



### Application for Air Operator Certificate

1. Name and Mailing Address of Company:	2. Address of Principal base where Operations will be conducted:			
3. Proposed Start-Up Date:				
4. Requested Three - Letter Company Identifier in order of Preference: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>				
5. Management Personnel:				
Name	Title	Tel. No. and E-Mail		
6. Maintenance Arrangements:				
<input type="checkbox"/> Air Operator intends to perform its maintenance as an AMO ( Complete form CA-I / 204 ). <input type="checkbox"/> Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others ( Complete Block 10 ). <input type="checkbox"/> Air Operator intends to perform maintenance under an equivalent system ( Complete Block 10 ).				
7. Proposed Type of Operation ( Check as many as applicable ):				
<input type="checkbox"/> Passenger and Cargo. <input type="checkbox"/> Cargo only. <input type="checkbox"/> Scheduled Operations. <input type="checkbox"/> Charter Flight Operations.				
8. Aircraft Data ( for foreign registered aircraft, please provide a copy of the lease agreement ):				
Total No. of Aircraft: <input style="width: 50px;" type="text"/>				
Aircraft Type	Registration Mark	Aircraft Manufacturing	Serial No.	No. of Passengers Seats OR Cargo Payload Capacity



9. Geographical Area of Intended Operations :

10. Additional Information ( Attach additional sheets if necessary ):

11. Proposed Training ( Aircraft and / or Simulator ) :

I hereby certify that the above particulars are correct in every aspect.

Signature:

Name:

Position:

Date: / / 20

\* For official use (not to be filled by applicant)

Assigned Certification Number

Date

Remarks:

Director of Flight Safety Department:

Signature

Stamp

Date: / / 20