



**THE REPUBLIC OF THE UNION OF MYANMAR
DEPARTMENT OF CIVIL AVIATION
APPLICATION FOR THE ISSUE/ RENEWAL / AMENDMENT OF AIR OPERATOR
CERTIFICATE**

DCA/FSD/CA-OPS/AOC-001

Section 1 To be completed by the operator

<p>1. Operator registered name and trading name if different. (a) Address of company</p> <p>(b) mailing address</p> <p>(c) telephone fax;</p> <p>(d) e-mail</p>		
<p>2. Address of the principal place of business</p> <p>(a) Address of the principle place of Business</p> <p>(b) mailing address</p> <p>(c) telephone fax;</p> <p>(d) e-mail</p>	<p>Operation</p>	<p>Maintenance</p>
<p>3. Proposed Start Date of Operations:</p>		
<p>4. Details of operation –</p> <p>(a) Air operator proposed types of operation:</p>	<p><input type="checkbox"/> Passengers</p> <p><input type="checkbox"/> Cargo</p> <p><input type="checkbox"/> Schedule Operations</p> <p><input type="checkbox"/> Charter Flight Operations</p> <p><input type="checkbox"/> Dangerous Goods</p> <p><input type="checkbox"/> Others</p>	
<p>(b) Geographic areas of intended operations and proposed route structure:</p>		

<p>(c) Regular and alternate aerodromes to be used</p>			
<p>(d) Area of Operation</p>			
<p>5. Provide list of individual aircraft nationality and registration marks and operations specifications of each aircraft intended to be used under the Air Operator Certificate apply for. Provide all information on the appendix A of this application for each aircraft.</p>			
<p>6. Particulars and Qualification of Management Person's Training and Service record of each person shall be attached to this application.</p>	Name	Contact Number	Email
<p>Accountable Manager</p>			
<p>Nominated post holder (Head of Operations)</p>			
<p>Chief Pilot</p>			
<p>Nominated post holder (Head of Safety)</p>			
<p>Head of Engineering / Maintenance</p>			
<p>Head of Quality</p>			

Contact Person (1)			
Contact Person (2)			
Fleet Manager(s)			
Cabin Crew Manager			
Training Manager			
Ground Services Manager			
Security Manager			
<p>7. Operational points of contact details, at which operational management can be contacted without undue delay for issues related to flight operations, airworthiness, flight and cabin crew competency, dangerous goods and other matters as appropriate. (Please use another attachment if the space is not enough)</p>	Name and Title	Contact Number (Phone and Fax)	Email

8. Information / Documents /Manuals as stated below shall be submitted to DCA before the 90 days of the intended Operation.

(a) Company Manuals covering the following-

(aa) Flight Operation Manual

(ab) Aircraft Flight Manual (Copy to AWD)

(ac) Cabin Crew Manual

(ad) Flight Operation Officer / Dispatcher Manual

(ae) Minimum Equipment List and Configuration Deviation List (Copy to AWD)

(af) Route Guide

(ag) Dangerous Goods Manual

(ah) Security Manual (Copy to AVSEC)

(ai) Training Programme

1)Flight Crew

2)Cabin Crew

3)Flight Operations Officer / Flight Dispatcher

(aj) Aircraft Maintenance Program(AWD)

(ak) Weight and Balance Procedures

(al) Grounding Handling Manual

(am) Safety Management System Manual

(b) Maintenance Control Manual(AWD)

(c) Lease Agreement (if applicable)

9. Programme for Maintenance of each aircraft. Provide detail Maintenance Management for each aircraft. (AWD)	
10. Particulars of Insurance and Liability Coverage.	
11. Financial data and a business plan	

I certify that statements submitted herewith are true and that I am duly authorized to make this application.

Signature:-----

Name :-----

Title :-----

Date :-----

Section 2. To be completed by the DCA	DCA Decision: <input type="checkbox"/> Approval granted <input type="checkbox"/> Not approved
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Remarks:

Signature of DCA Inspector:	Date (dd/mm/yy):
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APPLICATION FOR OPERATIONS SPECIFICATION

