|  |  |
| --- | --- |
|  | **FORM**  **FORM: AC-OPS001**  **November 2022** |

**PRE-APPLICATION STATEMENT OF INTENT (PASI)/ APPLICATION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***To be completed by an applicant for an air operator certificate (AOC)*** | | | | | | | |
| **Section 1A. To be completed by all applicants** | | | | | | | |
| 1. Name and Mailing address of Company (include business name if different from Company Name) | | | | | 2. Address of the principal (main) base where operations will be conducted, including telephone, fax and e-mail. | | |
| 3. Proposed start-up date: | | | 4. Requested company (3 letters ICAO) identifier in order of preference.  (1). (2). (3). | | | | |
| 5. Management and key staff personnel | | | | | | | |
| Name(Surname/First/Middle). | | Title. | | | | Telephone (include mobile) & address (if different from company) include country code. | |
|  | |  | | | |  | |
|  | |  | | | |  | |
|  | |  | | | |  | |
|  | |  | | | |  | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| **Section 1B. To be completed by Air Operator** | | | | | | | |
| 6. | ☐ Air operator intends to perform its maintenance as an AMO (complete 7 and 8).  ☐ Air operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (complete 7 and 11).  ☐ Air operator intends to perform maintenance under an equivalent system (complete 7 and 11).  ☐ AMO (complete 8). | | | | | | |
| 7**. Air operator proposed types of operation**: | | | | 8**. AMO proposed ratings:** | | | |
| ☐ Passengers and cargo  ☐ Cargo only  ☐ Scheduled operations  ☐ Charter flight operations | | | | ☐ Airframe  ☐ Powerplant  ☐ Propeller  ☐ Avionics | | | ☐ Computers  ☐ Instruments  ☐ Accessory  ☐ Specialized service |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Section 1C. Training Aircraft and Simulator Information (to be completed by Prospective Operator Prospective, Pilot Training ATO and Prospective Air Traffic Control Training ATO).** | | | 09 Aircraft Type, Make, Model and Series (M/M/S). | Number of Aircraft | |  | |  | |  | |  | |  | |  | |  | | | |
| **Section 1D. Blocks 11 and 12 to be completed by Air Operator.** | | |
| 10. Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement). | | Geographic areas of intended operations and proposed route structure. |
| Numbers and types of aircraft (By make, model, and series). | Number of passenger seats or cargo payload capacity. |  |
|  |
|  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| 11. Additional information that provides a better understanding of the proposed operation or business  (Attach additional sheets, if necessary). | | | | | |
| 12. Proposed Training (Aircraft and/or Simulator). | | | | | |
| **Section 1E To be completed by all applicants** | | | | | |
| The signature and the information contained in this form denote an intent to apply for an AOC and/or approval as a maintenance organization, as appropriate. | | | | | |
| Type of Organisation: | | | | | |
| Signature. |  | Date (day/month/year). | | | Name and Title (Block Letters). |
| **Section 2. To be completed by the Authority.** | | | | | |
| Received by (Name and Office): | | | | | Date received (day/month/year). |
| Assigned Certification Project Manager: | | | | | |
| Date forwarded to the Certification Project Manager (CPM)  (day/month/year): | | | | For:  Action  Information only. | |
| Remarks: | | | | | |
| **Section 3. To be completed by the Certification Project Manager.** | | | | | |
| Received by: | | | Date (day/month/year): | | |
| Pre-application Number: | | | Assigned Certification Number: | | |
| Assigned FOI: | | | Date: | | |
| Remarks: | | | | | |