



APPLICATION FOR COMMERCIAL AIR TRANSPORT OPERATION BY A FOREIGN OPERATOR

Initial

Amendment

Section 1A. Applicant Details

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|--|--|-----------------------|
| 1. Operators' registered name, Trading name and postal address (including telephone numbers, e-mails and website), | 2. Address of the principal place of business (including telephone numbers, e-mails and website) | |
| | 3. Address of the Operator's Office in the Maldives and/or the address of the representative in the Maldives (including telephone numbers and e-mails) | |
| 4. Proposed start-up date of operations (If a new carrier): (dd/mm/yy) | 5. ICAO 3-letter designator for aircraft operating agency: | |
| 6. Operational management personnel: | | |
| Name: | Title: | Telephone and e-mail: |

Section 1B. Type of approval requested

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| <p><input type="checkbox"/> Operator intends to conduct commercial flights to and from aerodromes in the Maldives</p> <p>7. <input type="checkbox"/> Operator intends to only conduct technical stops in the Maldives.</p> | |
| 8. Proposed types of operation: (check the applicable box(es)) | 9. Aerodrome(s) in the Maldives that will used in the operation: (use ICAO 4-letter codes) |
| <input type="checkbox"/> Passengers and cargo <input type="checkbox"/> Cargo only <input type="checkbox"/> Scheduled operations <input type="checkbox"/> Charter flight operations <input type="checkbox"/> Dangerous goods | |

Section 1C. Technical Data

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| 10. Air Operator Certificate (AOC) details: AOC Number: AOC Issue date: AOC Expiry date (if applicable): AOC issuing State: | 11. Is the Operator subject to an operating ban or operational restriction related to Safety? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate the name of the State and/or the Authority that imposed the ban or restriction: |
| 12. Provide details of all aircraft that the Operator intends to use in its operation (please use MCAA form: CAA/ATS/04 - Ops Spec to provide the information) | |

| Section 1D. Documentation | |
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| 13. The following documentation applicable to the application must be provided in English (or translated to English). MCAA may request other documents at any time during the assessment process. | |
| AOC and associated operations specifications issued by the aeronautical authority of the state of the operator | |
| Document(s) from the competent authorities of state of the airline operator authorizing the specific traffic rights | |
| Copy of the certificate of incorporation or business registration or similar document issued by the country of the principal place of business | |
| Carriers' Liability Insurance certificate (with liability for third parties) | |
| In case of wet-lease of aircraft, approval of the aeronautical authorities of the state of the operator, with identification of the operator that exercises operational control on the aircraft | |
| Proposed Schedule: Timing(s), Route(s), Date(s) of operation | |
| Passenger and Cargo Tariff, ex-Maldives | |
| Letter of Approval for Airline Security Programme (ASP) issued by Directorate of Aviation Security Administration - Ministry of Defence, Maldives ASP clearance to be coordinated with DASA through dasa@defence.gov.mv | |
| The letter of appointment issued to the Party representing the Airline in the Maldives | |
| Details of previous or current approvals granted by MCAA to the Operator | |

| Section 1E. Declaration | | |
|--|----------------------|----------------------|
| 14. I declare that I have the legal capacity to submit this application to MCAA and that all information provided in this application form is correct and complete. | | |
| <i>This declaration must be signed by an approved person who holds responsibility for the Foreign Air Operator Certificate matters (e.g., Chief Executive Officer, Director, or Director of Operations).</i> | | |
| Signature: | Date (dd/mm/yy): | Name and title: |
| | | |

| Section 2. To be completed by the CAA | |
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| <u>Air Transport</u> Signature _____ Name _____ Date _____ | <u>CAA Decision</u> <input type="checkbox"/> Approval Granted <input type="checkbox"/> Not Approved |
| <u>Airworthiness</u> Signature _____ Name _____ Date _____ | <u>Remarks:</u> |
| <u>Flight Operations</u> Signature _____ Name _____ Date _____ | |



| SPECIFICATION associated to FO Authorisation (Subject to the approved conditions in the AOC and associated operations specifications) | | | | |
|---|--------------------------|--------------------------|---|----------------|
| FOR CAA USE ONLY | | | | |
| Authorisation ¹ : | | Date ² : | | |
| Operator name ³ : | | Specifications: | | |
| Trading name | | | | |
| Signature: _____ | | | | |
| Aircraft model ⁴ : | | | | |
| Types of operation: <input type="checkbox"/> Passengers <input type="checkbox"/> Cargo <input type="checkbox"/> Other ⁵ : | | | | |
| Special limitations ⁶ | | | | |
| SPECIAL AUTHORISATIONS | YES | NO | SPECIFICATION⁷ | REMARKS |
| Dangerous goods | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Low visibility operations | | | RVR ⁸ : m | |
| Take Off | <input type="checkbox"/> | <input type="checkbox"/> | CAT ⁹ : I DH 200 ft RVR 550m | |
| Approach and Landing | <input type="checkbox"/> | <input type="checkbox"/> | CAT ⁹ : II DH 100 ft RVR 300m | |
| | <input type="checkbox"/> | <input type="checkbox"/> | CAT ⁹ : IIIA DH 50ft RVR 200m | |
| | <input type="checkbox"/> | <input type="checkbox"/> | CAT ⁹ : IIIB No DH RVR 75m | |
| | <input type="checkbox"/> | <input type="checkbox"/> | CAT ⁹ : IIIC | |
| RVSM ¹⁰ <input type="checkbox"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ETOPS ¹¹ <input type="checkbox"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> | Maximum diversion time ¹² : min | |
| Navigation specifications for PBN operations | <input type="checkbox"/> | <input type="checkbox"/> | RNP AR APCH | |
| Other ¹³ | <input type="checkbox"/> | <input type="checkbox"/> | | |

¹ Insertion of associated operator's authorisation number.
² Issuance date of the operations specifications (dd-mm-yyyy).
³ Operator's registered name and the operator's trading name, if different.
⁴ Insert the Commercial Aviation Safety Team (CAST)/ICAO designation of the aircraft make, model and series, or master series, if a series has been designated (e.g., Boeing-737-3K2 or Boeing-777-232). The CAST/ICAO taxonomy is available at <http://www.intlaviationstandards.org/>
⁵ Other type of transportation to be specified (e.g., emergency medical service).
⁶ List the applicable special limitations (e.g., VFR only, day only)
⁷ List in this column the most permissive criteria for each approval or the approval type (with appropriate criteria).
⁸ Insert the approved minimum take-off RVR in metres. One line per approval may be used if different approvals are granted.
⁹ Insert the applicable precision approach category (CAT II, IIIA, IIIB or IIIC). Insert the minimum RVR in metres and decision height in feet. One line is used per listed approach category.
¹⁰ "Not applicable (N/A)" box may be checked only if the aircraft maximum ceiling is below FL 290.
¹¹ Extended range operations (ETOPS) currently apply only to twin-engine aircraft. Therefore the "Not applicable (N/A)" box may be checked if the aircraft model has more than 2 engines.
¹² The threshold distance may also be listed (in NM), as well as the engine type.
¹³ Other authorizations or data can be entered here, using one line (or one multi-line block) per authorization (e.g. special approach authorization, MNPS, approved navigation performance).