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|  | FORM  FORM: AC-OPS001-1  November 2022 |

**AIR OPERATORS CERFICATE RENEWAL/AMMENDMENT**

**APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
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| **A-NAME AND ADDRESS OF OPERATOR** | | | | | | | | | | |
| (a). Name, Mailing address, Telephone No, and E-mail of company (as Applicable) | | | | | | | (b). Address of the principle (main) base where operations will be conducted. | | | |
|  | | | | | | | | | | |
| For renewal Indicate: | | | AOC No. | | | | | | AOC Expiry Date: | |
|  | | | | | | | | | | |
| **B- KEY MANAGEMENT PERSONNEL** | | | | | | | | | | |
|  | Name  (Surname/First/Middle) | | | | | Title | | | Telephone include country code (include mobile) & Email address (if different from company). | |
| 1. |  | | | | | ACCOUNTABLE MANAGER | | |  | |
| 2. |  | | | | | HEAD OF FLIGHT OPERATIONS | | |  | |
| 3. |  | | | | | CHIEF PILOT | | |  | |
| 4. |  | | | | | HEAD OF MAINTENANCE | | |  | |
| 5. |  | | | | | HEAD OF QUALITY | | |  | |
| 6. |  | | | | | HEAD OF SAFETY | | |  | |
| **C-AREAS OF OPERATION** | | | | | | | | | | |
|  |  | | | | | | | | | |
| **D – AIRCRAFT FLEET** | | | | | | | | | | |
|  | | Aircraft Registration | | Payload capacity | Manufacturer | | | Type( Model) | | Serial Number |
| 1. | |  | |  |  | | |  | |  |
| 2. | |  | |  |  | | |  | |  |
| 3. | |  | |  |  | | |  | |  |
| 4. | |  | |  |  | | |  | |  |
| **Total Number of Aircraft:** | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **E – SCHEDULED OPERATION ROUTE STATIONS** (Indicate Name of State and Airport) | | | |
|  | **State** | **Airport** | |
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|  |  |  | |
| **F - ARRANGEMENT FOR INSPECTION AND MAINTENANCE OF AIRCRAFT (Indicate arrangements for Line, Route and Base maintenance)** | | | |
| 1. |  | | |
| 2. |  | | |
| 3. |  | | |
| 4. |  | | |
| 5. |  | | |
| 6. |  | | |
| **Note: Where any maintenance is Sub-contracted, appropriate maintenance agreements should be submitted. Acceptable Maintenance for leased foreign registered aircraft must particularly be well explained.** | | | |
| **G-AIR SERVICE LICENCE (ASL) APPROVAL** | | | |
| 1. | Air Service Licence (ASL) Document No. (Attach-copy) | |  |
| 2. | ASL date of issue | |  |
| 3. | ASL Expiry date. | |  |
| 4. | ASL Approval (indicate type and categories as appropriate) | | |
| I |  | | |
| Ii |  | | |
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| Iv |  | | |
| V |  | | |

**H - Application for AOC renewal should be submitted to CAA DSSR at least thirty (60) days before the certificate expiry date**

**It is advised to make particular reference to the current Civil Aviation (Air operators Certification and administration) Regulations, Civil Aviation (Operation of Aircraft) (Commercial Air Transport) (General Aviation) (Helicopters) Regulations, (Operation of Aircraft – Commercial Air Transport Aeroplanes) Regulations and to the Air Operators Certification Advisory Circular No. CAA-AC-OPS001, when filling this form, for the necessary certification and attachments requirements guidance.**

**Name of authorized person:**

**TITTLE:**

**SIGNATURE (and stamp): …………………………………………………………..**