



Barbados Civil Aviation Department

PRE-APPLICATION STATEMENT OF INTENT

FOR OFFICIAL USE ONLY
Date of receipt.
File No.

FOR OFFICIAL USE ONLY
Date:
Receipt No:
Cheque/PO. – \$ ¢
Signature and Stamp

Section 1A. To Be Completed By All Applicants

1. Name and mailing address of company	2. Address of principal base where operations will be conducted (do not use post office box)
3. Proposed Start-up date :	4. Requested three-letter company designation in order of preference: 1. 2. 3.
5. Management Personnel:	
Name (Last, first, middle)	Title Telephone (incl. area code)

Section 1B. To Be Completed By Air Operators and/or Maintenance Organisation

6. <input type="checkbox"/> Air operator intends to perform its maintenance as an AMO (Complete Blocks 7 & 8) <input type="checkbox"/> Air operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (Complete Blocks 7 & 11) <input type="checkbox"/> Approved Maintenance Organisation (Complete Block 8)	
7. Proposed type of operation (Check as many as applicable)	8. Proposed type of Approved Maintenance Organisation rating(s)
Air Operator Certificate <input type="checkbox"/> Passengers and Cargo <input type="checkbox"/> Cargo Only <input type="checkbox"/> Scheduled Operations <input type="checkbox"/> Charter Flight Operations	Approved Maintenance Organisation <input type="checkbox"/> Airframe <input type="checkbox"/> Computers <input type="checkbox"/> Powerplant <input type="checkbox"/> Instruments <input type="checkbox"/> Propeller <input type="checkbox"/> Accessories <input type="checkbox"/> Avionics <input type="checkbox"/> Specialised Service

Section 1C. Blocks 8 and 9 to be completed by Air Operator

9. Aircraft Data (For foreign registered aircraft, please provide a copy of the lease agreement)		10. Geographic areas of intended operations and proposed route structure.
Numbers and types of aircraft (By make, model, and series)	Number of passengers seats or cargo payload capacity.	

Section 1D. To be complete by all applicants

11. Additional information that provides a better understanding of the proposed operation of business (attach additional sheets, if necessary)

12. Proposed Training (Aircraft and/or Simulator)

13. The statements and information contained on this form denote an intent to apply for BCAD certification.

Signature

Date

Name and Title

Section 2. To be Completed By BCAD

Confirmation of receipt by DCA (including applicable fees):

Date:

Pre-application Number Assigned

For:

Action

Information only

Certification Project Manager Assigned:

Date set for Pre-Application Meeting:

Remarks