| 1. FO
2. Cabin Safety
3. PEL
4. AIR
5. Others
 | a.b.c.d.e. |
| The addition of a new aircraft type to a certificated operator's fleet requires many of the same inspections, reviews, demonstrations, authorizations, and approvals by the CAA as required for the original issuance of an AOC. The operator may not commence revenue operations with the new aircraft type until all of the provisions of the checklist below are followed:*Note: The detailed documentations and equipment are listed in ANNEX 1 of this checklist.****References Training Requirements:*** **CAR OPS-1.945 (a)(1)(2)** **AC OPS-1.345 (9) (b) iii.****CAR OPS-1.1039 (b)(5)** |

**Filling Instructions:**

1. Name of Operator: Insert Full name of Operator as per Commercial Registration
2. Name of Applicant: Insert name of Operators or Owner Representative
3. Address: Insert Principal Operator’s full address
4. Contact No. and Email Address: Insert Operator’s Representative Phone /Fax and Email address
5. Aircraft Type, Model & Registration: Insert Aircraft Type, Model and Registration number
6. Document Submission Date: Insert DD/MM/YYYY
7. Type of Operations. Please tick in the box provided
8. Evaluation Date and Place: Insert actual date of Evaluation DD/MM/YYYY and place of Evaluation
9. Inspector/s Name: Name of assigned Flight Operations Inspector

