**application form – Initial or Variation application for**

**Air Operator Certificate (aoc) and/or Operations Specifications (os)**

This application form shall be in possession of the Belgian 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)1.

To be returned to BCAA Operations Directorate at :

ops.queries@mobilit.fgov.be and bcaa.operatinglicence@mobilit.fgov.be

This application AOC and/or OS concerns :

[ ]  Initial (first issue of AOC or new OS) or

[ ]  Variation (change of AOC or OS).

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| 1. **VARIATION : REASON(S) OF THE CHANGE**
 |
| Aircraft to be added to OS | [ ]  Aircraft type already operated by the AOC Holder [ ]  New aircraft type (not already operated by the AOC Holder) |
| Amount of crew members to operate the fleet of aircraft type |  |
| OS change2*(e.g. : new area of operations, new specific approval, …)* |  |

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| 1. **Contact details** 2
 |
| Operator official name |  |
| Trading as |  |
| AOC number (if available) |  |
| Address(es) (headquarters, base(s)) |  |
| Phone number(s) |  |
| E-mail address(es) |  |

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| 1. **aircraft details**
 |
| Aircraft Manufacturer |  |
| Aircraft Type/Mark/Series |  |
| Manufacturers Serial/Construction N°(s) |  |
| Aircraft Registration(s) |  |
| Date(s) available for inspection |  |
| Date of the first commercial flight |  |
| Name of the previous operator |  |
| Registration in the previous operator |  |

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| 1. **Operator’s staff** 1,2
 |
| **Manager** | **Name** | **E-mail Address** | **Phone Number** |
| Accountable  |  |  |  |
| Flight Operations  |  |  |  |
| Ground Operations  |  |  |  |
| Crew Training |  |  |  |
| Continuing Airworthiness |  |  |  |
| Compliance Monitoring |  |  |  |
| Safety |  |  |  |

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| 1. **Manuals & documentation** 2
 | ***BCAA*** ***Check***  |
| **Detail(s) & Evidence(s)** | **Ed. / Rev. / Issue Date***(dd/mm/yyyy)* | **Annex Reference / Number** | ***Y*** | ***N*** | ***N/A*** |
| OM Part A |  |  | [ ]  | [ ]  | [ ]  |
| OM Part B  |  |  | [ ]  | [ ]  | [ ]  |
| MEL adapted *(if applicable)* |  |  | [ ]  | [ ]  | [ ]  |
| OM Part C |  |  | [ ]  | [ ]  | [ ]  |
| OM Part D |  |  | [ ]  | [ ]  | [ ]  |
| 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 |  |  | [ ]  | [ ]  | [ ]  |
| Compliance Checklist AIR-OPS Regulation |  | Form 1119a | [ ]  | [ ]  | [ ]  |
| Compliance Checklist / Statement forPart CAT.IDE.A or H |  | Form 1210a for CAT.IDE.AForm 1210b for CAT.IDE.H | [ ]  | [ ]  | [ ]  |
| Management of Change (MoC) / Risk Assessment |  |  | [ ]  | [ ]  | [ ]  |
| FDM (statement & evidence of effectivity) |  |  | [ ]  | [ ]  | [ ]  |
| Relevant manufacturer manuals (AFM, Pilot Operating Handbook, FCOM, QRH, FCTM, FAM…) & MMEL |  |  | [ ]  | [ ]  | [ ]  |
| AFM supplement(s)  |  |  | [ ]  | [ ]  | [ ]  |
| STC, SB, AD and MOD concerning the aircraft |  |  | [ ]  | [ ]  | [ ]  |
| Type Certificate Data Sheet of the concerned aircraft (including supplemental TCDS) |  |  | [ ]  | [ ]  | [ ]  |
| EASA OSD  |  |  | [ ]  | [ ]  | [ ]  |
| 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 |  |  | [ ]  | [ ]  | [ ]  |
| (Cabin) Safety Briefing Card(s) |  |  | [ ]  | [ ]  | [ ]  |
| Electronic Equipment List |  |  | [ ]  | [ ]  | [ ]  |

