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|  | **Form: AC-AWS006-1** |

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

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| 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). | | | | | | 1. 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. | | | |
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| **Section 1B. To be completed by Air Operator and/or Approved Maintenance Organisation.** | | | | | | | | | | |
|  | Air Operator intends to perform maintenance as an AMO.  Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others.  Air Operator intends to perform maintenance under an equivalent system.  Approved Maintenance Organisation.  Approved Training Organisation | | | | | | | | | |
| 7. Proposed type of operation (Tick as many as applicable). Air Operator Certificate – No. 2/3.  Passengers and Cargo.  Cargo Only.  Scheduled Operations.  Charter Flight Operations  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  (3 (a)  (3) (b) |
| (a) (i)  (a) (ii)  (a) (iii)  (a) (iv) | | (b) (i)  (b) (ii)  (b) (iii) | | | (c) (i)  (c) (ii)  (d) (i)  (d) (ii)  (d) (iii) | (e) (i)  (e) (ii)  (e) (iii)  (e) (iv)  (f) (i) | | (f) (ii)  (f) (iii)  (g) (i)  (g) (ii)  (c) (iii) | (g) (iv) |
| 9. Proposed courses to be conducted by ATO (Tick as applicable)  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) | | | | | | | | | | |

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

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| **Section 1E To be completed by all applicants** | | | | | |
| 11. Additional information that provides a better understanding of the proposed operation or business  (Attach additional sheets, if necessary). | | | | | |
| 12. Proposed Training (Aircraft and/or Simulator). | | | | | |
| 13. 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:  Action  Information only. | |
| **Remarks:** | | | | | |
| **Section 3. To be completed by the Manager Airworthiness.** | | | | | |
| Received by: | | | Date (day/month/year): | | |
| Pre-application Number: | | | Assigned Certification Number: | | |
| Assigned AWI: | | | Date: | | |
| Remarks: | | | | | |