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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 ManagerNote: this field is mandatory for any application | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.3. Safety ManagerNote: this field is mandatory for any application | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.4. Flight OperationsNote: this field is mandatory for any application | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.5. Ground OperationsNote: this field is mandatory for any application | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.6. Crew TrainingNote: this field is mandatory for any application | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Phone/Fax |  |
| Email |  |
| 5.2.7. Continuing AirworthinessNote: 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.lvThis 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)