**THIS APPLICATION FORM REFLECTS INFORMATION REQUIRED BY DECISION OF COUNCIL OF MINISTERS NO. 1095, DATE 24.12.2020, “FOR THE APPROVAL OF ESSENTIAL REQUIREMENTS IN THE CIVIL AVIATION” (BASIC REG. 1139/2018) AND M.O. NO. 59 DT.30.01.2020 (AIR OPS REG. 965/2012) AND ITS IMPLEMENTING RULES.**

**PART I**

**SECTION A – COMPANY INFORMATION** (Refer to Page 9 for notes of completion)

|  |  |
| --- | --- |
| **Name of Company**  |  |
| **Trading Name (if applicable)**  |  |
| **AOC Number** *(Applicable to current AOC holders)* |  |
| **Address of Principal Place of Business**  |  |
| **E-mail address**  |  |
| **Telephone Number**  |  |
| **Fax Number**  |  |
| **Mobile Number / Contact Person**  |  |

**Contact details at which operational management can be contacted without undue delay:**

|  |  |  |
| --- | --- | --- |
| **Telephone:**  | **Fax:**  | **E-mail:**  |

**SECTION B - DETAILS OF PROPOSED OPERATIONS (MARK AS APPLICABLE)**

|  |  |
| --- | --- |
| **A to A Operations** |  |
| **A to B Operations** |  |
| **Cargo Operations** |  |
| **Passenger Operations** |  |
| **Passenger and Cargo Operations** |  |

**SECTION C - MANAGEMENT SYSTEM AND PERSONNEL REQUIREMENTS**

*(Note: CV’s and copies of relevant certificates, licenses and endorsements for all personnel shall be attached with this application)*

|  |
| --- |
| **Accountable Manager** |
| **Name** |  |
| **Surname**  |  |
| **Qualifications** |  |
| **Management Experience** |  |

|  |
| --- |
| **Compliance Monitoring Manager** |
| **Name** |  |
| **Surname**  |  |
| **Qualifications relevant** **to post** |  |
| **Management Experience** |  |
| **Safety Manager** |
| **Name** |  |
| **Surname**  |  |
| **Qualifications relevant** **to post** |  |
| **Management Experience** |  |

|  |
| --- |
| **Flight Operations**  |
| **Name** |  |
| **Surname**  |  |
| **License Type** |  |
| **Current Type Rating(s)** |  |
| **Total Flying Hours****Total Hours PIC** |  |
| **Qualifications relevant to post** |  |
| **Management Experience** |  |

|  |
| --- |
| **Crew Training** |
| **Name** |  |
| **Surname**  |  |
| **TRI****TRE** | **Yes No** **Yes No**  |
| **License Type** |  |
| **Current Type Rating(s)** |  |
| **Total Flying Hours****Total Hours PIC** |  |
| **Qualifications relevant to post** |  |
| **Management Experience** |  |

|  |
| --- |
| **Ground Operations** |
| **Name** |  |
| **Surname**  |  |
| **Qualifications relevant to post** |  |
| **Management Experience** |  |

|  |
| --- |
| **Continuing Airworthiness** |
| **Name** |  |
| **Surname**  |  |

**PART II**

**SECTION A – AIRCRAFT DETAILS TO BE OPERATED UNDER AOC**

Is the company presently holding an AOC from another State? Yes No

If Yes, Name of issuing Authority

Type(s) of Aircraft to be used.

*(Note in case of addition or removal of aircraft under AOC fill in details of concerned aircraft only)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Manufacturer** | **Type/****Model** | **Date of****Manufacture** | **Engine** **Type** | **Seating** **Installed1** | **Present** **Registration2** | **Albanian** **registration** | **MTOM****(kg)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**NB. If any of the aircraft are leased for the operation, a copy of the lease agreement must be attached to this application.**

***1 Note – Enter Seating Installed in the format ‘’Crew + Pax’’ seats available and approved for***

***takeoff and landing only.***

***2 Fill only if aircraft is still registered on a foreign register at time of application.***

**SECTION B – AREAS OF OPERATION AND SPECIFIC APPROVALS**

1. Areas of Operation by ICAO Air Navigation regions or part thereof.

|  |  |  |
| --- | --- | --- |
| **ICAO Region** | **Tick as****applicable** | **Applicable Aircraft Type(s)** |
| EUR |  |  |
| MID |  |  |
| AFI |  |  |
| ASIA |  |  |
| PAC |  |  |
| SAM |  |  |
| CAR |  |  |
| NAM |  |  |
| NAT |  |  |

If any other FIR / National Boundaries or areas within an ICAO Air Navigation Region are required list here:

II. Required Flight Operating Conditions *(enter aircraft type(s) in applicable column)*

|  |  |  |
| --- | --- | --- |
| **Day - VFR** | **Night - VFR** | **IFR** |
|  |  |  |

III. Specific Approvals

Important:

Enter only the required specific approvals and not the aircraft capability.

Requests for specific approvals shall be accompanied by respective application forms as requested by ACAA.

