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**REPUBLIKA E SHQIPËRISË**

***REPUBLIC OF ALBANIA***

**AUTORITETI I AVIACIONIT CIVIL**

*CIVIL AVIATION AUTHORITY*

**AIR OPERATOR’S CERTIFICATE**

**INITIAL APPLICATION FORM**

**Part A Submission of Application Form**

This Form should be completed and submitted together with the appropriate application fee to:

Albanian Civil Aviation Authority

DAMO Directorate

Rruga Sulejman Delvina

P.O. box 205

Tirana

The completed application form and the application fee should reach the CAA at least 90 days before the date on which the Air Operator's Certificate is required to be effective.

**A1. DETAILS OF APPLICANT**

The particulars given should be those of the person/company who will be the Operator of the aircraft. If a business name is used it should be given. All "trading names" used should be specified. Any "trading name" adopted subsequent to the completion of the application form or the issue of the certificate should be notified to the CAA at the address above. The name(s) provided will be reflected on the Certificate when issued. The name(s) provided is (are):

a) an individual:

b) a company:

**A1 a)**

Surname: ..........................................................................................................................................................

Given Name: .....................................................................................................................................................

**A1 b)**

Name of company: ............................................................................................................................................

Registration No: .................................................................................................................................................

Place of Registration: ........................................................................................................................................

Any other ACAA Approval held (quote Approval No.) ........................................................................................

**A1 c)**

Trading Name (if applicable): .............................................................................................................................

**A1 d)**

Address of Principal Place of Business: ............................................................................................................

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 **AIR OPERATOR’S CERTIFICATE**

**INITIAL APPLICATION FORM**

**A1 e)**

Address of Main Operating Base: .......................................................................................................................

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**A1 f)**

Postal Address: (where all correspondence will be sent, if different from the other addresses) ........................

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**A1 g)**

**Contact details of proposed certificate holder(s)**

Phone No.......................................................... E-mail address: ......................................................................

Fax No: ............................................................. Website address:………………………………………………….

Please note: The ACAA may publish the above details of the AOC holder on public registry

**Part B Description of Management Organisation**

An operator must have a management organisation capable of exercising operational control and supervision over any flight operated under the terms of the AOC. The information provided under this heading should give a clear picture of the chain of responsibility, appropriate to the size of the company, for all major aspects of management and of the arrangements for suitably qualified deputies to assume the functions of senior executives temporarily absent from duty. In addition, details of the accountable manager and nominated post holders are required. Complete sections B1, B2 and B3.

**B1. THE ACCOUNTABLE MANAGER**

The operator must have nominated an accountable manager who has corporate authority for ensuring that all operations and maintenance activities can be financed and carried out to an acceptable standard. Please complete.

Name: .................................................................................................................................................................

Address: Principal place of business ⬜ Main Operating Base ⬜ Postal ⬜.

**Contact details of Accountable Manager**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ...................................................................................................................

**B2. POST HOLDERS**

The operator must have nominated post holders, acceptable to the CAA, who are responsible for the management and supervision of the operation. Please complete and attach a Form 4 for each nominated post holder.

**B2 a) FLIGHT OPERATIONS**

Name: …….........................................................................................................................................................

**Contact details**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**B2 b) CONTINUED AIRWORTHINESS/MAINTENANCE SYSTEM**

Name: …….........................................................................................................................................................

**Contact details**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**B2 c) CREW TRAINING**

Name: …….........................................................................................................................................................

**Contact details**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**B2 d) GROUND OPERATIONS**

Name: …….........................................................................................................................................................

**Contact details**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**B3 a) QUALITY MANAGER**

Name: …….........................................................................................................................................................

**Contact details**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**B3 b) ACCIDENT PREVENTION AND FLIGHT SAFETY PROGRAMME**

Name: …….........................................................................................................................................................

**Contact details**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**B4. SUBMISSION OF OPERATIONS MANUAL**

State when the Operations and Training Manuals will be available for presentation to the CAA. The minimum period required for initial review of these documents is 60 days. If manuals require amendment following initial review, then further time may be required before CAA final acceptance of the amended manual.

Operations Manual will be submitted: ...................................................................................................................................

