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| **FORMAL APPLICATION FOR AN INITIAL AOC / CHANGE**  **TO AOC & OPS SPECS** |

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| **1. Your Reference** | Please provide a brief, unique identifier that we will use to refer to your application. This field is mandatory for any application |

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| **2. Applicant Address and Contact Data** | | | |
| **2.1 Applicant Data** | | | |
| 2.1.1 Name and Address (registered (business) name and address/legal seat of the company) | Account Number | | 3XXXXX (if known) |
| Registered Name | | Registered Name as specified in the Certificate of Incorporation |
| Trading Name | | if applicable, enter Trading Name/Doing Business-as Name |
| Street / Nr | |  |
| Post Code | |  |
| City | |  |
| Country | |  |
| 2.1.2 Contact Person(responsible for this application) | Title | | Mr  Ms |
| Name | |  |
| First name | |  |
| Job title | |  |
| Phone / Fax | |  |
| Email | |  |
| **Important Note:** An approval may be granted to an organisation which may be either a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation. | | | |
| **2.2 Date of Certificate of Incorporation (CoI)** | | dd/mm/yyyy | |

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| **Technical Application Data** | | | |
| **3. References** | | | |
| **LV CAA AOC N°** | Please enter your LV CAA AOC number (LV -AOC.XX) or enter N/A in case of inital application | | |
| **4. Application type** | | | |
| **4.1 Application Type** | **AOC Initial application** | | Art. 64/65 Regulation (EU) 2018/1139 |
| **Revision of initial application** | |  |
| Organisation name  Address data  Nominated persons | | Operations specifications  Contact detail(s)  Other ………………………………………….. |
| **Application for change** | |  |
| Organisation name  New aircraft type  Address data  Nominated persons | | New aircraft of a type already operated  Operations specifications  Contact detail(s)  Other …………………………………………… |
| **5. Operator’s organisation** | | | |
| 5.1 Principal place of business(may be left blank, if same as 2.1 Applicant Data) | Street / Nr |  | |
| Post Code |  | |
| City |  | |
| Country |  | |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable | |

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| **5.2 Accountable Manager/ Nominated persons** | | |
| 5.2.1 Accountable Manager Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.2. Compliance Monitoring Manager Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.3. Safety Manager Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.4. Flight Operations Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.5. Ground Operations Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.6. Crew Training Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.7. Continuing Airworthiness Note: this field is mandatory for any application | Title | Mr  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| **5.3. Organisation Generic Email**  Note: this field is mandatory for any application | | This address will be used for all technical communication used by LV CAA. |

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| **6. Identification of Activity** | | | | | |
| **6.1 Application Type** | | AOC Initial application | Art. 64/65 Regulation (EU) 2018/1139 | |
| **Revision of initial application** | | |
| Organisation name  Address data  Nominated persons | Operations specifications  Contact detail(s) | |
| **Application for change** |  | |
| Organisation name  New aircraft type  Address data  Nominated persons | New aircraft of a type already operated  Operations specifications  Manuals and documentation  Contact detail(s)  Other | |
| **7. Aircraft operated[[1]](#footnote-1)** | | | | |
| 7.1 Aircraft 1 | Aircraft manufacturer | | |  |
| A/C type/Mark/Series | | |  |
| MSN | | |  |
| Registration | | |  |
| Date(s) available for inspection | | |  |
| Date of the first commercial flight | | | Enter "N/A" for a new aircraft |
| Name of the previous operator | | | Enter the operator's name or “N/A” for a new aircraft |
| Registration in the previous operator | | | Enter the previous registration or “N/A” for a new aircraft |
| 7.2 Aircraft 2 | Aircraft manufacturer | | |  |
| A/C type/Mark/Series | | |  |
| MSN | | |  |
| Registration | | |  |
| Date(s) available for inspection | | |  |
| Date of the first commercial flight | | | Enter "N/A" for a new aircraft |
| Name of the previous operator | | | Enter the operator's name or “N/A” for a new aircraft |
| Registration in the previous operator | | | Enter the previous registration or “N/A” for a new aircraft |

