**Application for an Air Operator Certificate “AOC”**

|  |
| --- |
| **APPLICANT'S INFORMATION** |
| **Applicant's name** |  |
| Applicant's address |  |
| Applicant's identification number  |  |
| Applicant's contact (Phone, E-mail) |  |  |
| **APPLICANT'S LEGAL REPRESENTATIVE INFORMATION**  |
| **Name and Surname** |  |
| Address1 |  |
| Personal identification number  |  |
| Contact (Phone, E-mail) |  |  |
| **1** Fill in case of representation by power of attorney. |

|  |  |
| --- | --- |
| [ ]  **Initial Issue**[ ]  **Variation / Amendment** (specify on the right) | [ ]  *Organisation Information*[ ]  *Management Personnel Organisation (PART A)*[ ]  *Aircraft Fleet (PART B)*[ ]  *Operation and Specific Approvals (PART B)*[ ]  *Continuing Airworthiness Management System (PART C)* |

**Basic information**

|  |  |
| --- | --- |
| IATA/ICAO Designator (2-letter/3-letter Code) |  |
| Home Base of A/C Fleet (Aerodrome)/Main Base of Operation |  |
| Workforce involved in the activity subject to Regulation (EU) No 2018/1139 and its Implementing Rules (expressed in number of fulltime equivalents - FTE) |  |
|  |  |

**Part A-Organisational Structure**

# Management Personnel

|  |  |  |  |
| --- | --- | --- | --- |
| **Function** | **Name** | **Phone No** | **E-mail address** |
| Accountable Manager |  |  |  |
| Deputy |  |  |  |
| Compliance Monitoring Manager |  |  |  |
| Deputy |  |  |  |
| Nominated person Flight Operations |  |  |  |
| Deputy |  |  |  |
| Nominated person Ground Operations |  |  |  |
| Deputy |  |  |  |
| Nominated person Crew Training |  |  |  |
| Deputy |  |  |  |
| Nominated person Continuing Airworthiness  |  |  |  |
| Deputy |  |  |  |
| Safety Manager |  |  |  |

**Part B**

**Aircraft Information**

## Aircraft Type

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Make – Model –Series ; |  | Serial Number : |  | Hexadecimal Code |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A/C Registration Mark ZA- |  | Pax Seats |  | MTOM (kg) |  | Main base of A/C |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of first CofA |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Dry lease-In (if applicable) | Lease from |  | Lease until |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Delivery date |  | Commercial operation date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Deletion date |  |  |  |

**Aircraft Owner's Name**

|  |  |
| --- | --- |
| **Address and Nationality** |  |

[ ]  Operational Lease (*Please submit copy of Leasing contract)*

[ ] Financial Lease (*Please submit copy of Leasing contract)*

**Aircraft Type Information**

## Aircraft Type

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Make – Model –Series ; |  | Serial Number : |  | Hexadecimal Code |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A/C Registration Mark ZA- |  | Pax Seats |  | MTOM (kg) |  | Main base of A/C |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of first CofA |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Dry lease-In (if applicable) | Lease from |  | Lease until |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Delivery date |  | Commercial operation date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Deletion date |  |  |  |

**Aircraft Owner's Name**

|  |  |
| --- | --- |
| **Address and Nationality** |  |

[ ] Operational Lease (*Please submit copy of Leasing contract)*

[ ] Financial Lease (*Please submit copy of Leasing contract)*

# Type(s) of Operation

|  |  |
| --- | --- |
| [ ]  A1 - Passengers only | [ ]  Scheduled |
| [ ]  A2 - Cargo only | [ ]  Non-Scheduled |
| [ ]  A1 & A2 - Passengers & Cargo  |  |

# Area(s) of Operation

|  |  |
| --- | --- |
| [ ]  – Territory of Republic of Albania | [ ]  – NAT (iaw ICAO DOC 7030) |
| [ ]  – EUR (iaw ICAO DOC 7030) | [ ]  – SAM (iaw ICAO DOC 7030) |
| [ ]  – MID/ASIA (iaw ICAO DOC 7030) | [ ]  – CAR (iaw ICAO DOC 7030) |
| [ ]  – AFI (iaw ICAO DOC 7030) | [ ]  - NAM (iaw ICAO DOC 7030) |
| [ ] – PAC (iaw ICAO DOC 7030) | [ ]  **–**OTHER (to be specified by use of FIR/UIR location indicators or geographical coordinates) |
|  |  |

# Proposed routes, destination and alternate aerodromes

|  |  |
| --- | --- |
|  |  |
|  |  |

# Special Limitations

|  |  |
| --- | --- |
| [ ]  - VFR day only  | [ ]  - Other (to be specified) |
| [ ]  - VFR day/night only | [ ]  – None |

# Specific and other Approvals (for operations specifications) – additional application forms to be used, as applicable:

|  |
| --- |
| [ ]  – LVTO |
| [ ]  – CAT II LVO [ ] – CAT III LVO  |
| [ ]  – SA CAT I |
| [ ]  – SA CAT II  |
| [ ] – EFVS [ ]  –EFB  |
| [ ]  – MNPS  |
| [ ]  – RVSM[ ]  – Transport of dangerous goods  |
| [ ]  – Approval to provide cabin crew initial safety training [ ]  – Steep approach  |
| [ ]  **-** Other (to be specified): |
|  |

