



## PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT

## Appendix A

<p><b>PRE-ASSESSMENT STATEMENT</b></p> <p><i>(To be completed by an applicant for an air operator certificate (AOC) See Appendix B to this Part for instructions on completion of this statement.)</i></p>								
<p><b>Section 1A. To be completed by all applicants</b></p>								
<p>1. Company registered name and trading name if different. Address of company: telephone, fax and e-mail.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>2. Address of the principal place of business, including telephone, fax and e-mail.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Secondary business address:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>Type of operation: <input style="width: 100%;" type="text"/></p>							
<p>3. Proposed start-up date: adfad</p>	<p style="color: red; font-weight: bold;">safdadsf</p>							
<p>4. Management and key staff personnel</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title</th> <th style="width: 40%;">Telephone, fax and e-mail</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Title	Telephone, fax and e-mail			
Name	Title	Telephone, fax and e-mail						
<p><b>Section 1 B. Proposals for maintenance (to be completed by all applicants as appropriate)</b></p>								
<p>5.</p>	<p><input type="checkbox"/> Air operator intends to perform its maintenance as an AMO (AMO approval is a separate activity).</p> <p><input type="checkbox"/> Air operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (complete 7 and 11).</p>							
<p>6. Air operator proposed types of operation:</p>	<p><input type="checkbox"/> Passengers and cargo</p> <p><input type="checkbox"/> Cargo only</p> <p><input type="checkbox"/> Scheduled operations</p> <p><input type="checkbox"/> Charter flight operations</p> <p><input type="checkbox"/> Others</p>							

<b>Section 1 C. To be completed by air operator applicants</b>		
7. Aircraft data (provide a copy of the lease agreement for all leased aircraft)		
a) Number of aircraft by type and model. Aircraft nationality and registration marks where available.	b) Number of passengers seats and/or cargo payload capacity.	8. Geographic area(s) of intended operations and proposed route structure:
<b>Section 1 D. To be completed by all applicants</b>		
9. Additional information that provides a better understanding of the proposed operation or business (attach additional sheets, if necessary):		
10. Proposed training (aircraft and/or flight simulation training device):		
<b>Section 1E. The signature and the information contained in this form denote an intent to apply for an AOC.</b>		
Signature:	Date: (day/month/year)	Name and Title
<b>Section 2. To be completed by Flight Standards Division</b>		
Received by (name and office):	Date received: (day/month/year)	
Signature :	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only	
<b>To be completed by the Flight Standards Division</b>		
Pre-application number:		
<b>Section 3.</b> Flight Standards Division Section assigned responsibility for designation of the DCA project manager and the certification team:		

**Remarks:**