

## AIR OPERATORS – SPECIAL OPERATIONS APPROVALS /AUTHORIZATIONS APPLICATION FORM

### SECTION A - ORGANIZATION

#### 1. Organization Details

|   |                           |             |
|---|---------------------------|-------------|
| <b>a. Company Details</b>                   |                           |             |
| 1   | Registered Name           |             |
| 2   | Trading name if different |             |
| 3   | Mailing address           |             |
| 4   | Contact Number            |             |
| 5   | E-mail                    |             |
| 6   | Trading name if different |             |
| <b>b. Principal Place of Business</b>       |                           |             |
| 1   | Mailing address           |             |
| 2   | Contact Number            |             |
| 3   | E-mail                    |             |
| <b>c. Proposed Starting Date</b>            |                           |             |
|   |                           |             |
| <b>d. Air Operator Focal Point Position</b> |                           |             |
| Focal Point Name                            |                           | Contact No. |
|   |                           |             |
|   |                           | E-mail      |
|   |                           |             |

#### 2. Approved Management Details

| No. | Title  | Name | Contact No. | E-mail |
|-----|--|------|-------------|--------|
| a.  | Accountable Executive (CEO)                  |      |             |        |
| b.  | Flight Operations post holder (DFO)          |      |             |        |
| c.  | Chief Pilots                                 |      |             |        |
| d.  | Maintenance post holder (DOM)                |      |             |        |
| e.  | Chief inspector                              |      |             |        |
| f.  | Safety Management System Manager             |      |             |        |
| g.  | Quality System Manager                       |      |             |        |
| h.  | Ground operations post holder, if applicable |      |             |        |
| i.  | Security Manager, if applicable              |      |             |        |

### SECTION B – OPERATIONS

#### 1. Approved Type of Operations

|  |                  |  |                              |  |                              |                                |
|--|------------------|--|------------------------------|--|------------------------------|--------------------------------|
| <b>a</b>   | Applicable GACAR | <input type="checkbox"/> 91            | <input type="checkbox"/> 121 | <input type="checkbox"/> 135                                 | <input type="checkbox"/> 125 | <input type="checkbox"/> 133   |
| <input type="checkbox"/> Scheduled                               |                  | <input type="checkbox"/> Non-Scheduled |                              | <input type="checkbox"/> Passengers                          |                              | <input type="checkbox"/> Cargo |
| <input type="checkbox"/> Passenger & Cargo – Passengers Aircraft |                  |  |                              | <input type="checkbox"/> Passengers & Cargo – Cargo Aircraft |                              |                                |

#### 2. Approved Airplane Type

| No. | Aircraft Type | Model | Registration Mark | Build Date<br>(dd/mm/yy) | Number of<br>Passengers Seats | Cargo Payload |
|-----|---------------|-------|-------------------|--------------------------|-------------------------------|---------------|
|     |               |       |                   |                          |                               |               |
|     |               |       |                   |                          |                               |               |

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### 3. Approved Area of Operations (Enter coordinate of the area or national/FIR boundaries)

|    |   |                 |
|----|---|-----------------|
| a. | <input type="checkbox"/> Proposed/approved route (s), if applicable             | • Attach a list |
| b. | <input type="checkbox"/> Destination(s) and alternate aerodromes, if applicable | • Attach a list |

### 4. Special Approvals/Authorizations requested

|    |  |
|----|--|
| a. | <input type="checkbox"/> Steep Approach  |
| b. | <input type="checkbox"/> Performance based navigation (PBN)  |
| c. | <input type="checkbox"/> Reduced vertical separation minimum (RVSM)  |
| d. | <input type="checkbox"/> Low visibility take-off (LVTO)  |
| e. | <input type="checkbox"/> Non-Precision, APV and Category I   |
| f. | <input type="checkbox"/> Standard CAT II operations  |
| g. | <input type="checkbox"/> Standard CAT III A operations   |
| h. | <input type="checkbox"/> Standard CAT III B operations   |
| i. | <input type="checkbox"/> Extended range operation twin engine airplanes (ETOPS)                                |
| j. | <input type="checkbox"/> Electronic Flight Bag (EFB)   |
| k. | <input type="checkbox"/> Minimum navigation performance specification (MNPS)/NAT High Level Airspace (NAT HLA) |
| l. | <input type="checkbox"/> Use of Enhanced Vision Systems  |

