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| **Notes to applicant**  **General**   1. This form may take you about 2 hours to fill in. Please ensure form is correctly filled; the applicable fee is fully paid and that all required supporting documentation is provided. Incomplete/incorrect form or/and inadequate payment will lead to delays in processing your application. 2. Applications should reach CAAS at least **six months** before the date on which the AOC is required to be effective. Where space is insufficient for the information required, the words “See Attachment 1,2,3” etc should be written and the necessary attachments supplied with the application form. 3. Completed form and supporting documents are to be submitted with the AOC application fee (non-refundable) to one of the following addresses:  |  |  | | --- | --- | | **Mailing address** | **Office address (for hand delivery)** | | Civil Aviation Authority of Singapore,  Flight Standards Division,  Singapore Changi Airport P O Box 1,  Singapore 918141. | Civil Aviation Authority of Singapore,  Flight Standards Division,  North Pier Office,  4th Storey North Finger Pier, Unit No. 047-029,  Singapore Changi Airport Terminal 2. |   **Payment**   1. The fee payable for this purpose is prescribed in the Second Schedule of ANR-119. 2. Payment for this application can be made via cheque. 3. Crossed cheque payment must be made payable to “Civil Aviation Authority of Singapore”.   **Collection**   1. You will be notified when the certificate is ready for collection at the Flight Standards Division office.   **NOTE 1**  If more than one “trading name” is used, the type(s) of aircraft under such name should be specified.  **NOTE 2**  Operator principal place of business telephone and fax details, including the country code. E-mail to be provided if available.  **NOTE 3**  Contact details, at which operational management can be contacted without undue delay.  **NOTE 4**  The particulars given should be those of the person who will be the operator of the aircraft, in the case of an incorporated body, the body, the names, addresses and nationality of the Directors, and the Chief Executive Officer (or Managing Director of General Manager), and in the case of an unincorporated corporation, the names, addresses and nationality of all partners. This list should reflect the organisational structure of the company applying for the AOC and the financial data and business plan.  **NOTE 5**  Give the manufacture and model of aircraft (for which a Certificate is required) to be operated (e.g. Boeing 777-300ER, Airbus A330-300) and the number of each type and state of registry and registration marks, owned or immediately available for operation by the applicant. If aircraft are not currently available, give the date on which they will be.  **NOTE 6**  State whether the aircraft will be used for the public transport of passenger and/or cargo. If the proposed operations include carriage in specialized fields (e.g. dangerous goods, vehicle ferry, live animals, etc), please give details.  **NOTE 7**  This relates to the normal operating bases for each type of aircraft used by the applicant. If appropriate, please give also the “trading name” at each aerodrome.  **NOTE 8**  If more than one type of aircraft is to be operated, give the starting dates proposed for each type.  **NOTE 9**  A separate list of routes (including alternate routes) should be provided for each type of aircraft. Please name each aerodrome to be used on each route, including technical stops and alternate aerodromes.  **NOTE 10**  Give details of the address, location and size of accommodation to be used by operating staff (including administrative and support staff). Please state whether the accommodation are to be used solely by the applicant’s staff or otherwise.  **NOTE 11**  The minimum time between receipt of completed manuals and the proposed date for the commencement of operations is six months. If manuals are not submitted with the application, please give date(s) when they will be presented for inspection. Applicants shall ensure that the validity of the manuals submitted to CAAS is maintained at all times.  **NOTE 12**  If the routine ground handling and maintenance of the applicant’s aircraft is carried out by a number of contractors or service providers, please list them all and give details of the work for which each is responsible. CAAS will advise the applicant if further information is required. Reference to the Singapore Airworthiness Requirements should be made. Details of leasing contracts should be attached.  **NOTE 13**  Please list the names, qualifications and experience of the persons (e.g. Approved Flight Examiner, Qualified Flight Instructor, Check Pilots, Training Captains, Safety and Emergency Procedures Instructor/Examiner etc) responsible for testing:  (a) The crew (as to their knowledge of the use of emergency and life saving equipment)  (b) Pilots  (c) Engineers, if any  (d) Flight Navigators, if any  (e) Flight Radio Applicants, if any  The persons named should be those authorised by the applicant/CAAS to sign on its behalf. Records are to be maintained under the relevant provisions of the Singapore Air Navigation Order.  **NOTE 14**  .1 The information provided under this heading should give a clear picture of the chain of responsibility for all major aspects of management and of the arrangements for suitably qualified deputies to assume the functions of Senior Executive temporarily absent from duty. In particular, the persons responsible for the following duties should be named:  .a The issue and amendment of operations and training manuals, and other instructions to members of operating crew.  .b Management of the operations department  .c Controlling the rostering of crew for flying duty  .d General supervision of flight operations  .e Accepting operational commitments - i.e. deciding whether or not a particular flight or charter can be undertaken.  .f Ensuring the crew and ground personnel training and periodic tests are carried out as necessary  .g The discipline and general supervision of each grade of flying staff  .h Control and general supervision of the traffic or other department responsible at the main operating base(s) for compiling ship papers (including loadsheets) and for the loading aircraft  .i Co-ordinating any necessary action arising from Commanders’ voyage reports  .j Making arrangements for the service of handling agents  **Note**: Provided all the necessary information is given, it can be presented in the form best suited to the applicant’s organisation and general circumstances.    .2 Please state the number of subordinate ground staff reporting to each person named under this heading. |

**You do not need to submit this page with your application form.**

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| **Part I – Particulars of Applicant** | | | | | | | | | | | | | | | | | | | | |
| Title : Choose an item. | | | Name of Applicant : Click here to enter text. | | | | | | | | | | | | | Tel : Click here to enter text. | | | | |
| Designation : Click here to enter text. | | | | | | | | | | Email : Click here to enter text. | | | | | | | | | | |
| **Part II – Particulars of Organisation** | | | | | | | | | | | | | | | | | | | | |
| Name of Organisation : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Address of main base of operations :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Name(s) if different from above in which Air transport operations will be conducted (**See Note 1**) :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Tel (**See Note 2**) : **Click here to enter text.** | | | | | | | | | Fax (**See Note 2**) : **Click here to enter text.** | | | | | | | | | | | |
| E-mail (**See Note 2**) : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Operational Point of Contact (**See Note 3**) :  **Tel: (65)**  **Fax: (65)**  **Email:** | | | | | | | | | | | | | | | | | | | | |
| **Part III – Particulars of Directors/Share Holders (See Note 4)** | | | | | | | | | | | | | | | | | | | | |
| Designation | Name | | | | | Address | | | | | | Telephone | | | | | Nationality | | | |
|  |  | | | | |  | | | | | |  | | | | |  | | | |
| **Part IV – Particulars of AOC Post Holders** | | | | | | | | | | | | | | | | | | | | |
| **Personnel** | | | | | **Name & Designation** | | | | | | | | | **Contact Number & Email Address** | | | | | | |
| CEO/MD (Accountable Manager) : | | | | |  | | | | | | | | |  | | | | | | |
| Head of Flight Operations : | | | | |  | | | | | | | | |  | | | | | | |
| Head of Training : | | | | |  | | | | | | | | |  | | | | | | |
| Head of Safety / Security : | | | | |  | | | | | | | | |  | | | | | | |
| Chief Pilot(s) : | | | | |  | | | | | | | | |  | | | | | | |
| Head of Engineering : | | | | |  | | | | | | | | |  | | | | | | |
| Head of Quality :  (*Person nominated in accordance with ANR-119, Regulation 19(3))* | | | | |  | | | | | | | | |  | | | | | | |
| Head of Ground Operations : | | | | |  | | | | | | | | |  | | | | | | |
| Other member(s) of senior management as appropriate to individual AOC Holder | | | | |  | | | | | | | | |  | | | | | | |
| **Part V – Particulars of Aircraft for Operations (See Note 5)** | | | | | | | | | | | | | | | | | | | | |
| Aircraft Type | | | | | | | No. of Aircraft | | | State of Registry | | | | | Registration Marks | | | | | |
|  | | | | | | |  | | |  | | | | |  | | | | | |
| Number of aircraft with MCTOM greater than 5,700kg : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Number of aircraft with MCTOM less than or equal to 5,700kg : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Purpose for which aircraft to be operated (**See Note 6**) :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Aerodromes at which each type of aircraft will be based (**See Note 7**) :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Proposed date for the commencement of operations (**See Note 8**) : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | |
| Routes on which services are currently operated, or are expected to be operated during the next twelve months with each type of aircraft. Specify all aerodromes to be used on each route, including technical stops and alternates (**See Note 9**) : | | | | | | | | | | | | | | | | | | | | |
| Aircraft Type | | | | Forward Route | | | | | | | | | Return Route | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | | |
| **Part VI – Details of The Arrangements to Support The Proposed Operations** | | | | | | | | | | | | | | | | | | | | |
| Details of office accommodation available for use by operating staff (**See Note 10**) : | | | | | | | | | | | | | | | | | | | | |
| Name(s) and address(es) of organisation(s) responsible for all ground handling and maintenance of each type of aircraft (**See Note 12**) : | | | | | | | | | | | | | | | | | | | | |
| **Part VII – Particulars of Examiners (If applicable)** | | | | | | | | | | | | | | | | | | | | |
| Names, qualifications and experience of the persons responsible for qualification and testing (**see Note 13**): | | | | | | | | | | | | | | | | | | | | |
| **Part VIII – Particulars of Leased Foreign-registered Aircraft (if applicable)** | | | | | | | | | | | | | | | | | | | | |
| Foreign Air Carrier | | Aircraft Make/Model Series | | | | | | Registration Marks | | | Lease Date | | | | | | | Maintenance Programme Rev No./Date | | |
|  | |  | | | | | |  | | |  | | | | | | |  | | |
| **Part IX – Particulars of Aircraft Leasing Operations (if applicable)** | | | | | | | | | | | | | | | | | | | | |
| Operational lease arrangement : Choose an item.  Lessor (name of airline) : **Click here to enter text.**  Lessee (name of airline) : **Click here to enter text.**  Date of leasing agreement : **Click here to enter text.**  Aircraft type under leasing operations : **Click here to enter text.**  List the aerodrome and location under leasing operations :   |  |  | | --- | --- | | Aerodrome | Location | | **e.g. Changi** | **e.g. Singapore** | | | | | | | | | | | | | | | | | | | | | |
| **Part X – Applicant Checklist (Please check the applicable boxes)** | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents to be submitted** | | | | | | | | | | | | | | | | | | | **Yes** | **No** |
| Cheque attached for AOC application fee | | | | | | | | | | | | | | | | | | |  |  |
| Organisation Chart, financial data, and Business plan (**see Note 4**) | | | | | | | | | | | | | | | | | | |  |  |
| Draft/final copies of operations manuals and complete CAAS Forms FO 107, 108 and 109 (**see Note 11**) | | | | | | | | | | | | | | | | | | |  |  |
| Leasing contracts with ground services provider(s) and aircraft maintenance organisation(s) (**see Note 12**) | | | | | | | | | | | | | | | | | | |  |  |
| Qualifications of the examiners (**see Note 13**) | | | | | | | | | | | | | | | | | | |  |  |
| Details of the duties and responsibilities of the AOC post holders declared in Part IV. Individual resumes are to be attached. (**see Note 14**) | | | | | | | | | | | | | | | | | | |  |  |
| Lease agreement(s) corresponding to Part IX | | | | | | | | | | | | | | | | | | |  |  |
| **Part XI – Applicant Declaration** | | | | | | | | | | | | | | | | | | | | |
| I hereby declare that the information given in this form is true in every respect and that I will comply with all the necessary requirements for the grant of an Air Operator Certificate. I further declare that all documents submitted in support of this application are true in every respect. I hereby apply for the grant of an Air Operator Certificate.  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Signature of Accountable Manager & Company Stamp Date (Day / Month / Year) | | | | | | | | | | | | | | | | | | | | |

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| **For Official Use** | | | |
| Fee Payable : | Cheque No. : | | Receipt No. : |
| Received by :  Authorised Collection Officer  (Name Stamp & Signature) | | Date  (Day / Month / Year) | |
| AOC No. : | Period of validity : | | |
| Remarks[[1]](#footnote-1) : | | | |
| Assessed by :  Flight Operations Inspector  (Name Stamp, Date & Signature) | | Assessed by :  Continuing Airworthiness Manager  (Name Stamp, Date & Signature) | |
| Supported by:  Head (Flight Operations)  (Name Stamp, Date & Signature) | Supported by:  Head (Continuing Airworthiness)  (Name Stamp, Date & Signature) | | Supported by:  Director (FS)  (Name Stamp, Date & Signature) |

1. To indicate the completion of document evaluation and validation of the applicant’s ability to comply with the applicable ANRs and safe operating practices. Additionally, indicate the outcome of the application – whether or not, the evaluation is satisfactory and the grant of the AOC is recommended. [↑](#footnote-ref-1)