



**AIR OPERATOR'S CERTIFICATE AND MCAR-M, SUBPART G APPLICATION**

Please complete the form in BLOCK CAPITALS using black or dark blue ink.

**Part A Submission of Application Form**

This Form should be completed and submitted together with the appropriate application fee to:

Civil Aviation Department  
7th floor, PA Complex  
Hilaalee Magu  
Male' 20307  
Republic of Maldives

The completed application form and the application fee should reach the CAD at least 90 days before the date on which the Air Operator's Certificate is required to be effective. Cheques should be made payable to Civil Aviation Department.

A1. DETAILS OF APPLICANT
<p>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 names, addresses and nationality of the directors, and in the case of an unincorporated association, the name, addresses and nationality of partners. If a business name is used it should be given. Give the place and number of the company registration. All "trading names" used should be specified. Any "trading name" adopted subsequent to the completion of the application form or the issue of the certificate should be notified to the CAD at the address above.</p> <p>The name(s) provided will be reflected on the Certificate when issued. The name(s) provided is (are):</p> <p>a) an individual: <input type="checkbox"/></p> <p>b) a company: <input type="checkbox"/></p>

A1 a)
<p>Surname:.....</p> <p>Given Name:.....</p>

A1 b)
<p>Name of company:.....</p> <p>Registration No:.....</p> <p>Place of Registration:.....</p> <p>.....</p>

Any other CAD Approval held (quote Approval No.)  
.....

**A1 c)**

Trading Name (if applicable):.....

**A1 d)**

Address of Principal Place of Business:.....  
.....  
.....Postcode: .....

**A1 e)**

Address of Main Operating Base:.....  
.....

**A1 f)**

Postal Address: (where all correspondence will be sent).....  
.....  
.....Postcode: .....

**A1 g)**

**Contact details of proposed certificate holder(s)**  
Phone No. (business hours): ..... Phone No. (after hours): .....  
E-mail address:.....  
Fax No: .....Mobile No: .....

**A1 h)**

**Website address** (if applicable):.....  
Please note: The CAD will publish the following details of the AOC holder on its website:  
  
Name and, if applicable, trading name;  
Website address or, if not available, e-mail address;  
Aircraft types on AOC.

If you do not give a website address, please indicate whether you are happy for an e-mail address to be published instead:

Please publish the e-mail address given in A1 g)

Please publish the following e-mail address: .....

Please show contact as "Details withheld at the request of the AOC holder"

## Part B Description of Management Organisation

An operator must have a management organisation capable of exercising operational control and supervision over any flight operated under the terms of the AOC. The information provided under this heading should give a clear picture of the chain of responsibility, appropriate to the size of the company, for all major aspects of management and of the arrangements for suitably qualified deputies to assume the functions of senior executives temporarily absent from duty. In addition, details of the accountable manager and nominated post holders are required.

### B1. THE ACCOUNTABLE MANAGER

The operator must have nominated an accountable manager who has corporate authority for ensuring that all operations and maintenance activities can be financed and carried out to an acceptable standard.

Surname:.....

Given Names:.....

Address:.....

.....

#### Contact details of Accountable Manager

Phone No. (business hours): ..... Phone No. (after hours): .....

E-mail address:.....

Fax No: ..... Mobile No: .....

Details of Accountable Manager's Management experience: .....

.....

.....

**B2. POST HOLDERS**

**B2 a) QUALITY MANAGER**

Surname:.....

Given Names:.....

Qualifications relevant to post:.....

.....

.....

.....

Details of Quality Management experience:.....

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**B2 b) SAFETY MANAGER (or Manager responsible for Accident Prevention and Flight Safety Programme)**

Surname:.....

Given Names:.....

Qualifications relevant to post:.....

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Details of Accident Prevention and/or Safety Management System Management experience:.....

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**B2 c) HEAD OF FLIGHT OPERATIONS (or equivalent title)**

Surname:.....

Given Names:.....

Licences held: .....

.....

.....

Ratings held:.....  
.....  
.....  
.....

Endorsements on aircraft types and classes:.....  
.....