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| **PART B APPLICATION & DOCUMENTS REVIEW** |
| **S/No.** | **SUBJECT** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| **1** | **APPLICATION BY OPERATOR** |  |  |  |  |
| a | Letter is sent to the Director Flight Safety (DFS), who will in turn advise Air Transport, Airworthiness and Flight Operations. Coordination meeting between CAA and Operator is required |  |  |  |  |
| b | Submission of the followings: i. Management of Change ii. Risk Assessment to Transport Cargo including Dangerous Goodsiii. Application for Amendment of Operations Specifications |  |  |  |  |
| **2** | **DOCUMENTS REVIEW** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | At least 6 weeks prior to the proposed introduction of the new aircraft type to revenue operations, the operator shall submit the following documents or their equivalents for review and approval as required |  |  |  |  |
| b | A revised or updated Flight Operations Manual (FOM) which incorporates general information, guidance, and instructions pertaining to the new aircraft type, and reflects the current operating environment of the airline. |  |  |  |  |
| c | An Aircraft Operating Manual (AOM/AFM) for the new aircraft type either developed specifically by the airline or adopted directly from the manufacturer, which contains information on aircraft systems, limitations, performance, and normal and abnormal operating procedures for the airplane. |  |  |  |  |
| d | A Minimum Equipment List (MEL) for the new aircraft type which reflects the Master Minimum Equipment List approved by the state of manufacture, and is tailored to the specific airplane model and operating environment of the airline. This document requires signature approval by the CAA.  |  |  |  |  |
| e | A Configuration Deviation List for the new aircraft type which contains information regarding flight with missing aircraft components.  |  |  |  |  |
| f | All normal, abnormal, and emergency checklists for the new aircraft type, including abbreviated checklists for use in the cockpit. These checklists must be approved by CAA signature. |  |  |  |  |
| g | Passenger briefing cards in English and Arabic language |  |  |  |  |
| h | A revised Flight Attendant Manual or other suitable reference for flight attendants concerning the configuration of the new aircraft type, location and operation of installed cabin equipment, and duties and responsibilities during normal and abnormal operations. |  |  |  |  |
| i | Weight and balance information and procedures. (Ground Operations) |  |  |  |  |
| j | Airport Analysis charts or equivalent reference material for use by aircrew for determining maximum gross take-off and landing weights for specific airports and runways; taking into account the obstacle clearance, runway length and slope, aircraft configuration, and current meteorological conditions. |  |  |  |  |
| k | Written training programs for cockpit and cabin crewmembers and flight dispatchers/flight operations officers. |  |  |  |  |
| l | Management of Change / Risk Assessment Documents pertaining to Induction of New Aircraft Type to be submitted to The CAA for review and acceptance. |  |  |  |  |
| **3** | **DEMONSTRATIONS / PROVING FLIGHT** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | The following demonstrations must be successfully completed by the operator for the new aircraft type: |  |  |  |  |
| b | Emergency evacuation should be conducted to demonstrate the ability of the cabin crew to safely evacuate passengers and utilize aircraft emergency equipment. |  |  |  |  |
| c | Prior to the first flight, proving flights should be conducted which demonstrate the ability of the operator to safely operate the new aircraft type on a day to day basis. The airline should submit a proposed proving flight plan which contains the number of flights, dates, crew composition, and destinations. |  |  |  |  |
| **PROVING FLIGHT (if required) AND VALIDATION TESTS RESULTS REMARKS:** |
| **4** | **INSPECTIONS** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | In addition to the manual inspections and approvals outlined in paragraph 1 above, the CAA must conduct the following inspections to ensure that the operator is fully prepared to operate the new aircraft type: |  |  |  |  |
| b | Inspections of each transit or line station must be conducted to ensure that ground personnel are adequately trained to support the new aircraft type and that support equipment and facilities are adequate for the operation. Transit stations may be inspected during proving flights or as separate events prior to the first revenue flight. |  |  |  |  |
| c | The Dispatch/Operational Control center should be inspected to ensure adequacy of flight planning, briefing, and record-keeping associated with the new aircraft type. |  |  |  |  |
