



APPLICATION FOR AERIAL WORK OPERATING 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. APPLICATION IS HEREBY MADE FOR THE FOLLOWING AERIAL WORK OPERATION:

- | | | |
|--|---|---|
| 1 <input type="checkbox"/> SIGHT-SEEING FLIGHTS | 4 <input type="checkbox"/> FISH SPOTING FLIGHTS | 7 <input type="checkbox"/> PARACHUTE DROPPING FLIGHTS |
| 2 <input type="checkbox"/> AGRICULTURAL APPLICATOR | 5 <input type="checkbox"/> AERIAL PHOTOGRAPHY | 8 <input type="checkbox"/> AERIAL SURVEY OPERATIONS |
| 3 <input type="checkbox"/> EXTERNAL LOAD OPERATOR | 6 <input type="checkbox"/> MOVIE/TV OPERATIONS | 9 <input type="checkbox"/> OTHER (Specify): |

B. COMPANY INFORMATION:

1. APPLYING COMPANY NAME:	2. PROPOSED START FLYING DATE:
3. RWANDA COMPANY NUMBER	4. ECONOMIC AUTHORITY APPROVED (Date and Protocol Number)
5. MAILING ADDRESS:	6. PHYSICAL ADDRESS OF PRINCIPAL BASE OF OPERATIONS:
7. TELEPHONE AND FAX INFORMATION:	8. OPERATOR INTERNET AND/OR E-MAIL ADDRESS:

C. INSUROR INFORMATION:

9. INSUROR'S NAME AND ADDRESS: :	10. INSUROR INTERNET AND/OR E-MAIL ADDRESS:
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D. AIRCRAFT TO BE OPERATED:

1. REGISTRATION MARK	2. AIRCRAFT TYPE	3. AIRCRAFT MMS	4. SERIAL NUMBER	5. PASSENGER SEATS
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E. AIRMAN TO BE USED IN OPERATION:

1. PRINTED NAME	2. CERTIFICATE NUMBER	3. STATE OF ISSUE	4. DATE ISSUED	5. NATIONALITY
1. PRINTED NAME	2. CERTIFICATE NUMBER	3. STATE OF ISSUE	4. DATE ISSUED	5. NATIONALITY
1. PRINTED NAME	2. CERTIFICATE NUMBER	3. STATE OF ISSUE	4. DATE ISSUED	5. NATIONALITY

F. INCLUDED WITH APPLICATION:

Aircraft Condensed Normal Checklist	Maintenance Control Manual
Aircraft Condensed Emergency Checklist	Aircraft Maintenance Program
AWC Operations Manual	Aircraft Technical Logbook Page & Instructions
Passenger Briefing Card	Deferred Defects Log Page & Instructions
Load Manifest and Performance Log	Aircraft Maintenance Condition Summary
Pilot Qualifications Records	Status of Time Controlled Components
Insurance Documents	List of Survival and Emergency Equipment

G. CERTIFICATIONS:

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.

Signature	Date	Name & Title
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H. SPECIFIC OPERATIONS TO BE CONDUCTED:

I. PROPOSED AREA OF OPERATIONS:

J. LOCATION OF ANY ANTICIPATED SUB-BASE OF OPERATION & CONTACT NUMBER:

K. LOCATION OF MAINTENANCE RECORDS, TRUSTEE & CONTACT NUMBER:

L. MAINTENANCE CONTRACTORS TO BE USED, LOCATION & CONTACT NUMBERS:

M. CERTIFYING INSPECTIONS:			
1. Inspection Date	2. Inspector Specialty	3. Inspectors Printed Name	4. Inspector Signature
	Operations		
	Maintenance		
	Avionics		

N. INSPECTOR FINDINGS & RECOMMENDATIONS:	
<input type="checkbox"/>	Aerial Work applicant was found to comply with requirements of Parts 5, 6, 10, & 11.
<input type="checkbox"/>	Aerial Work applicant was found to comply with requirements of Parts 5, 6, 10, & 11, except for listed deficiencies.
<input type="checkbox"/>	Recommend Aerial Work Certificate with rating(s) applied for on application be issued.
<input type="checkbox"/>	Recommend Aerial Work Certificate with rating(s) applied for on application (EXCEPT those listed below) be issued

O. INSPECTOR RECOMMENDATIONS

P. SUPERVISING OR ASSIGNED INSPECTOR:			
1. Action Taken	2. Certificate Number	3. Inspector Printed Name	4. Inspector Signature
<input type="checkbox"/> APPROVED			
<input type="checkbox"/> DISAPPROVED			