



**Barbados Civil Aviation Department
AOC FORMAL APPLICATION & CHECKLIST**

This is the formal application for AOC certification and cover page for the manuals and documents that are submitted for the DCA certification process this date:.

FOR OFFICIAL USE ONLY	
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Date:
Receipt No:
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Signature and Stamp	

1. Date of submission:

2. Applying Company Name:

3. The following certificates and operations specifications authorizations are requested:

<input type="checkbox"/> - Air Operator Domestic Scheduled Operations	<input type="checkbox"/> - Air Operator International Scheduled Operations
<input type="checkbox"/> - Air Operator Domestic Charter-Only Operations	<input type="checkbox"/> - Air Operator International Charter-Only Operations
<input type="checkbox"/> - Air Operator Domestic Cargo-Only Operations	<input type="checkbox"/> - Air Operator International Cargo-Only Operations
<input type="checkbox"/> - Approved Maintenance Organization	<input type="checkbox"/> - Approved Training Organization

4. The following operations specification authorizations are requested with the issuance of the AOC:

<input type="checkbox"/> - Passengers	<input type="checkbox"/> - All Weather Operations - CAT II
<input type="checkbox"/> - Cargo	<input type="checkbox"/> - All Weather Operations - CAT IIIA
<input type="checkbox"/> - Emergency Medical Service	<input type="checkbox"/> - All Weather Operations - CAT IIIB
<input type="checkbox"/> - VFR Day Only	<input type="checkbox"/> - All Weather Operations - CAT IIIC
<input type="checkbox"/> - VFR Day and Night Only	<input type="checkbox"/> - All Weather Operations - Low Visibility Takeoffs
<input type="checkbox"/> - IFR Day and Night	<input type="checkbox"/> - RVSM Operations
<input type="checkbox"/> - Helicopter Offshore Operations	<input type="checkbox"/> - MNPS Operations
<input type="checkbox"/> - Single Pilot Operations	<input type="checkbox"/> - RNP/RNAV Operations
<input type="checkbox"/> - Carriage of Dangerous Goods	<input type="checkbox"/> - ETOPS Operations
<input type="checkbox"/> - Carriage of Weapons	<input type="checkbox"/> - IFR Single Pilot with Autopilot

5. Are there any changes to the information submitted in the PRE-APPLICATION STATEMENT OF INTENT?

- YES - NO - Not Applicable

6. IF YES - List those changes in this block:

7. Are the resumes of all management postholders included with this application form?

- YES - NO - Not Applicable

8. IF NO - List those positions for which no management postholder has yet been identified or for which no resume is attached:

<p>9. The following conformance reports are attached to this application:</p> <table border="0"> <tr> <td><input type="checkbox"/> - GA&PL Regs</td> <td><input type="checkbox"/> - S Regs</td> <td><input type="checkbox"/> - RVSM Operations</td> </tr> <tr> <td><input type="checkbox"/> - RNP-5/10 Operations</td> <td><input type="checkbox"/> - RoA&AM Regs</td> <td><input type="checkbox"/> - MNPS Operations</td> </tr> <tr> <td><input type="checkbox"/> - AO Regs</td> <td><input type="checkbox"/> - A Regs</td> <td><input type="checkbox"/> - PRM Operations</td> </tr> <tr> <td><input type="checkbox"/> - AOC&A Rges</td> <td><input type="checkbox"/> - All Weather Operations</td> <td><input type="checkbox"/> - Other Operations: (specify)</td> </tr> <tr> <td><input type="checkbox"/> - AMO Regs</td> <td><input type="checkbox"/> - ETOPS Operations</td> <td></td> </tr> </table>			<input type="checkbox"/> - GA&PL Regs	<input type="checkbox"/> - S Regs	<input type="checkbox"/> - RVSM Operations	<input type="checkbox"/> - RNP-5/10 Operations	<input type="checkbox"/> - RoA&AM Regs	<input type="checkbox"/> - MNPS Operations	<input type="checkbox"/> - AO Regs	<input type="checkbox"/> - A Regs	<input type="checkbox"/> - PRM Operations	<input type="checkbox"/> - AOC&A Rges	<input type="checkbox"/> - All Weather Operations	<input type="checkbox"/> - Other Operations: (specify)	<input type="checkbox"/> - AMO Regs	<input type="checkbox"/> - ETOPS Operations	
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<p>10. Are completed copies of the DCA request for documents and manuals (Table 6-1, 6-2, 6-3, 6-4) included with this application? <input type="checkbox"/> - YES <input type="checkbox"/> - NO</p> <p>11. Are there individual copies of all manuals requested by the DCA included with this application? <input type="checkbox"/> - YES <input type="checkbox"/> - NO</p> <p>12. Are there individual copies of all leases and other documents requested by the DCA included with this application? <input type="checkbox"/> - YES <input type="checkbox"/> - NO</p>																	
<p>13. If "NO," list all documents and manuals requested by the DCA which are not included:</p>																	
<p>14. Applicant is requesting early evaluation and approval of operations or maintenance training? <input type="checkbox"/> - YES <input type="checkbox"/> - NO <input type="checkbox"/> - Not Applicable</p>																	
<p>15. List specific training syllabuses, simulators, training facilities and personnel which will require early interim evaluation and approval:</p>																	
<p>16. The resumes of all persons nominated to be flight and cabin crew training and checking positions are included with this application form. <input type="checkbox"/> - YES <input type="checkbox"/> - NO <input type="checkbox"/> - Not Applicable</p>																	
<p>17. IF <u>NO</u> - List any necessary training or checking position which does not yet have a nominated person.</p>																	
<p>18. Is a completed copy of the PROPOSED Schedule of Events (Table 8-1) is included with the application? <input type="checkbox"/> - YES <input type="checkbox"/> - NO</p>																	
<p>19. Are completed copies of the air operator complexity tables (Table 9-1/2/3/4/5/6/7/8/9/) included with the application? <input type="checkbox"/> - YES <input type="checkbox"/> - NO <input type="checkbox"/> - Not Applicable</p>																	

<p>20. I certify that I am authorized to submit this application on behalf of the applicant and that all required documents and manuals are included or otherwise identified. I further certify that this company is committed to fulfill all specified requirements for this certification.</p>		
Signature	Date	Name and Title