 IIIA. Performance Based Navigation (PBN) Operations

*(Tick and enter aircraft type(s) as applicable)*

|  |  |  |
| --- | --- | --- |
| **Navigation Specifications** | **Yes** | **Aircraft Type(s)** |
| Oceanic / Remote RNP 10 |  |  |
| Oceanic / Remote RNP 4 |  |  |
| RNAV 1 (P-RNAV) |  |  |
| RNP APCH (LNAV & LNAV/VNAV) |  |  |
| RNP APCH (LPV) |  |  |
| RNP AR APCH |  |  |

 *Notes: No specific approval is required for operations in area navigation 5 (RNAV 5 or B- RNAV) designated airspace.*

 IIIB. Minimum Navigation Performance Specifications (MNPS)

 *(Tick and enter aircraft type(s) as applicable)*

|  |  |
| --- | --- |
| **ICAO Region** | **Aircraft Type(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

IIIC. Reduced Vertical Separation Minima (RVSM)

*(Tick and enter aircraft type(s) as applicable)*

|  |  |  |
| --- | --- | --- |
| **ICAO Region** | **Yes** | **Aircraft Type(s)** |
|  |  |  |
|  |  |  |
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IIID. Low Visibility Operations (LVO)

*(Tick and enter aircraft type(s) as applicable)*

|  |  |  |
| --- | --- | --- |
| **Category** | **Yes** | **Aircraft Type(s)** |
| CAT I Ht (ft) / RVR (m) /  |  |  |
| CAT II Ht (ft) / RVR (m) / |  |  |
| CAT IIIA Ht (ft) / RVR (m) / |  |  |
| CAT IIIB Ht (ft) / RVR (m) /  |  |  |
| CAT IIIB (no DH) RVR (m) |  |  |
| Takeoff RVR (m) | **N/A** |  |

IIIE. Extended Range Operations with two-engined aeroplanes (ETOPS)

*(Fill in as applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Aircraft Type(s)** | **Engine Type** | **Threshold distance** | **Diversion Time** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

IIIF. Transport of Dangerous Goods

|  |  |
| --- | --- |
| **Aircraft Type(s)** | **Contact Person Responsible for Transport of DG by Air** |
|  |  |
|  |  |
|  |  |
|  |  |

**PART III**

**Declaration**

I hereby apply for the Initial issue /Variation of an AOC in accordance with the provisions Decision of Council of Ministers No. 1095, date 24.12.2020, “For the approval of Essential Requirements in the civil aviation” (transposes of Reg. (EC) No.1139/2018) and Minister`s Order no.59 date 30.01.2020 (transposes of Reg. (EC) No. 965/2012), and declare that the information given above is correct to the best of my knowledge.

**Accountable Manager Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Copies of the Following Documents are required with this Application (if not previously submitted.)**

 The Operations Manuals as required by ORO.MLR.100.

 EASA Compliance Schedule (Part ORO, CAT & SPA).

 Operations Approval – request form.

 Resume of Accountable Manager and Nominated Persons.

 Operators Proposed Schedule of Events for the Certification Process.

 Application for Part M Subpart G CAMO approval (EASA Form 2G).

 The Continuing Airworthiness Management Exposition Part – M.A.704.

 The Aircraft Maintenance Program Part – M.A. 302.

 The Aircraft Technical Log System Part – M.A. 306.

 The Maintenance Support Contract(s) with Part-145 Approved Maintenance.

Organization(s) Part – M.A. 708(c).

 The Number of Aircraft………………………………………………………

**Notes applicable to the application for initial issue/ variation of an AOC (Including the Part M Subpart G Approval).**

1. This application, if for an initial issue of an **AOC,** must be submitted at least 90 days prior to the date of the intended start of operations. The Operations Manual must be submitted at least 60 days before the intended start of operations, together with a detailed Statement of Compliance and the proposed schedule of events for grant of an AOC.

2. The operator’s certificate shall remain valid subject to:

 The operator remaining in compliance with the relevant requirements of Regulation (EC) No 965/2012 and

its Implementing Rules, taking into account the provisions related to the handling of findings as specified

under ORO.GEN.150;

 ACAA being granted access to the operator as defined in ORO.GEN.140 to determine continued

compliance with the relevant requirements of Regulation (EC) No 965/2012 and its Implementing Rules; and

 The certificate not being surrendered or revoked.

Upon revocation or surrender the certificate shall be returned to ACAA without delay.

3. The application for a variation of an **AOC** must be submitted at least **30 days** before the date of intended changes. In the case of a planned change of a nominated person, a variation shall be filed at least **10 days** before the date of proposed change. All variations must be supported with the relevant Operations Manual (or amendments to) and other documents (Maintenance Support Contract, Continuing Airworthiness Management Exposition, Aircraft Maintenance Programme, Aircraft Technical Log System, etc, etc) pertaining to the variation.

4. The interval between application 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 ACAA will be in a position to reach a decision within a particular period. Nevertheless, if after a period of 12 months the application process has not been substantially progressed, ACAA may refuse the application.

5. Name of company should be the registered name of the company (the legal entity) seeking an AOC, not the name of intended aircraft operation.

6. Address shall be the operating address of the company to which all correspondence should be sent and shall be registered on all legal documents.

7. Nominated Persons CV’s should be attached, or sent separately, together with EASA Form Four, as applicable.

8. Area of operations should be that which the company intends to operate within, and not the area(s) that ***might***,

subsequently, be operated within. It is well to note that the company’s operations manual must include all information relevant to its area of operation as stated in the AOC.

9. A fee amounting to 25% of the AOC fee must accompany an initial application. This fee cannot be refunded in the event that an application is refused or withdrawn.

10. After initial study of the application and attachments, ACAA will schedule a formal application meeting to discuss the proposed operation.

*Further information, in general, on applications for grant or variation of an AOC may be obtained from the Flight*

*Operations Inspectorate, with regard to operations or, from the Department’s Airworthiness Inspectorate, with regard to the Part M Subpart G Approval, Maintenance Support Contracts, Continuing Airworthiness Management Exposition,Aircraft Maintenance Programme, or Aircraft Technical Log System, by writing on email info.airsafety@acaa.gov.al*.