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| **8. Manuals and documentation[[2]](#footnote-2)** | | | | | |
| **Detail(s) & Evidence(s)** | **Ed./Rev./ Issue Date**  (*dd/mm/yyyy*) | **Annex Reference/Number** | **LV CAA check** | | |
| ***Y*** | ***N*** | ***N/A*** |
| OM Part A + evaluation Checklist |  |  |  |  |  |
| OM Part B + evaluation Checklist |  |  |  |  |  |
| MEL adapted (*if applicable*) + evaluation Checklist |  |  |  |  |  |
| OM Part C + evaluation Checklist |  |  |  |  |  |
| OM Part D, including specific conversion course for the first sets of pilots + evaluation Checklists |  |  |  |  |  |
| Cabin Crew/Attendant Manual (CAM or SEP) |  |  |  |  |  |
| EFB Policy & Procedures Manual (PPM) |  |  |  |  |  |
| Ground OPS Manual |  |  |  |  |  |
| CMM (if separate from OM/A) or MSM |  |  |  |  |  |
| SMM (if separate from OM/A) or MSM |  |  |  |  |  |
| Management of Change (MoC) / Risk Assessment |  |  |  |  |  |
| FDM (including contract with providers if applicable) |  |  |  |  |  |
| Relevant manufacturer manuals (AFM, Pilot Operating Handbook, FCOM, QRH, FCTM, FAM, OSD…) & MMEL |  |  |  |  |  |
| Access to aircraft manufacturer website to the customised operational and airworthiness related documents |  |  |  |  |  |
| AFM supplement(s) |  |  |  |  |  |
| STC, AD and MOD concerning the aircraft |  |  |  |  |  |
| Type Certificate Data Sheet of the concerned aircraft (including supplemental TCDS) |  |  |  |  |  |
| Determination of the Dry Operating Mass and Centre of Gravity (DOM & cg) based on the Basic Empty Mass (aircraft weighing form) |  |  |  |  |  |
| Cabin layout with type and location of safety equipment on board |  |  |  |  |  |
| Electronic Equipment List |  |  |  |  |  |
| Compliance checklist Part CAT.IDE.A or H |  |  |  |  |  |
| (Cabin) Safety Briefing Card(s) |  |  |  |  |  |
| EASA/FAA OSD |  |  |  |  |  |
| Differences in aircraft/FSTD and/or aircraft equipment covered by documents (in support for the differences and familiarisation training of crews) |  |  |  |  |  |
| Compliance checklist AIR-OPS Regulation |  |  |  |  |  |
| Copy of the certificate of registration |  |  |  |  |  |
| Copy of the certificate of airworthiness & airworthiness review certificate |  |  |  |  |  |
| Copy of the noise certificate |  |  |  |  |  |
| Copy of the lease contract |  |  |  |  |  |
| Copy of the insurance |  |  |  |  |  |
| Security programme  *AMC1 ORO.AOC.100(a)* |  |  |  |  |  |

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| **9. Operations Specifications[[3]](#footnote-3)**  Note: For each specific approval the related evaluation checklist should be provided | | | | | A/C type applicability | LV CAA check |
| Types of operations:  Commercial operations | Passengers Cargo Others: | | | |  |  |
| Area(s) of operation: | *give the used FIRs as specified in ICAO Doc 7030* | | | |  |  |
| Special Limitations: |  | | | |  |  |
| **Specific Approvals:** | **Yes** | **No** | **Specification** | **Remarks [[4]](#footnote-4)** |  |  |
| Dangerous Goods |  |  |  |  |  |  |
| Low Visibility Operations |  |  | RVR: |  |  | ☐ |
| Take-off | ☐ | ☐ |
| Approach and Landing |  |  | CAT II RVR: *m* DA/H: *ft* |  |  |  |
|  |  | CAT III RVR: *m* DH: *ft* |  |  |  |
| Operational credits |  |  | SA CAT I RVR: *m* DH: *ft* |  |  |  |
|  |  | SA CAT II RVR: *m* DH: *ft* |  |  |  |
|  |  | EFVS-A or EFVS-L RVR: *m* |  |  |  |
| RVSM  N/A |  |  |  |  |  |  |
| ETOPS  N/A |  |  | Maximum Diversion Time: *min* (*NM: ; Engine type:* ) |  |  |  |
| Complex navigation specifications for PBN Operations |  |  |  |  |  |  |
| Minimum navigation performance Specification (MNPS) |  |  | RSP: *(if applicable)*  RCP: *(if applicable)* |  |  |  |
| Operations of single-engine turbine aeroplane at night or in IMC (SET-IMC) |  |  |  |  |  |  |
| Helicopter operations with the aid of night vision imaging systems (NVIS) |  |  |  |  |  |  |
| Helicopter hoist operations (HHO) |  |  |  |  |  |  |
| Helicopter emergency medical service operations (HEMS) |  |  |  |  |  |  |
| Helicopter offshore operations |  |  |  |  |  |  |
| Cabin crew training |  |  |  |  |  |  |
| Issue of CC attestation |  |  |  |  |  |  |
| Use of type B EFB applications |  |  |  |  |  |  |
| Continuing airworthiness |  |  |  |  |  |  |

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| 10. Applicant’s declaration and acceptance of the General Conditions | | |
| I declare that I have the legal capacity to submit this application to LV CAA and that all information provided in this application form is correct and complete. | | |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Accountable Manager\*\* |
| **\*\*Important note:** LV CAA does not accept applications without signature. **The signature** of either the Accountable Manager or of the new proposed Accountable Manager **is always required.** | | |
| This application should be sent by e-mail to the following email address: caa@caa.gov.lv  This application form shall be in possession of LV CAA at least:   * 90 days before the intended date of beginning of the planned operations, * 30 days in case of variation of an existing AOC and/or Operations specifications, * 20 days before the change(s) of Nominated Person(s) or Safety Manager (same for Accountable Manager or Compliance Monitoring Manager)[[5]](#footnote-5). | | |

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| **11. List of attached annexes** |
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1. in case of application for change to the AOC, the table shall be completed only if affected by the change. [↑](#footnote-ref-1)
2. in case of application for change to the AOC, only the parts of this table affected by the change shall be completed. [↑](#footnote-ref-2)
3. in case of application for change to the AOC, only the parts of this table affected by the change shall be completed. [↑](#footnote-ref-3)
4. Limitations and/or restrictions [↑](#footnote-ref-4)
5. Curriculum vitae to be annexed [↑](#footnote-ref-5)