Submitting this form fulfils the requirement of submitting CAA/CNS/01 with reference to Paragraph 2.2 of MCAR-171

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| 1. Your Reference | Please provide a brief, unique identifier that we will use to refer to your application |

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| 2. Applicant Data | | |
| **2.1 Name and Address** (Registered (business) name and address/legal seat of the company) | (Company) Name |  |
| Street Address |  |
| Post Code |  |
| City |  |
| Country |  |
| **2.2 Contact Person**  (responsible for this application) | Title | Mr  Ms |
| Full Name |  |
| Job Title |  |
| Phone / Fax |  |
| Email |  |
| **2.3 Details of Principal Location** | Same as 2.1 Applicant Data (Leave 2.3 Blank)  Different to 2.1 Data (Fill in 2.3) | |
| (Company) Name |  |
| Street Address |  |
| Post Code |  |
| City |  |
| Country |  |

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| **2.4 Additional Locations** | Yes  No (Use Additional Sheets, if needed) | |
| 2.4.1 Location Address | (Company) Name |  |
| Street Address |  |
| Post Code |  |
| City |  |
| Country |  |

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| 3. Identification of Activity | |
| **3.1 Activity** | 3.1.1 Application for Initial Approval  3.1.2 Application for Change |
| 3.2 Original Approval Ref. Please complete in case of 3.1.2 |  |

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| 4. Scope of Services | | |
| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Air Traffic Services (ATS) | Air Traffic Control (ATC) | Area Control Service |
| Approach Control Service |
| Aerodrome Control Service |
| Flight Information Service (FIS) | Aerodrome Flight Information Service (AFIS) |
| En-route Flight Information Service (En-route FIS) |
| Advisory Service | N/A |
| Air Traffic Flow Management (ATFM) | ATFM | Provision of the local ATFM |
| Airspace Management (ASM) | ASM | Provision of the local ASM (tactical/ASM Level 3) service |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Communication, navigation or surveillance services (CNS) | Communications (C) | Aeronautical Mobile Service (air-ground communication) |
| Aeronautical Fixed Service (ground-ground communications) |
| Aeronautical Mobile Satellite Service (AMSS) |
| Navigation (N) | Provision of NDB signal-in-space |
| Provision of VOR signal-in-space |
| Provision of DME signal-in-space |
| Provision of ILS signal-in-space |
| Provision of MLS signal-in-space |
| Provision of GNSS signal-in-space |
| Surveillance (S) | Provision of data from Primary Surveillance (PS) |
| Provision of data from Secondary Surveillance (SS) |
| Provision of Automatic Dependent Surveillance (ADS) Data |
| Other Facilities | Supporting Air Traffic Services (ATS) provided under MCAR-11 |
| Supporting Aeronautical Meteorological (A-MET) services provided under MCAR-3 |
| Supporting Aeronautical Information Services (AIS) provided under MCAR-15 |
| Supporting Search and Rescue (SAR) services provided under MCAR-12 |
| Supporting PANS-OPS services provided under MCAR-173 |
| Other Services | Provide flight inspection services |
| Provide calibration services |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Aeronautical Information Services (AIS) | Aeronautical information products (including distribution services) | Aeronautical information publication (AIP) |
| Aeronautical information circular (AIC) |
| NOTAM |
| AIP data set |
| Obstacle data sets |
| Aerodrome mapping data sets |
| Instrument flight procedure data sets |
| Preflight information services | n/a |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Data Services (DAT) | Type 1 | Provision of Type 1 DAT authorizes the supply of aeronautical databases in the following format:  [List of the generic data format]  Provision of Type 1 DAT authorizes the supply of aeronautical databases to Type 2 DAT providers. |
| Type 2 | Provision of Type 2 DAT authorizes the supply of aeronautical databases to end-users/aircraft operators for the following airborne application/equipment for which compatibility has been demonstrated:  [Manufacturer] Certified Application/Equipment model [XXX], Part No [YYY] |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Meteorological Services (MET) | MET | Meteorological Watch Office |
| Aerodrome Meteorological Offices |
| Meteorological Stations |
| Volcanic Ash Advisory Centre (VAAC) |
| World Area Forecast Centre (WAFC) |
| Tropical Cyclone Advisory Centre (TCAC) |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| Flight Procedure Design (FDP) | Design, documentation and validation of flight procedures | n/a |
| **Conditions/ limitations identified** |  | |

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| **Services/Functions** | **Type of Service/Functions** | **Scope of Service/Functions** |
| ATM network functions | Design of ERN | n/a |
| Scarce resources | Radio frequency |
| Transponder code |
| ATFM | Provision of the central ATFM |
| **Conditions/ limitations identified** |  | |

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| 5. Description of changes applied for under existing Approval | |
| **5.1 Changes to the Organisation** | Please describe |
| **5.2 Changes to the Services** | Please describe |

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| 5. Other | | | |
| **6.1. Number of Staff**  involved in the activities under the Scope of Services | No. of Staff | | |
| **6.2 Name and Signature of the Chief Executive Officer (or equivalent position within the Organisation)** | | | |
| enter name | | enter position |  |
| **Name of CEO**  **(or equivalent position)** | | Position | Signature |
| **6.3 List of documentation to be provided with the application**  Organisation Exposition  A copy of the national Companies register / Certificate of Incorporation or in the case of an individual Service Provider proof of self-employment status | | | |