**Part C**

**Continuing Airworthiness Management System and Maintenance Arrangements** \*\****(Please indicate applicable items by checking the box in front of the item)***

|  |  |
| --- | --- |
| **Item** | **For official use only** |
| **Approval reference** | **Remarks** | **AWI Signature** |
| [ ]  | M.A. Subpart G Approval (CAMO)(\*) (Application on EASA Form 2 – Send application to Airworthiness Department) |  |  |  |
| [ ]  | Name of Subcontracted Organization working under the Operator's Quality System, *if applicable* (delegation of Continuing Airworthiness tasks) (\*):  |  |  |  |
|  |  |  |  |  |
|  | -make sure that contract exists. |  |  |  |
| [ ]  | Name and M.A. Subpart G approval reference of contracted CAMO, *if applicable* (\*)  |  |  |  |
|  |   |  |  |  |
| [ ]  | Contract with PART 145 Organisation (\*) (Send application for contract approval to Airworthiness Department) |  |  |  |
|  | Name and PART 145 approval reference (\*): |  |  |  |
|  |  |  |  |  |
| [ ]  | Continuing Airworthiness Maintenance Exposition Approval (CAME), *if applicable* (Send CAME application to Airworthiness Department) |  |  |  |
| [ ]   | Aircraft Maintenance Programme (AMP) Approval(\*) (Send AMP application to Airworthiness Department)-make sure aircraft maintenance programme is adequate for the intended type of operation-annual utilization, rvsm, pbn, awo etc.- make sure aircraft maintenance programme contains reliability programme, *if applicable*. |  |  |  |
| [ ]  | Aircraft Technical Log System Approval, *if applicable*  |  |  |  |
| [ ]  | Certificate of Airworthiness |  |  |  |
| [ ]  | ICAO 24 bit address allocation (Send application to Airworthiness Department) |  |  |  |
| [ ]  | Airworthiness Review Certificate (EASA Form 15a/b) |  |  |  |
| [ ]  | Continuing Airworthiness nominated person (EASA Form 4) |  |  |  |

*(\*) for each Aircraft Type*

*(\*\*) all applications, forms and information to be filed directly at CCAA Airworthiness Department*

# Appendices *(Please indicate items for which the separate application, forms, information and evidence are provided)*

|  |
| --- |
| **Management System Personnel**  |
| [ ]  Information on the Accountable Manager  |
| [ ]  Evidence on the competence of the Nominated Person for Flight Operations  |
| [ ]  Evidence on the competence of the Nominated Person for Crew Training  |
| [ ]  Evidence on the competence of the Nominated Person for Ground Operations  |
| [ ]  Evidence on the competence of Safety Manager |
| [ ]  Evidence on the competence of Compliance Manager |
| [ ]  Operator’s statement that Nominated Persons are not conducting the same function at an operator under the responsibility of another NAA |
| [ ]  Evidence on type of employment for management system personnel (e.g. full time contract, part time, etc.) |
| [ ]  Man-hour distribution plan between the operators in case of person nominated at more AOC holders. |
| [ ]  Business Plan and related financial data |
| **Aircraft and FSTD** |
| [ ]  Certificate of Aircraft Registration |
| [ ]  Aircraft registration number reservation (if applicable) |
| [ ]  Lease agreement (if applicable)  |
| [ ]  ELT registration  |
| [ ]  Statement of compliance with Part CAT Subpart D (IDE) and Part SPA  |
| [ ]  Statement of compliance with Part ORO Subpart 26  |
| [ ]  Aircraft documentation (AFM, MMEL, OSD, POH, FCOM, AOM, W&B manual, etc.) |
| [ ]  Operational CG envelope elaboration |
| [ ]  Last weighing report |
| [ ]  Loadsheet form for manual M&B computation |
| [ ]  FSTD user approval  |
| **Operator’s manuals** |
| [ ]  Operations Manual Part A, B, C and D (compliance checklists for initial certification available on request) |
| [ ]  Any QRH  |
| [ ]  Ground Operations Manual |
| [ ]  Safety and Compliance Management Manual |
| [ ]  Operation Control Centre Manual |
| [ ]  Cabin Safety Procedure Manual |
| [ ]  EFB Manual |
| [ ]  Minimum Equipment List (MEL)  |
| [ ]  Security Program |
| [ ]  Security Training Program |
| **Other** |
| [ ]  Training arrangements for all personnel (operations, ground etc) |
| [ ]  Operating Licence  |
| [ ]  Demonstration flights |
| please specify any other relevant information: |

**Be informed that in case of incomplete application and/or application without submitted appendices as indicated above, the request for approval will be rejected.**

|  |
| --- |
|  *On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant name ), I declare under full material and criminal liability that the information proving the experience of management personnel on this application form and its appendices are true, correct and complete. This statement is given for the purpose of operator’s certification by the Albanian Civil Aviation Authority.* |
| Date: |  |
| Applicant's name, surname & signature: |  |

**--------------------------------------------------------------------------------------------------------------------------------------------**

TO BE FILLED BY INSPECTOR NOMINATED FOR THE CERTIFICATION PROCESS (IN CASE OF INITIAL AOC ISSUE)

On the basis of conducted certification activities I

(cross item which is not applicable)

**RECOMMEND**

**DO NOT RECOMMEND**

the issuance of an AOC to the applicant.

Place and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated Inspector, name in capital letters and signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_