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

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

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| ***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. |
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| **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 |

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| **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  |
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| **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. |  |
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| 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: |