



FORM: AC-OPS001

March 2013

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

To be completed by an applicant for an Air Operator Certificate or Approved Maintenance Organisation or ATO.						
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.		
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 and/or Approved Maintenance Organisation.						
6. <input type="checkbox"/> Air Operator intends to perform maintenance as an AMO. <input type="checkbox"/> Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others. <input type="checkbox"/> Air Operator intends to perform maintenance under an equivalent system. <input type="checkbox"/> Approved Maintenance Organisation. <input type="checkbox"/> Approved Training Organisation						
7. Proposed type of operation (Tick as many as applicable). Air Operator Certificate – No. 2/3. <input type="checkbox"/> Passengers and Cargo. <input type="checkbox"/> Cargo Only. <input type="checkbox"/> Scheduled Operations. <input type="checkbox"/> Charter Flight Operations <input type="checkbox"/> Aerial Work						
8. Proposed type of Approved Maintenance Organisation Rating(s). Regulation 11 & 12 of AMO Regulations (Tick as many as applicable)						
Airframe		Power-plant		Components		Specialized Services
<input type="checkbox"/> (a) (i) <input type="checkbox"/> (a) (ii) <input type="checkbox"/> (a) (iii) <input type="checkbox"/> (a) (iv)		<input type="checkbox"/> (b) (i) <input type="checkbox"/> (b) (ii) <input type="checkbox"/> (b) (iii)		<input type="checkbox"/> (c) (i) <input type="checkbox"/> (c) (ii) <input type="checkbox"/> (d) (i) <input type="checkbox"/> (d) (ii) <input type="checkbox"/> (d) (iii) <input type="checkbox"/> (e) (i) <input type="checkbox"/> (e) (ii) <input type="checkbox"/> (e) (iii) <input type="checkbox"/> (e) (iv) <input type="checkbox"/> (f) (i) <input type="checkbox"/> (f) (ii) <input type="checkbox"/> (f) (iii) <input type="checkbox"/> (g) (i) <input type="checkbox"/> (g) (ii) <input type="checkbox"/> (g) (iii)		<input type="checkbox"/> (g) (iv) <input type="checkbox"/> (3) (a) <input type="checkbox"/> (3) (b)
9. Proposed courses to be conducted by ATO (Tick as applicable) <input type="checkbox"/> Pilot Training						

- Flight Operations Officer Training
- Air Traffic Services Training
- Cabin Crew Training
- Aviation Security Personnel Training
- Aircraft Maintenance Engineers Training
- Other Training (Specify type of training)

Section 1C. Training Aircraft and Simulator Information (to be completed by Prospective Operator Prospective, Pilot Training ATO and Prospective Air Traffic Control Training ATO).

10. Training Aircraft Data.		Simulator Information	
		[Authority Assigned ID] :	
Aircraft Type Make, Model and Series (M/M/S).	Number of Aircraft Type	Make, Model and Series (M/M/S) of Aircraft being Simulated	Qualification Level Assigned

Section 1D. Blocks 11 and 12 to be completed by Air Operator.

11. Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement).		12. 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.	

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

Section 1E To be completed by all applicants		
13. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).		
14. Proposed Training (Aircraft and/or Simulator).		
15. The statement and information contained on this form denotes an intention to apply for the Authority Certificate.		
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: <input type="checkbox"/> Action <input type="checkbox"/> Information only.	
Remarks:		
Section 3. To be completed by the Chief Flight Operations Inspector.		
Received by:	Date (day/month/year):	
Pre-application Number:	Assigned Certification Number:	
Assigned FOI:	Date:	
Remarks:		