**Flying hours** Total: .....  
Pilot in command .....  
Instrument flying time .....  
Simulator/STD time .....

<b>Flying history</b>	<b>From</b>	<b>To</b>	<b>Operator</b>	<b>Duties</b>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**B2 d) MANAGER RESPONSIBLE FOR MANAGEMENT AND SUPERVISION OF CONTINUED AIRWORTHINESS**

Surname:.....  
Given Names:.....  
Qualifications/Experience relevant to post:.....  
.....  
.....

**B2 e) HEAD OF CREW TRAINING (or equivalent title)**

Surname:.....  
Given Names:.....  
Licences held: .....

Ratings held:.....

Endorsements on aircraft types and classes:.....

**Flying hours** Total: .....

Pilot in command .....

Instrument flying time .....

Simulator/STD time .....

**Flying history**

From

To

Operator

Duties

**B2 f) HEAD OF GROUND OPERATIONS (or equivalent title)**

Surname:.....

Given Names:.....

Qualifications/Experience relevant to post:.....

**B3. SUBMISSION OF OPERATIONS MANUAL**

State when the Operations and Training Manuals will be available for presentation to the CAD. The minimum period required for initial review of these documents is 60 days. If manuals require amendment following initial review, then 60 days will be required from CAD final acceptance of the amended manual to AOC issue.

Operations Manual will be submitted:.....

**B4. PROPOSED DATE FOR COMMENCEMENT OF OPERATIONS**

The completed application form and the application fee should reach the CAD at least 90 days before the date on which the Air Operator's Certificate is required to be effective.

The interval between applications and grant or variation of a certificate will depend primarily upon matters within the control of the operator and no undertaking can be given that the CAD will be able to reach a decision within a particular period. Nevertheless, if after a period of 12 months the application process has not been substantially progressed, the CAD may refuse the application.

The fee cannot be refunded in the event that an application is refused or withdrawn.

References to periods during which an Air Operator's Certificate remains in force and the associated charges are raised shall be deemed to include periods during which the Certificate is suspended.

Proposed date for commencement of Operations:.....

**Part C Description of Operation**

This part of the form requires information on the type of operation the applicant plans to conduct. It could be operating from A to A or A to B and could be carrying passengers only, cargo only or both passengers and cargo. If the operation includes specialised activities (e.g. carriage of vehicles, live animals etc.) details are required. Details of the region where the applicant plans to operate are required for each aircraft type; only a brief description of the area of operation and/or routes is required at this stage. Finally, details of the aircraft to be operated, including type and registrations along with the proposed operating base(s), should be provided.

**A1. DETAILS OF APPLICANT**

State whether the aircraft will be used for commercial air transport of passengers and/or cargo. If the proposed operations include specialised activities (e.g. carriage of vehicles, live animals etc.) please give details.

	√/X	Details (if applicable)
A to A Operations:	<input type="checkbox"/>	.....
A to B Operations:	<input type="checkbox"/>	.....
and Passenger:	<input type="checkbox"/>	.....
Cargo:	<input type="checkbox"/>	.....
Passenger and Cargo:	<input type="checkbox"/>	.....

Details of specific Approvals required

Approval	√/X	Details (if applicable)
FTL:	<input type="checkbox"/>	.....
ETOPS:	<input type="checkbox"/>	.....
AWOPS:	<input type="checkbox"/>	.....

RVSM:	<input type="checkbox"/>	.....
MNPS:	<input type="checkbox"/>	.....
RNP-10:	<input type="checkbox"/>	.....
B-RNAV (RNAV-5):	<input type="checkbox"/>	.....
P-RNAV (RNAV-1):	<input type="checkbox"/>	.....
GNSS Approach:	<input type="checkbox"/>	.....
Dangerous Goods:	<input type="checkbox"/>	.....

Details of specialised activities:.....

.....

.....

**C2. PROPOSED AREAS OF OPERATION**

Give a brief description of the area of operation/routes for each aircraft type.

a) Aircraft Type:.....

Proposed area/routes of operation:.....

.....

.....

b) Aircraft Type:.....

