



Department of Civil Aviation

<b>Economical Authority and AOC Application Statement of Intent</b>			
<b>Type of Application:</b>	<b>Initial</b>	<b>Renewal</b>	<b>Variation</b>
Reason/ type of variation:			
<b>Section I</b>			
<b>1. Company Name:</b>			
AOC number (if already known):			
DBA ("Doing Business As"):			
<b>2. Address:</b>		Telephone Numbers:	
Business Office:			
Operations Base:			
Maintenance Base:			
<b>3. Key Management Personnel:</b>	Certificate & Ratings:		Telephone Number:
President/CEO:			
Head of Maintenance:			
Head of Flight Operations:			
<b>4. Proposed Type of Operation :</b>			
Scheduled		Flying School	
Non-scheduled		Roundtrips	
Passengers only		Banner Towing	
Cargo only		Emergency Medical Services	
Other (specify in item 8)			
Fixed Wing		Large aircraft	
Rotorcraft		Small aircraft	
<b>5. Proposed Geographical Area of Intended Operations:</b>			
North American Region		Caribbean Region	
South American Region		Middle American Region	
European Region		Local flights only	
All ICAO Air Navigation regions Latitudes of 80° North and 60° South			
Other:			



**AOC Application Statement of Intent (Continued)**

**6. Aircraft Type Information:**

Aircraft Type:	Amount of Aircraft:
Make – Model – Series:	Serial Number:
Aircraft Registration Mark: P4-	
Pax Seats:	NTOM (kg):
Main base of Aircraft:	
Aircraft:    Owned        Dry Leased	
Lease from:	Delivery Date:

**7. Commercial operation date:**

**8. Any Other Pertinent Information (Specify if specific approvals are required, e.g.RVSM, ETOPS, AWOPS, MNPS, ETC):  
Special Limitations**

VFR day only	None
Other (to be specified)	

**Special Authorizations/ Approvals**

CAT II	DH	ft	RVR	mtrs
CAT IIIA	DH	ft	RVR	mtrs
CAT IIIB	DH	ft	RVR	mtrs
CAT IIIC	DH	ft	RVR	m
MNPS	RVSM		BRNAV	PRNAV
RNP 10/RNP 5			EFB	Dangerous Goods
ETOPS	Distance	nm(threshold distance)	Time	min

**9. Requested Three Letter Company Identifier:**

Signature of this document denotes a pre-application for an Economical Authority and AOC. Upon positive results of an AOC pre-application assessment by the DCA the pre-applicant will obtain the opportunity to submit a formal application by using DCA Form INS-2.008-B.

<b>Name and Title Responsible Manager:</b>	<b>Signature</b>	<b>Date:</b>
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**Section II – To be completed by the DCA**

<b>Received by:</b>	<b>Date:</b>
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**Remarks**

<b>Pre-Application Accepted / Refused</b>	<b>Signature</b>	<b>Date</b>
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**Date response returned to Operator & ref no.:**