

APPLICATION FOR AIR NAVIGATION SERVICE CERTIFICATE

INSTRUCTIONS: Tick up the applicable items. Use extra sheets if required.

1. ANS ORGANAZTION PARTICULARS	2. REASON FOR APPLICATION	
A. OFFICIAL NAME OF ORGANIZATION	ORIGINAL APPLICATION	<input type="checkbox"/>
	RENEWAL	<input type="checkbox"/>
B. PRINCIPAL BASE OF OPERATIONS	CHANGE IN SCOPE	<input type="checkbox"/>
	AMENDMENT OF CERTIFICATE	<input type="checkbox"/>
C. OFFICIAL MAILING ADDRESS OF ANS ORGANAZTION:	CHANGE OF FACILITIES	<input type="checkbox"/>
	Others (Specify):	<input type="checkbox"/>

3. SERVICES APPLIED (Please strikethrough as required)	4. SUBMISSION OF DOCUMENTATION (as required) (The applicant must attach the following documents, and any other documents required under the appropriate GACAR)
AIR TRAFFIC SERVICES GACAR PART 171	<input type="checkbox"/> OPERATIONS MANUAL(S) (FOR ALL PARTS)
INSTRUMENT FLIGHT PROCEDURE SERVICES GACAR PART 172	<input type="checkbox"/> AIR TRAFFIC SERVICES PROCEDURES MANUALS (FOR PART 171)
AERONAUTICAL TELECOMMUNICATIONS SERVICES GACAR PART 173	<input type="checkbox"/> SAFETY MANAGEMENT SYSTEM MANUAL(S) (FOR PART 171, 172, 173 AND 175)
AERONAUTICAL INFORMATION SERVICES GACAR PART 175	<input type="checkbox"/> SECURITY PROGRAM MANUAL(S) (FOR PART 171 AND 173) OR COPY OF THE SECURITY AUTHORIZATION (ISSUED BY THE PRESIDENT) IF APPLICABLE
METEOROLOGY SERVICES FOR AIR NAVIGATION SERVICES GACAR PART 179	<input type="checkbox"/> DETAILS OF MANAGEMENT PERSONNEL
FLIGHT VALIDATION SERVICE GACAR PART 172	<input type="checkbox"/> DETAILS OF CONTRACTED ACTIVITIES (REFER GACAR 170.64)
FLIGHT INSPECTION SERVICE GACAR PART 173	<input type="checkbox"/> COPIES OF SUPPORTING INFORMATION NECESSARY TO MAKE CHANGES TO OPERATIONS SPECIFICATIONS (SPECIFY OPS-SPEC TO BE CHANGED)
OTHER (specify):	<input type="checkbox"/> A STATEMENT OF COMPLIANCE (COMPLIANCE CHECKLIST);
LIST DETAILS OF ADDITIONAL INFORMATION PROVIDED WITH THE APPLICATION:	LETTER INDICATING WHEN THE APPLICANT WILL BE READY FOR THE DEMONSTRATION AND INSPECTIONS.

5. APPLICANT'S CERTIFICATION		
I hereby certify that I have been authorized by the repair station identified in Block 1 to make this application and that statements and attachment hereto are true and correct to the best of my knowledge.		
Date	Name & Title	Authorized Signature

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6. RECORD OF ACTION (GACA USE ONLY)

Physical inspection (*Attach report*)

7. FINDINGS: (*Identify by item number, include deficiencies found*) (*Attach report*)

8. RECOMMENDATIONS

A. APPLICANT WAS FOUND TO COMPLY WITH REQUIREMENTS OF APPLICABLE GACARs EXCEPT FOR DEFICIENCIES LISTED IN BLOCK 7 ☐

B. ISSUE OPS-SPECS WITH RATING(S) APPLIED FOR ON APPLICATION (Except those listed in Block 7) ☐

C. OTHER Remarks (*Attach Details*) ☐

Date	Name (Authorized Inspector)	Title	Signature