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| Differences in aircraft/FSTD and/or aircraft equipment covered by documents (in support for the differences and familiarisation training of crews) |  |  | [ ]  | [ ]  | [ ]  |
| 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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| 1. **Operations specifications 4**
 | ***BCAA Check*** |
| Types of operations: Commercial operations | [ ]  Passengers [ ] Cargo [ ] Others:  |[ ]
| Area of operation:  | *(give the used FIRs as specified in ICAO Doc 7030)* |[ ]
| Special Limitations:  | / |[ ]
| **Specific Approvals:**  |  **Yes** |  **No** | **Specification** | **Remarks ²/3** |  |
| Dangerous Goods  |  [ ]  | [x]  |  |  |[ ]
| Low Visibility Operations |  |  |  | Application form 1161 |  |
|  Take-off |  [ ]  | [x]  | RVR:  m |  |[ ]
|  Approach and Landing  |  [ ]  | [x]  | LTS CATI RVR:  m DA/H:  ft |  |[ ]
|  |  [ ]  | [x]  | CAT II RVR:  m DH:  ft |  |[ ]
|  |  [ ]  | [x]  | OTS CAT II RVR:  m DH:  ft |  |[ ]
|  |  [ ]  | [x]  | CAT IIIA RVR:  m DH:  ft |  |[ ]
|  |  [ ]  | [x]  | CAT IIIB RVR:  m DH:  ft |  |[ ]
|  |  [ ]  | [x]  | CAT IIIC RVR:  m DH:  ft |  |[ ]
| RVSM [ ]  N/A  |  [ ]  | [x]  |  | Application form 1123 |[ ]
| ETOPS [ ]  N/A  |  [ ]  | [x]  | Maximum Diversion Time:  min. NM ; Engine :  |  |[ ]
| Complex navigation specifications for PBN Operations | [ ]  | [x]  |  |  |[ ]
| Minimum navigation performance specification  |[ ] [x]   | Application form 1199 |[ ]
| Operations of single-engined turbine aeroplane at night or in IMC(SET-IMC) | [ ]  | [x]  |  |  |[ ]
| Helicopter operations with the aid of night vision imaging systems | [ ]  | [x]  |  |  |[ ]
| Helicopter hoist operations | [ ]  | [x]  |  |  |[ ]
| Helicopter emergency medical service operations |[ ] [x]   |  |[ ]
| Helicopter offshore operations |[ ] [x]   |  |[ ]
| Cabin crew training |[ ] [x]   |  |[ ]
| Issue of CC attestation |[ ] [x]   |  |[ ]
| Use of type B EFB applications |[ ] [x]  List of type B EFB applications :*(give the OM/A or EFB PPM reference)*EFB hardware :*(give the OM/A or EFB PPM reference)* | Application form 1163 |[ ]
| Continuing airworthiness |[ ] [x]   |  |[ ]
| **Others** |  |  |  |  |  |
| Steep approach operations | [ ]  |  [x]  |  |  |[ ]
| Max distance from an adequate aerodrome for two-engined aeroplanes without ETOPS approval | [ ]  |  [x]  |  |  |[ ]
| Short landing operations | [ ]  |  [x]  |  |  |[ ]
| Reduced required landing distance |[ ] [x]   |  |[ ]
| Operations with increased bank angles | [ ]  |  [x]  |  |  |[ ]
| CPDLC | [ ]  | [x]  |  |  |[ ]
| Isolated aerodrome |[ ] [x]  Approved aerodromes: |  |[ ]
| PBCS | [ ]  | [x]  | RSP       RCP       |  |  |
| Helicopter operations to or from a public interest site | [ ]  | [x]  | approved sites list  |  |[ ]
| Helicopter operations over a hostile environment located outside a congested area | [ ]  | [x]  |  | (CAT.POL.H.420) |[ ]
| Helicopter operations without a safe forced landing capability | [ ]  | [x]  |  |  |[ ]

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| List of attached annexes : |
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| **Name & Signature & Date of Signature** *(dd/mm/yyyy)* **of Accountable Manager :**  | **Name & Signature & Date of Signature** *(dd/mm/yyyy)* **of Compliance Monitoring Manager :** |

1 Curriculum vitae form (BCAA Procedures form 1118) completed to be annexed

2 Fill in only for changed document/situation, when applicable or enter “N/A”

³ Evidence(s) and/or statement from the manufacturer (or modification holder) documentation

4 Insert specifications applied for