**B5. PROPOSED DATE FOR COMMENCEMENT OF OPERATIONS**

The completed application form and the application fee should reach the CAA at least 90 days before the date on which theAir Operator's Certificate is required to be effective. The interval between applications and grant or variation of a certificate will depend primarily upon matters within the control of the operator and no undertaking can be given that the CAA will be able to reach a decision within a particular period. Nevertheless, if after a period of 12 months the application process has not been substantially progressed, the ACAA may refuse the application. The fee cannot be refunded in the event that an application is refused or withdrawn. References to periods during which an Air Operator's Certificate remains in force and the associated charges are raised shall be deemed to include periods during which the Certificate is suspended.

Proposed date for commencement of Operations: ............................................................................................

**Part C Description of Operation**

This part of the form requires information on the type of operation the applicant plans to conduct. It could be operating from A to A or A to B and could be carrying passengers only, cargo only or both passengers and cargo. If the operation includes specialized activities (e.g. carriage of vehicles, live animals etc.) details are required. Details of the region where the applicant plans to operate are required for each aircraft type; only a brief description of the area of operation and/or routes is required at this stage. Finally, details of the aircraft to be operated, including type and registrations along with the proposed operating base(s), should be provided.

**C1. TYPE OF OPERATION**

State whether the aircraft will be used for commercial air transport of passengers and/or cargo. If the proposed operations include specialised activities (e.g. carriage of vehicles, live animals etc.) please give details.

|  |  |  |
| --- | --- | --- |
|  | **√/X** |  **Details (if applicable)** |
| A to A Operations | ⬜ |  |
| A to B Operations | ⬜ |  |
| And |  |  |
| Passenger | ⬜ |  |
| Cargo | ⬜ |  |
| Passenger and Cargo  | ⬜ |  |

Details of specific Approvals required

|  |  |  |
| --- | --- | --- |
| **Approval** | √**/X** |  **Details (if applicable)** |
| LVO | ⬜ |  |
| ETOPS  | ⬜ |  |
| RVSM | ⬜ |  |
| MNPS | ⬜ |  |
| RNP-10 | ⬜ |  |
| B-RNAV (RNAV-5)  | ⬜ |  |
| P-RNAV (RNAV-1)  | ⬜ |  |
| GNSS Approach | ⬜ |  |
| Dangerous Goods | ⬜ |  |
| HEMS | ⬜ |  |
| Others | ⬜ | Please use the box below |
| Details of specialised activities |

**C2. PROPOSED AREAS OF OPERATION**

Give a brief description of the area of operation/routes for each aircraft type.

a) Aircraft Type: ...............................................................................................................................................

Proposed area/routes of operation:..................................................................................................................

b) Aircraft Type: ...............................................................................................................................................

Proposed area/routes of operation:..................................................................................................................

c) Aircraft Type: ...............................................................................................................................................

Proposed area/routes of operation:..................................................................................................................

**C3. AIRCRAFT AND OPERATING BASE DETAILS**

In C3 a) give details of the aircraft types and registration marks of each aircraft owned or immediately available to the applicant for operation and the total number of each. If the aircraft are not currently available for inspection, give the date on which they will be available for such inspections. In addition, in C3 b) indicate the proposed operating base(s). The types defined in this section of the application form will, in addition, form the basis for investigations into the applicant’s Part-M, Subpart G approval

**C3 a) AIRCRAFT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aircraft Manufacturer** |  **Type** |  **Registration** | **Date Available for Inspection** | **Airworthiness Review and ARC Issue? Yes/No** |
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**C3 b) OPERATING BASE DETAILS**

**List of Proposed Operating Bases**

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**C4. AIRCRAFT MAINTENANCE**

Please list the Continuinig Airwothiness Management and Aircraft Maintenance Organizations, being part of the Company or contracted, with their approval number. In case the approval is still ongoing, state this in the approval number column, state also if Application has been formally accepted (Yes or No).

Insert in the privileges what is applicable of:

AMO: Base and/or Line Maintenance

CAMO: Airworthiness Review and/or Permit to Fly authorized.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of CAMO and AMO** | **Privileges** | **Approval No.** | **Application (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**D. SIGNATURE BLOCK**

I apply for the grant of an Air Operator’s Certificate.

Signature:.............................................................................................................................................................

Name (BLOCK LETTERS)..................................................................................................................................

Position: ..............................................................................................................................................................

Date: ...................................................................................................................................................................