Operator name: ¹				
Trading name: ²				
Aircraft model: ³ (Authorized aircraft: aircrafts nationality and registration mark and all operations shall be in accordance with approved Operations Manual, Part A.)				
Types of operation: Commercial air transportation <input type="checkbox"/> Passengers <input type="checkbox"/> Cargo <input type="checkbox"/> Other: ⁴ _____.				
Area(s) of operation: ⁵				
Special limitations: ⁶				
Specific Approval	Yes	No	Description ⁷	Remarks
Dangerous Goods	<input type="checkbox"/>	<input type="checkbox"/>		
Low Visibility Operations: - Approach and landing - Take-off - Operational credit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAT II ⁸ RVR__m/DH__ ft. <input type="checkbox"/> CAT IIIA ⁸ RVR __m/DH__ ft. <input type="checkbox"/> CAT IIIB ⁸ RVR__m/DH__ ft. <input type="checkbox"/> RVR ⁹ __m ¹⁰ <input type="checkbox"/> Automatic Landing, <input type="checkbox"/> HUD, <input type="checkbox"/> EVS, <input type="checkbox"/> SVS, <input type="checkbox"/> CVS	
RVSM ¹¹ <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
EDTO ¹² <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	Threshold time ¹³ _____ minutes. Maximum diversion time ¹³ _____ minutes.	¹²
¹⁴ AR navigation specifications for PBN operations	<input type="checkbox"/>	<input type="checkbox"/>		
Specific Approval	Yes	No	Description ⁹	Remarks
Continuing airworthiness ¹⁵	X	X	Myanmar Civil Aviation Requirement MCAR Part 1 and Part M	¹⁴

EFB ¹⁶ for AC type _____	X	X	APP 1 APP 2..... APP 3..... ¹⁶ Specifically, approved EFB hardware and software applications for A/C type are contained in [operations manual reference]	
Other ¹⁷	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Other Navigation specifications for PBN operations</u></p> <p><input type="checkbox"/> RNP 1, <input type="checkbox"/> RNP 2, <input type="checkbox"/> RNP 4</p> <p><input type="checkbox"/> RNAV1/RNAV 2, <input type="checkbox"/> RNAV 5,</p> <p><input type="checkbox"/> RNAV 10</p> <p><input type="checkbox"/> RNP APCH:</p> <p style="padding-left: 40px;"><input type="checkbox"/> LNAV</p> <p style="padding-left: 40px;"><input type="checkbox"/> LNAV/VNAV</p> <p style="padding-left: 40px;"><input type="checkbox"/> LPV</p> <p><input type="checkbox"/> MNPS</p> <p><u>Additional Approval:</u></p> <p><input type="checkbox"/> CPDLC/ADS-C</p> <p><input type="checkbox"/> ADS-B</p>	
<p>For revision to operations specification only: (Specify reason for operation Specification amendment)</p>				
<p>Statement of compliance: I confirm that information in this application complies with the applicable regulations.</p>				
Application's Name:			Signature:	
Submission Date:				

Notes:

1. Insert the operator's registered name
2. Insert the operator's trading name, if different. Insert "dba" before the trading name (for "doing business as")
3. Insert the Commercial Aviation Safety Team (CAST)/ICAO designation of the aircraft make, model and series, or master series, if a series has been designated (e.g. Boeing-737-3K2 or Boeing-777-232). The CAST/ICAO taxonomy is available at: <http://www.intlaviationstandards.org/>.
4. Specify other type of transportation (e.g. emergency medical service).
5. List the geographical area(s) of authorized operation (by geographical coordinates or specific routes, flight information region or national or regional boundaries).
6. List the applicable special limitations (e.g. VFR only, day only).
7. List in this column the most permissive criteria for each approval or the approval type (with appropriate criteria).
8. Insert the applicable precision approach category (CAT II, IIIA, IIIB or IIIC). Insert the minimum RVR in meters and decision height in feet. One line is used per listed approach category.
9. Insert the approved minimum take-off RVR in meters. One line per approval may be used if different approvals are granted.
10. List the airborne capabilities (i.e. automatic landing, HUD, EVS, SVS, CVS) and associated operational credits granted.
11. RVSM approval as applicable, "Not applicable (N/A)" box may be checked only if the aircraft maximum ceiling is below FL 290.
12. Extended diversion time operations (EDTO) approval as applicable base on GUIDANCE MATERIAL FOR Extended Diversion Time Operations (EDTO) Select "N/A". Otherwise a threshold time and maximum diversion time must be specified. The threshold time and maximum diversion time may also be listed in distance (NM), as well as the engine type. The aircraft national and registration shall be address in the remarks session
13. The threshold time and maximum diversion time may be listed in distance (NM), as well as the engine type.
14. Performance-based navigation (PBN): one line is used for each PBN AR navigation specification approval (e.g. RNP AR APCH), with appropriate limitations listed in the "Description" column.
15. Insert the name of the person/organization responsible for ensuring that the continuing airworthiness of the aircraft is maintained and the regulation that requires the work, i.e. within the AOC regulation or a specific approval (e.g. EC2042/2003, Part M, Subpart G).
16. List the EFB functions with any applicable limitations.

17. Other authorizations or data can be entered here, using one line (or one multi-line block) per authorization (e.g. Navigation specifications for PBN operation, special approach authorization, MNPS, approved navigation performance).