



## Appendix A

### PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (Volume I, Chapter 4, refers)

PRE-ASSESSMENT STATEMENT		
(To be completed by an applicant for the AOC. See Attachment B to this Part for instructions on completion of this statement.)		
<b>Section 1A</b> <span style="float: right;"><i>To be completed by the applicant</i></span>		
1. Company registered name and trading name if different. Address of company: mailing address; telephone; fax and e-mail.		2. Address of the principal place of business, including telephone, fax and e-mail.  Type of operation:
3. Proposed start-up date:	4. Requested designator for aircraft operating agency in order of preference:  a)                      b)                      c)	
5. Management and key staff personnel		
Name	Title	Telephone, fax and e-mail
<b>Section 1B. Proposals for maintenance</b> <span style="float: right;"><i>To be completed by the applicant</i></span>		
6	Air operator intends to perform its maintenance as an AMO (AMO approval is a separate activity).	
	Air operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (complete 7 and 11).	
7. Air operator proposed types of operation:		
	Passengers and cargo	
	Cargo only	
	Scheduled operations	
	Charter flight operations	
<b>Section 1C.</b> <span style="float: right;"><i>To be completed by the applicant</i></span>		
8. Aircraft data (provide a copy of the lease agreement for all leased aircraft)		9. Geographic area(s) of intended operations and proposed route structure:
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.	

**Section 1D.** *To be completed by the applicant*

10. Additional information that provides a better understanding of the proposed operation or business (attach additional sheets, if necessary):

11. Proposed training (aircraft and/or flight simulation training device):

**Section 1E.** **The signature and the information contained in this form denote an intent to apply for an AOC.**

Name and title:	Date:	Signature:
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**Section 2.** **To be completed by MCAA**

Received by (name and office):	Date received:
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Date forwarded to MCAA Section date:	For: Action	For Information only