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| 8. Applicant’s declaration and acceptance of the General Conditions | | |
| **8.1 Applicant’s Declaration** | | |
| I declare that I have the legal capacity to submit this application to the CAA and that all information provided in this application form is correct and complete.  I have understood that I am submitting an application for which fees or charges will be levied by the CAA in accordance with MCAR-187, as last amended and available from <https://www.caa.gov.mv/>.  I declare to be aware that fees or charges must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment. | | |
|  |  |  |
| **Date & Location** | **Name of Accountable Manager** | **Signature** |
| **Important Note:** The CAA cannot accept applications without signature. Please make sure that you sign the application. | | |
| **8.2 Submission Instruction** | | |
| This application should be sent to [ans@caa.gov.mv](mailto:ans@caa.gov.mv) (preferred) or regular mail to the CAA. Contact details of the CAA can be found on the CAA website <https://caa.gov.mv/contact>.  Payment(s) for charges in accordance with MCAR-187 shall be made via Bandeyri Portal or a purchase order shall be attached. | | |

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| Review and Approval (CAA Use Only) | | |
| **Inspector Check Items** | Payment Received  Technical Review Conducted  Approval of Expositions  On-site Audit Completed | |
| **The Organization is:** | Approved  Not Approved | |
| **Approval Ref:** |  | |
| **Remarks (if any):** |  | |
|  |  |  |
| **Date** | **Name of the Inspector** | **Signature & Stamp of the Inspector** |

Form Completion Instructions

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for Service Provider of ATM/ANS and other ATM network functions Organisation Approval. It is strongly recommended to use the English language in completing the form. Please complete the form in a **clearly legible** way.

|  |  |
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| **# - Field Name** | **Completion Instructions** |
| **1. Your Reference** | Please provide a **unique** internal reference to this application. This reference will be used as an identifier of your application in all communication, e.g. invoice/s, acceptance letter, by CAA. |
| **2.1 Applicant data** | ANS provider’ means any legal or natural person providing any of the ATM/ANS as defined in Maldives CAA Regulations. |
| **2.1 Name and Address** | Please enter the full **name of the company / individual service provider** as it appears on the Business Registration or similar legal document stating name and seat of the company / individual service provider. If applicable also enter the Trade Name, Doing-business-as and the [Company registration number](file:///S:\II_A\3_DEPT_MGMT\7_APPLIC_PROCMT_SERV\E6\F.1.6_BPS\NEW_REMITS_IMPROVE\DOA\Update%20Nov2011\FO.DOA.00080-001.docx#field1_3). Please enter the address of the registered office as it appears on the Business Registration or similar legal document. First time applicants need to submit a copy of the company’s **Business Registration** or similar legal document stating name and seat of the company / individual service provider together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted. |
| **2.2 Contact Person** | The name and contact details specified in this section are those of the person responsible for the application. |
| **2.3 Details of Principal Location** | The (company) name and address of the principal location. The name and address detailed specified in this section will be printed onto the CAA certificate. |
| **2.4 Additional Locations** | The address of any additional location. In case of several locations, you may duplicate table to add further locations. |
| **3.1 Activity** | Tick the appropriate box to indicate whether this is an application for initial approval or change to existing approval |
| **3.2 Original Approval Ref.** | Indicate the reference of the existing Approval Certificate (e.g. CAA approval number) |
| **4. Scope of Services** | a) Tick the service/functions, types of service/function, scope of service/function as they appear to describe the scope of activities for which certification can be requested/granted.  b) The “conditions/limitations” proposed by the applicant should include all those operational conditions/limitations identified by the organisation in relation to the services/functions for which certification is requested. The operational conditions proposed should be clearly formulated and fall under the categories of possible conditions to be attached to certificates in accordance with CAA Regulations  c) Wherever necessary, the operational conditions can be described by means of references to documents attached to this application form or other relevant documentation. |
| **5. Description of changes applied for under existing Approval** | Please provide a short summary of the changes applied for in accordance with applicable Regulation |
| **6.1. Number of staff** | The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the approval and therefore must include also any associated administrative staff. Staff not working full time should be counted, with appropriate ratio. |
| **6.2 Name and Signature of the Chief Executive Officer (or equivalent position within the Organisation)** | State the position and name and provide signature of the accountable manager (Chief Executive Officer or equivalent position within the Organisation). |
| **6.3 List of documentation to be provided with the application** | a. ATS Organisations shall ensure their Exposition conforms to the requirements in MCAR-172 Chapter 3  b. For ATEL Service Providers, please provide together with this application form the requested documentation. The Exposition should include as a minimum the following information:   1. the ATEL service provider’s organisation structure; 2. the ATEL services provided or to be provided and their hours of operation; 3. the personnel requirements including:   (i) recruitment policies and terms of service;  (ii) ATSEP job descriptions including duties and responsibilities and minimum entry requirements;   1. training policies, training programmes and training plans including the methods to be used for competency assessment or testing of staff; 2. the Quality Management System and the system for the management of safety; 3. contingency plans and/or arrangements in the event of system failure; 4. the list of ATEL facilities to be operated under the certification; 5. the security programme for ATEL facilities; 6. The technical description of the ATEL systems used in the provision of air navigation services, including technical specifications of the facilities and equipment; 7. The system for installation of ATEL systems, including the procedures; 8. the operation and maintenance programme and the operation and maintenance plan, including the procedures to be used to make changes to the operation and maintenance plan; 9. faults and defect reporting; 10. the system for the conduct of flight inspections and calibration of equipment; 11. the maximum periodicity of ground check and flight tests of radio navigation aids; 12. mechanisms for coordination to ensure interoperability and seamless operations in the regional upper airspace; 13. the system for maintaining documents and records; |