



APPLICATION FOR AIR OPERATOR CERTIFICATE

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for RCAA use only. Submit original only to the RCAA or a RCAA Authorized Person. If additional space is required, use an attachment

A. AOC INFORMATION:

1. NAME OF AOC APPLICANT OR HOLDER		2. PERMANENT ADDRESS (<i>Street or PO Box Number</i>)			
3. TELEPHONE AND FAX		4. CITY	STATE/PROVINCE	MAIL CODE	COUNTRY
5. COMPANY ASSIGNED COORDINATOR		6. COORDINATOR CONTACT INFORMATION			

B. PURPOSE OF APPLICATION:

1. Initial AOC Application
 2. Renewal of AOC
 3. Additional Authorizations

C. THE FOLLOWING GENERAL OPERATIONAL AUTHORITY IS SOUGHT:

<input type="checkbox"/> 1. Domestic Scheduled Operations	<input type="checkbox"/> 4. International Charter Operations	<input type="checkbox"/> 7. Commuter Operations
<input type="checkbox"/> 2. Domestic Charter Operations	<input type="checkbox"/> 5. Single Pilot Operations Only	<input type="checkbox"/> 8. Large/Turbojet Operations
<input type="checkbox"/> 3. International Scheduled Operations	<input type="checkbox"/> 6. Basic Air Taxi Operations	<input type="checkbox"/> 9. Helicopter Operations

D. THE FOLLOWING OPERATIONS SPECIFICATIONS AUTHORIZATIONS ARE REQUESTED WITH ISSUANCE OF AOC:

<input type="checkbox"/> 1. VFR Day Only	<input type="checkbox"/> 11. AWO CAT I	<input type="checkbox"/> 21. PBC Specifications
<input type="checkbox"/> 2. VFR Day and Night	<input type="checkbox"/> 12. AWO CAT II	<input type="checkbox"/> 22. CPDLC Operations
<input type="checkbox"/> 3. IFR Day	<input type="checkbox"/> 13. AWO CAT IIIa	<input type="checkbox"/> 23. PBS Specifications
<input type="checkbox"/> 4. IFR Day and Night	<input type="checkbox"/> 14. AWO CAT IIIb	<input type="checkbox"/> 24. EFB Approval
<input type="checkbox"/> 5. Single Engine IFR Operations	<input type="checkbox"/> 15. AWO CAT IIIc	<input type="checkbox"/> 25. NAT-HLA Operations
<input type="checkbox"/> 6. Single Pilot IFR with autopilot	<input type="checkbox"/> 16. AWO LVTO	<input type="checkbox"/> 26. Carriage of Dangerous Goods
<input type="checkbox"/> 7. Helicopter Off Shore Operations	<input type="checkbox"/> 17. EVS Operations	<input type="checkbox"/> 27. Continuous Airworthiness Program
<input type="checkbox"/> 8. Aviation Medical Services	<input type="checkbox"/> 18. HUD Operations	<input type="checkbox"/> 28. Other: (specify)
<input type="checkbox"/> 9. RVSM Operations	<input type="checkbox"/> 19. PBN-APRCH	
<input type="checkbox"/> 10. EDTO Operations	<input type="checkbox"/> 20. PBN RNP-10	

E. ARE THERE CHANGES TO THE INFO SUBMITTED IN THE PROSPECTIVE OPERATOR (POPS) FORM?

1. Yes
 2. NO
 3. Not Applicable

If YES, list those changes in this block:

F. ARE THE RESUMES OF ALL MANAGEMENT POSITIONS REQUIRED BY PART 12 INCLUDED?

1. Yes
 2. NO
 3. Not Applicable

IF NO - List those positions for which no person has yet been identified or for which no resume is attached:

G. THE FOLLOWING REGULATIONS COMPLIANCE CHECKLISTS ARE ATTACHED TO THIS APPLICATION:

<input type="checkbox"/> Part 6	<input type="checkbox"/> Part 13	<input type="checkbox"/> Part 16
<input type="checkbox"/> Part 10	<input type="checkbox"/> Part 14	<input type="checkbox"/> Part 17
<input type="checkbox"/> Part 12	<input type="checkbox"/> Part 15	<input type="checkbox"/> Part 18

H. ARE THE REQUIRED COPIES OF ALL APPLICABLE MANUALS IN THE QUANTITY OUTLINED IN AC 12-001 SUBMITTED?

1. Yes 2. NO 3. Not Applicable

If NO, list the manuals that are not included

I. ARE THE REQUIRED COPIES OF ALL LEASES AND OTHER DOCUMENTS OUTLINED IN AC 12-001 SUBMITTED?

1. YES 2. NO 3. Not Applicable

If NO, list the documents that are not included

J. IS THE APPLICANT REQUESTING IN THE SOE EARLY EVALUATION AND APPROVAL OF OPERATIONS OR MAINTENANCE TRAINING?

1. Yes 2. NO 3. Not Applicable

If YES, list the specific training curriculums, simulators, training facilities and personnel requiring early evaluation/inspection:

K. ARE THE RESUMES OF ALL PERSONS NOMINATED TO FLIGHT AND CABIN CREW TRAINING & CHECKING INCLUDED?

1. Yes 2. NO 3. Not Applicable

If NO, list the specific personnel not yet identified:

L. IS A COMPLETED COPY OF THE PROPOSED SCHEDULE OF EVENTS INCLUDED WITH THE APPLICATION?

1. Yes 2. NO 3. Not Applicable

M. ARE COMPLETED COPIES OF THE AIR OPERATOR COMPLEXITY SUMMARY FORMS INCLUDED?

1. Yes 2. NO 3. Not Applicable

N. ARE COMPLETED COPIES OF THE INDIVIDUAL AIRCRAFT SUMMARY FORMS INCLUDED?

1. Yes 2. NO 3. Not Applicable

O. 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 SPECIFIC REQUIREMENTS FOR THIS CERTIFICATION.?

Signature

Date

Name and Title