| **5** | **TRAINING –** **CAR OPS-1.945 (a)(1)(2)** **AC OPS-1.345 (9) (b) iii.****CAR OPS-1.1039 (b)(5)** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | Training conversion and aircraft training shall be provided by operator from manufacturer to:1. Flight Operations Inspector
2. Cabin Safety Inspector
3. Airworthiness Inspector
 |  |  |  |  |
| b | All crewmembers must receive the full range of technical training before operations commence. |  |  |  |  |
| c | All crewmembers should receive training on duties during emergencies and on operation of emergency equipment installed on the aircraft. |  |  |  |  |
| d | Flight Attendants/Cabin Crew/Cabin Safety Instructors should undergone training according to CAR OPS1.1010 Conversion and Differences Training and receive hands-on training in door operation and deployment of escape slides, if applicable. |  |  |  |  |
| e | Flight Operations Officer/ Flight Dispatcher Instructor undergone training according to an established Conversion and Differences Course. |  |  |  |  |
| f | De-icing and/or anti-icing training programmes & additional training on new types of aircraft. |  |  |  |  |
| g | Training records for all crew members should be verified. |  |  |  |  |
| h | Dangerous Goods Manuals and Training verified. |  |  |  |  |
| i | Security Manuals and Training verified. |  |  |  |  |
| **6** | **MAINTENANCE** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | The aircraft maintenance programme for the new aircraft type must be submitted to and approved by the Airworthiness Division. (AW) |  |  |  |  |
| **7** | **SIMULATOR TRAINING** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | Simulator is to be validated by CAA prior to training. Simulator specifications and existing approvals are to be submitted to CAA prior to evaluation visit. The evaluation, conducted in accordance with existing Regulations & Procedures shall cover: QTG Inspection, Objective and Subjective and Functional Evaluation. |  |  |  |  |
| b | Technical specifications and drawings showing differences between simulator and the actual aircraft to be submitted to CAA. |  |  |  |  |
| c | Simulator training curriculum to be reviewed by CAA. |  |  |  |  |
| d | Approval Certificate to be issued by CAA. |  |  |  |  |
| **8** | **GROUND TRAINING INSTRUCTORS, TRAINING CAPTAINS AND APPROVED EXAMINERS** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | List of names to be submitted. |  |  |  |  |
| b | Resumes to be submitted. |  |  |  |  |
| c | Verification by the CAA on the appointment, experience and qualifications. |  |  |  |  |
| d | Security vetting approval. |  |  |  |  |
| e | Operator Head of Training to submit to CAA at least 2 sets of technical questions and answer |  |  |  |  |
| f | TRI & TRE to be validated by CAA, if required. |  |  |  |  |
| **9** | **TYPE ENDORSEMENT FLIGHT TEST** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | Additional airborne exercises to be conducted, after simulator training, need to be identified. |  |  |  |  |
| b | Draft Type Endorsement Flight Test Form to be submitted to CAA for approval. |  |  |  |  |
| **10** | **LICENCE VALIDATION FOR FOREIGN CREW (If Required)** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | Validation for ferry flight. |  |  |  |  |
| b | Validation for operations flights (C of T and IR Test) |  |  |  |  |
| c | Security vetting of aircrews not covered under para 7. |  |  |  |  |
| **11** | **APPLICATION FOR SPECIFIC / SPECIAL APPROVALS (If Applicable)** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | PBN - PERFORMANCE-BASED NAVIGATION OPERATIONS |  |  |  |  |
| b | MNPS - OPERATIONS WITH SPECIFIED MINIMUM NAVIGATION PERFORMANCE |  |  |  |  |
| c | RVSM - OPERATIONS IN AIRSPACE WITH REDUCED VERTICAL SEPARATION MINIMA |  |  |  |  |
| d | LVO - LOW VISIBILITY OPERATIONS |  |  |  |  |
| e | ETOPS - EXTENDED RANGE OPERATIONS WITH TWO-ENGINED AEROPLANES |  |  |  |  |
| f | DG - TRANSPORT OF DANGEROUS GOODS  |  |  |  |  |
| g | NVIS - HELICOPTER OPERATIONS WITH NIGHT VISION IMAGING SYSTEMS  |  |  |  |  |
| h | HHO - HELICOPTER HOIST OPERATIONS  |  |  |  |  |
| i | HEMS - HELICOPTER EMERGENCY MEDICAL SERVICE OPERATIONS |  |  |  |  |
| j | HOFO - HELICOPTER OFFSHORE OPERATIONS  |  |  |  |  |
| k | SET-IMC - SINGLE-ENGINED TURBINE AEROPLANE OPERATIONS AT NIGHT OR IN INSTRUMENT METEOROLOGICAL CONDITIONS  |  |  |  |  |
| l | EFBs - ELECTRONIC FLIGHT BAGS  |  |  |  |  |
| **12** | **REVISED OPERATIONS SPECIFICATIONS** | **OPERATOR’S REFERENCE** | **S** | **U/S** | **REMARKS**  |
| a | Applicable parts of the Operations Specifications must be amended as required to reflect the addition of the new aircraft type. Issuance of the revised Operations Specifications to the operator represents formal approval for the operator to commence revenue operations with the new aircraft type. |  |  |  |  |