### 5. Aircraft Navigation Capabilities

| NO. | Aircraft Type | PBN | RVSM | MNPS |
|-----|---------------|-----|------|------|
| a.  |               |     |      |      |
| b.  |               |     |      |      |
| c.  |               |     |      |      |
| d.  |               |     |      |      |
| e.  |               |     |      |      |
| f.  |               |     |      |      |
| g.  |               |     |      |      |
| h.  |               |     |      |      |
| i.  |               |     |      |      |
| j.  |               |     |      |      |
| k.  |               |     |      |      |

### SECTION C – ACCOUNTABLE MANAGER/EXECUTIVE DECLARATION

The undersigned certify that statements and answers provided in this application form and attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance of the requested approval/authorization in accordance with GACAR(s) ( XXX ) and eBook V5.

| Name | Signature | Date |
|------|-----------|------|
|      |           |      |

## AIR OPERATORS – SPECIAL OPERATIONS APPROVALS /AUTHORIZATIONS APPLICATION FORM

### SECTION D – FOR GACA USE ONLY

#### 1. Operational Approval Details

- Special Approval(s)/Authorization(s) Request Status

| No. | Special Approval(s)/Authorization(s) Request  | Accepted                 | Rejected                 | Remarks |
|-----|---|--------------------------|--------------------------|---------|
| a   | <input type="checkbox"/> Steep Approach   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| b   | <input type="checkbox"/> Performance based navigation (PBN)   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| c   | <input type="checkbox"/> Reduced vertical separation minimum (RVSM)   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| d   | <input type="checkbox"/> Low visibility take-off (LVTO)   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| e   | <input type="checkbox"/> Non-Precision, APV and Category I  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| f   | <input type="checkbox"/> Standard CAT II operations   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| g   | <input type="checkbox"/> Standard CAT III A operations  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| h   | <input type="checkbox"/> Standard CAT III B operations  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| i   | <input type="checkbox"/> Extended range operation twin engine airplanes (ETOPS)                                 | <input type="checkbox"/> | <input type="checkbox"/> |         |
| j   | <input type="checkbox"/> Electronic Flight Bag (EFB)  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| k   | <input type="checkbox"/> Minimum navigation performance specification (MNPS)/ NAT High Level Airspace (NAT HLA) | <input type="checkbox"/> | <input type="checkbox"/> |         |
| l   | <input type="checkbox"/> Use of Enhanced Vision Systems   | <input type="checkbox"/> | <input type="checkbox"/> |         |

#### 2. Limitations (if applicable)

| No. | Limitations | GACARs/ eBook V Ref. |
|-----|-------------|----------------------|
|     |             |                      |
|     |             |                      |
|     |             |                      |
|     |             |                      |
|     |             |                      |
|     |             |                      |
|     |             |                      |

| ASI Name | Signature | Date |
|----------|-----------|------|
|          |           |      |

### SECTION E. REQUIRED SUPPORTING DOCUMENTS AND EVIDENCES

Refer to the applicable Operational Approval attachment(s)

#### 1. Operational Approval Application Attachments and Supporting Documents

1. An official Organization's cover letter;
2. This application Form; and
3. Operational approval Application Form Attachment(s) – Operational approval/authorization requirements in accordance with the applicable GACARs and eBook V5;
4. Copy of related Training record/completion letter for Pilots;
5. Other personnel training, as applicable;
6. Evidence(s) for the Operational Approvals/Authorizations requirements in accordance with the applicable GACAR(s), eBook V5 and any other GACA requirements;
7. Provide the amended parts of the applicable Organization's manual (e.g. OM, AFM, etc.), check the related attachment(s);
8. Copy of the related Training record/completion letter for Pilots;
9. Airworthiness Standards Formal Application Form & Attachments – Airworthiness Approval/Authorization
10. Financial data and a business plan, if applicable