ECONOMICAL AUTHORITY AND AOC APPLICATION STATEMENT OF INTENT

Note: *This form does not represent a formal application to an Economical Authority and AOC. It only indicates an intent to apply for an Economical Authority and AOC.*

A. DETAILS OF COMPANY:

1. BUSINESS	Names	
a. Company Legal Name:		
b. DBA (Doing Business As):		

2. LOCATIONS *(ADDRESS AND TELEPHONE NUMBERS)*	Address	Phone Number(s)
a. Business Office		
b. Operations Base		
c. Maintenance Base		

3. OWNERSHIP		
a. UBO (Ultimate Beneficial Owner)		
b. All Directors/Board Members		
c. All investors/shareholders		

4. FINANCIAL AND FUNDING DETAILS
a. Type of funding(s)
b. Intended initial capital
c. Total cash investment amount (1st year)
d. Source of funding(s)

5. KEY MANAGEMENT PERSONNEL	**E-mail address**	**Phone Number(s)**
Note: The Post Holders that will be nominated and submitted for evaluation and acceptance with the formal AOC application shall be properly qualified for the requested positions as per Appendix 3 of the Beleidsregel Economische Vergunning en AOC		
a. President/CEO		
b. Operations Contact		
c. Airworthiness Contact		

B. DETAILS OF INTENDED AIRCRAFT OPERATION

1. PROPOSED TYPE OF OPERATION *(SELECT ALL THAT APPLY)*

- ❑ Scheduled
- ❑ Passengers only
- ❑ Fixed Wing
- ❑ Large Aircraft
- ❑ Emergency Medical Services

- ❑ Non-scheduled
- ❑ Cargo & Mail
- ❑ Rotorcraft
- ❑ Small Aircraft
- ❑ Other:

- ❑ Flying School
- ❑ Roundtrips
- ❑ Banner Towing
- ❑ Corporate/Business

2. PROPOSED GEOGRAPHICAL AREA OF INTENDED OPERATIONS

- ❑ North American Region
- ❑ South American Region
- ❑ European Region
- ❑ South-East Asia Region

- ❑ Caribbean Region
- ❑ Middle American Region
- ❑ Russian Region
- ❑ Middle East Region

- ❑ All ICAO Air Navigation regions Latitudes of 80º North and 60º South
- ❑ Local Flights Only
- ❑ Other:

3. AIRCRAFT TYPE INFORMATION

Aircraft Type(s)	Amount of A/C	Make-Model-Series	Main base of A/C

Aircraft Ownership:	❑ Owned	❑ Dry Leased

C. STATE COMPATIBILITY

1. PROJECT FITNESS WITH ARUBA STATE POLICIES

To the best of your knowledge, does your project fits with Aruba's general policies?	Yes ❑	No ❑	Don't know ❑

2. PROJECT FITNESS WITH THE AIRPORT'S CAPABILITIES

Does your project fits with the airport's capabilities and master plans?	Yes ❑	No ❑	Don't know ❑

3. PROJECT FITNESS WITH REGIONAL AND INTERNATIONAL AVIATION MARKET DEMANDS

Does your project fits with the regional and international aviation markets?	Yes ❑	No ❑	Don't know ❑

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D. MISCELLANEOUS

1. INTENDED COMMERCIAL OPERATION STARTUP DATE:

2. OTHER PERTINENT INFORMATION (Specify if specific approvals are required, e.g. RVSM, ETOPS/EDTO, AWOPS, MNPS(NATHLA), ETC)

3. SCHEDULED ROUTES TO BE OPERATED:

E. SIGNATURE

Signature of this document denotes a pre-application for an Economical Authority and AOC. Upon positive result of an AOC pre-application assessment by the DCA, the pre-application will obtain the opportunity to submit a formal application by using DCA Form INS-8005.

1. NAME AND TITLE	2. SIGNATURE	3. DATE (DD/MMM/YY)

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