**ANNEX 1**

**Filling Instructions**

**A AIRCRAFT DOCUMENTATIONS**

1. Name of Owner: Insert Name of Operator or Legal Ownership
2. Type of Aircraft: Insert Type & Model number
3. Aircraft Registration: Insert New Oman Aircraft Registration Number
4. Serial Number: Insert serial number as per Manufacturer series.
5. Year of Manufacture: Insert year the aircraft was manufacturer
6. Passenger configuration: Insert Number of Passengers for First Class/Business Class/Economy Class
7. Air Transport License (ATL) Approved Training Organization (ATO) / Air Operator Certificate (AOC) holder: Insert ATO Approval number and /or AOC Number
8. Certificate of Registration: Insert CoR number issued
9. Certificate of Airworthiness: Insert CoA number issued
10. Noise Certificate (if applicable): Insert Certificate number issued
11. Aircraft Radio License: Insert Radio License Reference number
12. Certificate of Insurance: Insert Insurance certificate number including effective and expiry date
13. Approved Flight Manual (for specific aircraft serial number): Insert AFM manual reference
14. Company Aircraft Operating Manual: Insert AFM manual reference.
15. Flight Operations Manual: Insert FOM approval number and submit for approval
16. Check-list booklets/Quick Reference Handbook (QRH): Insert QRH booklets number
17. Runway analysis manual or AFM Charts and obstacle survey data: Provide sample
18. MEL/CDL: Insert MEL reference number. Submit to CAA for approval
19. Technical Logbook: Provide copy of Tech Log page
20. Navigational Charts: Insert provider Jeppesen/Lido etc.
21. Approach Charts: Provide copy of Approach Charts
22. Load and Trim Sheets: Provide copy of Load and Trim Sheets page