Proposed area/routes of operation:.....

.....

.....

c) Aircraft Type:.....

Proposed area/routes of operation:.....

.....

.....

**C3. AIRCRAFT AND OPERATING BASE DETAILS**

In C3 a) give details of the aircraft types and registration marks of each aircraft owned or immediately available to the applicant for operation and the total number of each. If the aircraft are not currently



available for inspection, give the date on which they will be available for such inspections. In addition, in C3 b) indicate the proposed operating base(s). The types defined in this section of the application form will, in addition, form the basis for investigations into the applicant's MCAR-M, Subpart G approval.

**C3 a) AIRCRAFT DETAILS**

Aircraft Manufacturer	Type/Mark	Registration	Date Available for Inspection	>5700kg? Yes/No	Airworthiness Review and ARC Issue? Yes/No

**C3 b) OPERATING BASE DETAILS**

Proposed Operating Base	

**C4. AIRCRAFT MAINTENANCE**

In respect of the Operator's Maintenance System, the following documentation will have to be submitted and approved prior to the issue of an approval in accordance with MCAR-M Subpart G. All operators, operating for the purpose of Commercial Air Transport, are required to be approved as a Continuing Airworthiness Management Organisation to MCAR-M, Subpart G.

- a) The Continued Airworthiness Management Exposition (CAME). The applicant must provide a CAME prepared in accordance with MCAR-M, Subpart G. The minimum period required for scrutiny is 60 days.
- b) The Operator's Aeroplane/Helicopter Maintenance Programme(s). The applicant must provide to the CAD a copy of the Operator's Aeroplane/Helicopter Maintenance Programme, prepared in accordance with MCAR-M, Subpart C. The CAD must approve the Maintenance Programme and any subsequent amendment, unless otherwise agreed.

c) The Operator's Aeroplane/Helicopter Technical Log. The applicant must submit the proposed Operator's Aeroplane/Helicopter Technical Log prepared in accordance with MCAR-M, Subpart C. The document must be submitted in draft form for approval prior to being committed to a final print run. The operator's Aeroplane/Helicopter Technical Log and any subsequent amendment must be approved by the CAD.

d) Where appropriate, the Maintenance Contract(s)/Agreement(s) between the operator and any MCAR-145 approved Maintenance Organisation(s).

(i) Where the operator does not hold his own MCAR-145 approval and therefore requires maintenance accomplishment to be contracted out, a formal contract/agreement must be established between the parties in accordance with MCAR-M, Subpart G. The CAD will require a copy of the technical specification of such agreements, including any sideletters or addenda, but details of the financial aspects of the arrangements may be omitted.

(ii) When **any** line or base maintenance of the operator's aircraft is to be accomplished by contractors appropriately approved under MCAR-145, list all the organisations and give details of the work and locations for which each is responsible. The Operator's Continued Airworthiness Management Exposition will be required to include the procedures to control such arrangements in accordance with MCAR-M, Subpart G when submitted to the CAD for approval.

Name of Approved Maintenance Organisation	Base or Line Maintenance	Approval No.

**Part D**

<b>D1. SIGNATURE BLOCK</b>
<p>I apply for the grant of an Air Operator's Certificate.</p> <p>Signature:.....</p> <p>Name (BLOCK LETTERS):.....</p> <p>Position:.....</p> <p>Date:.....</p>

<b>D2. SUBMISSION AND PAYMENT INSTRUCTIONS</b>
<p>Send your completed application form to Civil Aviation Department, 7<sup>th</sup> Floor, P.A Complex, Hilaalee Magu, Male' 20307, Republic of Maldives, together with MRF/US\$ ..... being the fee payable in accordance with MCAR-187.</p> <p>Cheques should be made payable to 'Civil Aviation Department' and cheques should be drawn on a bank in the United States of America or a bank in the Maldives. If the person wishes to pay by Telex Transfer, the bank details of CAD is available upon request.</p> <p>Receipt No: ..... Date: .....( CAD USE ONLY )</p>

Note: *Please refer to the guidance document which provides information on how to complete the application form.*