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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 |
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| **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: |