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| **S/No.** | **DESCRIPTIONS** | **S** | **U/S** | **REMARKS** |
| **A** | **AIRCRAFT DOCUMENTATIONS** |  |  |  |
|  | Name of Owner: |  |  |  |
| 1.
 | Type of Aircraft: |  |  |  |
|  | Aircraft Registration: |  |  |  |
|  | Serial Number: |  |  |  |
|  | Year of Manufacture: |  |  |  |
|  | Passenger configuration: |  |  |  |
|  | Air Transport License (ATL) Approved Training Organization (ATO) / Air Operator Certificate (AOC)holder |  |  |  |
|  | Certificate of Registration: |  |  |  |
|  | Certificate of Airworthiness: |  |  |  |
|  | Noise Certificate (if applicable): |  |  |  |
|  | Aircraft Radio License: |  |  |  |
|  | Certificate of Insurance: |  |  |  |
|  | Approved Flight Manual (for specific aircraft serial number) |  |  |  |
|  | Company Aircraft Operating Manual? |  |  |  |
|  | Flight Operations Manual |  |  |  |
|  | Check-list booklets/Quick Reference Handbook (QRH) |  |  |  |
|  | Runway analysis manual (or AFM Charts and obstacle survey data? |  |  |  |
|  | MMEL/MEL/CDL |  |  |  |
|  | Technical Logbook |  |  |  |
|  | Navigational Charts  |  |  |  |
|  | Approach Charts  |  |  |  |
|  | Load and Trim Sheets |  |  |  |
| **B** | **FLIGHT DECK INSTRUMENTS AND EQUIPMENT** | **S** | **U/S** | **REMARKS** |
|  | Altimeters  |  |  |  |
|  | ASI |  |  |  |
|  | Compass System |  |  |  |
|  | VOR: ILS: DME: |  |  |  |
|  | ADF: RMI: |  |  |  |
|  | INS: FMS: GPS: |  |  |  |
|  | Required VHF communications radios operational |  |  |  |
|  | Required HF radios operational |  |  |  |
|  | Headsets available for all required crewmembers |  |  |  |
|  | Boom microphones for all required crewmembers |  |  |  |
|  | Microphones available for all required crewmembers |  |  |  |
|  | Instrumentation properly marked |  |  |  |
|  | Altitude alerting system |  |  |  |
|  | Transponder and altitude reporting capability |  |  |  |
|  | Airborne Weather radar |  |  |  |
|  | EGPWS operational |  |  |  |
|  | Cockpit voice recorder |  |  |  |
|  | Flight recorder |  |  |  |
|  | TCAS 7.1 /ACAS : CAR OPS 1 - 1.668 (c) |  |  |  |
|  | ADS-B OUT : CAR OPS 1 - 1.867 (CAT)ADS-B OUT : CAR OPS 4 - 4.107 (c) (7) Helicopter |  |  |  |
| **C** | **FLIGHT DECK EMERGENCY EQUIPMENT**  | **S** | **U/S** | **REMARKS** |
|  | Operational safety harness for each required crewmember |  |  |  |
|  | Seatbelts and harness for all other occupants |  |  |  |
|  | Quick-donning oxygen mask for each required crewmember |  |  |  |
|  | Oxygen System/Regular oxygen mask for all occupants |  |  |  |
|  | Fire extinguishers-required number, approved type, location suitable, serviced and certificated  |  |  |  |
|  | Smoke goggles for each required crewmember |  |  |  |
|  | PBEs for each required crewmember |  |  |  |
|  | First aid kit (with appropriate contents) |  |  |  |
|  | Emergency evacuation means |  |  |  |
|  | Emergency location beacon |  |  |  |
|  | Life vests for all occupants |  |  |  |
|  | Ditching raft |  |  |  |
|  | Crash axe |  |  |  |
|  | Escape rope (if applicable |  |  |  |
|  | Hand gloves |  |  |  |
|  | Flash lights at each crew station |  |  |  |
| **D** | **GENERAL EMERGENCY EQUIPMENT**  | **S** | **U/S** | **REMARKS** |
|  | Emergency equipment location standardized by aircraft type |  |  |  |
|  | Proper placarding of all emergency equipment locations |  |  |  |
|  | Proper installation of emergency equipment |  |  |  |
|  | Access to emergency equipment not obstructed |  |  |  |
|  | Life rafts – proper number, capacity and stowed as indicated on briefing card |  |  |  |
|  | Signalling devices (with raft) |  |  |  |
|  | Survival equipment (if required) |  |  |  |
|  | Portable ELT located in a logical place |  |  |  |
| **E** | **CABIN EQUIPMENT** | **S** | **U/S** | **REMARKS** |
|  | Emergency exits |  |  |  |
|  | Emergency exit markings  |  |  |  |
|  | Emergency briefing cards |  |  |  |
|  | Seats, seat belts, life jackets |  |  |  |
|  | Escape slides  |  |  |  |
|  | Portable oxygen  |  |  |  |
|  | Portable Fire Extinguisher |  |  |  |
|  | Fire extinguishers – required number, approved type, location suitable, serviced and certificate  |  |  |  |
|  | First aid kit(s) – correct types, numbers and locations, properly serviced, safe tied, tagged and installed |  |  |  |
|  | Medical kit(s) – correct types, numbers and locations, properly serviced, safe tied, tagged and installed |  |  |  |
|  | Life rafts – proper number, capacity and stowed as indicated on briefing card |  |  |  |
|  | Galleys  |  |  |  |
|  | Megaphones |  |  |  |
|  | Lavatories/smoke detectors  |  |  |  |
| **F** | **EXTERNAL** | **S** | **U/S** | **REMARKS** |
|  | Aircraft External Inspection |  |  |  |
| **G** | **OPERATIONS DEPARTMENT**  | **S** | **U/S** | **REMARKS** |
|  | Organizational chart |  |  |  |
| **H** | **OPERATIONS DOCUMENT**  | **S** | **U/S** | **REMARKS** |
|  | Operations Manual |  |  |  |
|  | Training Manual |  |  |  |
| **I** | **CREW TRAINING RECORDS** | **S** | **U/S** | **REMARKS** |
|  | Simulator Check |  |  |  |
|  | Line Check |  |  |  |
|  | Emergency Evacuation Check |  |  |  |
| **J** | GROUND OPERATIONS & DISPATCH |  |  |  |
|  | Flight Dispatch (Preparation, NOTAMS, etc) |  |  |  |
|  | Information Dissemination  |  |  |  |
|  | Flight Operations (Execution) |  |  |  |
|  | Fuelling  |  |  |  |
|  | Load Control |  |  |  |
|  | Ops Control and Flight Following  |  |  |  |
| **K** | **PHYSICAL INSPECTION OF OPS OFFICES AND FACILITIES**  | **S** | **U/S** | **REMARKS** |
|  | Accommodation adequate? |  |  |  |
| **L** | **CREW CURRENCY** | **S** | **U/S** | **REMARKS** |
|  | Medicals |  |  |  |
|  | Licenses (Validity Period) |  |  |  |
|  | Proficiency/Recurrent checks |  |  |  |
|  | Annual Route Checks  |  |  |  |
|  | Emergency Test Plan |  |  |  |
|  | Fire Fighting |  |  |  |

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| **FOR CAA USE ONLY** |
| **Title** | **Name of CAA Inspector** | **Signature** | **Date:** |
| **FOI** |  |  |  |
| **AWI** |  |  |  |
| **GOI/DGI** |  |  |  |
| **CSI** |  |  |  |
| **Review No:** |  | **Results** | ☐**Approved** | ☐**Not Approved** |
| **Chief Operations Section (COS) Name** | **Signature** | **Date:** |
|  |  |  |