



# AIR OPERATOR CERTIFICATE (AOC) APPLICATION

## INSTRUCTIONS

Print or type. Do not write in shaded areas. Submit original only to the CAA-B or authorised personnel. If additional space is required, use an attachment.

### A. AOC INFORMATION

|                                    |   |
|------------------------------------|---|
| 1.Name of AOC Applicant or Holder: | 2. Permanent Address (Street or P.O. Box Number): |
| 3.Telephone and Fax:               | 4. City: State/Province: Mail Code: Country:      |
| 5.Company Assigned Coordinator:    | 6. Coordinator Contact Information:               |

### B. PURPOSE OF APPLICATION

|   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Initial AOC Application | 2. <input type="checkbox"/> Renewal of AOC | 3. <input type="checkbox"/> Additional Authorisations |
|---|--|---|

### C. THE FOLLOWING GENERAL OPERATIONAL AUTHORITY IS SOUGHT

|  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Domestic Scheduled Operations    | 2. <input type="checkbox"/> Domestic Charter Operations  | 3. <input type="checkbox"/> International Scheduled Operations |
| 4. <input type="checkbox"/> International Charter Operations | 5. <input type="checkbox"/> Single Pilot Operations Only | 6. <input type="checkbox"/> Basic Air Taxi Operations          |
| 7. <input type="checkbox"/> Commuter Operations              | 8. <input type="checkbox"/> Large/Turbojet Operations    | 9. <input type="checkbox"/> Helicopter Operations              |

### D. THE FOLLOWING OPERATIONS SPECIFICATIONS AUTHORISATIONS ARE REQUESTED WITH ISSUANCE OF AOC

|  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> VFR Day Only                     | 2. <input type="checkbox"/> Single Engine IFR Operations | 3. <input type="checkbox"/> AWO CAT III a               |
| 4. <input type="checkbox"/> IFR Day and Night                | 5. <input type="checkbox"/> AWO CAT II                   | 6. <input type="checkbox"/> AWO LVTO                    |
| 7. <input type="checkbox"/> AWO CAT I                        | 8. <input type="checkbox"/> AWO CAT IIIc                 | 9. <input type="checkbox"/> PBN RNP-10                  |
| 10. <input type="checkbox"/> AWO CAT III b                   | 11. <input type="checkbox"/> RVSM Operations             | 12. <input type="checkbox"/> PBS Specifications         |
| 13. <input type="checkbox"/> EVS Operations                  | 14. <input type="checkbox"/> PBC Specifications          | 15. <input type="checkbox"/> CPDLC Operations           |
| 16. <input type="checkbox"/> Single Pilot IFR with Autopilot | 17. <input type="checkbox"/> EFB Approval                | 18. <input type="checkbox"/> Aviation Medical Services  |
| 18a <input type="checkbox"/> Basic Life Support (BLS)        | 18b <input type="checkbox"/> Advanced Life Support (ALS) | 18c <input type="checkbox"/> Critical Care Life Support |
| 19. <input type="checkbox"/> HUD Operations                  | 20. <input type="checkbox"/> EDTO Operations             | 21. <input type="checkbox"/> MNPS Operations            |
| 22. <input type="checkbox"/> Same Type Aircraft              | 23. <input type="checkbox"/> New Type Aircraft           | 24. <input type="checkbox"/> Helicopter Offshore        |
| 25. <input type="checkbox"/> Other (specify):                |  |   |

### E. ARE THERE CHANGES TO THE INFORMATION SUBMITTED IN THE PROSPECTIVE OPERATOR (POPS) FORM?

|                                 |                                |  |
|---------------------------------|--------------------------------|--|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Not Applicable |
|---------------------------------|--------------------------------|--|

If YES, list those changes in this block:

### F. ARE THE RESUMES OF ALL MANAGEMENT POSITIONS REQUIRED BY CAR OPS1 INCLUDED?

|                                 |                                |  |
|---------------------------------|--------------------------------|--|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Not Applicable |
|---------------------------------|--------------------------------|--|

If NO, list those positions for which no person has yet been identified or for which no resume is attached:

### G. THE FOLLOWING REGULATIONS COMPLIANCE CHECKLISTS ARE ATTACHED TO THIS APPLICATION:

|   |  |  |   |
|---|--|--|---|
| 1. <input type="checkbox"/> CAR OPS 1/3, Chapter 1-19 | 2. <input type="checkbox"/> CAR OPS 1/3, Chpt.13 | 3. <input type="checkbox"/> CAR DG (Dangerous Goods) | 4. <input type="checkbox"/> CAR OPS 1/3 Operations Manual |
|---|--|--|---|

**H. ARE THE REQUIRED COPIES OF ALL APPLICABLE MANUALS IN THE QUANTITY OUTLINED IN OPS-01-AOC CAP/ CAP OPS 15 SUBMITTED?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable

If NO, list the manuals that are not included:

**I. ARE THE REQUIRED COPIES OF ALL LEASES AND OTHER DOCUMENTS OUTLINED IN OPS-01-AOC CAP/CAP OPS 15 SUBMITTED?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable

If NO, list the documents that are not included:

**J. IS THE APPLICANT REQUESTING IN THE SOE, EARLY EVALUATION & APPROVAL OF OPERATIONS OR MAINTENANCE TRAINING?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable

If YES, list the specific training curriculums, simulators, training facilities and personnel requiring early evaluation/inspection:

**K. ARE THE RESUMES OF ALL PERSONS NOMINATED TO FLIGHT AND CABIN CREW TRAINING AND CHECKING INCLUDED?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable

If NO, list the specific personnel not yet identified:

**L. IS A COMPLETED COPY OF THE PROPOSED SCHEDULE OF EVENTS INCLUDED WITH THE APPLICATION?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable**M. ARE COMPLETED COPIES OF THE AIR OPERATOR COMPLEXITY SUMMARY FORMS INCLUDED?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable**N. ARE COMPLETED COPIES OF THE INDIVIDUAL AIRCRAFT SUMMARY FORMS INCLUDED?**1. ☐ Yes 2. ☐ No 3. ☐ Not Applicable**O. DECLARATION**

I certify that I am authorised to submit this application on behalf of the Applicant and that all required documents and manuals are included or otherwise identified. I further certify that this company is committed to fulfil all specific requirements for this certification.

Signature:

Date:

Name and Title: