**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](mailto:ops.queries@mobilit.fgov.be) and [bcaa.operatinglicence@mobilit.fgov.be](mailto: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 for  Part CAT.IDE.A or H |  | Form 1210a for CAT.IDE.A  Form 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 |  |  |  |  |  |
| Low Visibility Operations |  |  |  | Application form 1161 |  |
| Take-off |  |  | RVR:  m |  |  |
| Approach and Landing |  |  | LTS CATI RVR:  m DA/H:  ft |  |  |
|  |  | CAT II RVR:  m DH:  ft |  |  |
|  |  | OTS CAT II RVR:  m DH:  ft |  |  |
|  |  | CAT IIIA RVR:  m DH:  ft |  |  |
|  |  | CAT IIIB RVR:  m DH:  ft |  |  |
|  |  | CAT IIIC RVR:  m DH:  ft |  |  |
| RVSM  N/A |  |  |  | Application form 1123 |  |
| ETOPS  N/A |  |  | Maximum Diversion Time:  min.  NM ; Engine : |  |  |
| Complex navigation specifications for PBN Operations |  |  |  |  |  |
| Minimum navigation performance specification |  |  |  | Application form 1199 |  |
| Operations of single-engined turbine aeroplane at night or in IMC  (SET-IMC) |  |  |  |  |  |
| Helicopter operations with the aid of night vision imaging systems |  |  |  |  |  |
| Helicopter hoist operations |  |  |  |  |  |
| Helicopter emergency medical service operations |  |  |  |  |  |
| Helicopter offshore operations |  |  |  |  |  |
| Cabin crew training |  |  |  |  |  |
| Issue of CC attestation |  |  |  |  |  |
| Use of type B EFB applications |  |  | 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 |  |  |  |  |  |
| **Others** |  |  |  |  |  |
| Steep approach operations |  |  |  |  |  |
| Max distance from an adequate aerodrome for two-engined aeroplanes without ETOPS approval |  |  |  |  |  |
| Short landing operations |  |  |  |  |  |
| Reduced required landing distance |  |  |  |  |  |
| Operations with increased bank angles |  |  |  |  |  |
| CPDLC |  |  |  |  |  |
| Isolated aerodrome |  |  | Approved aerodromes: |  |  |
| PBCS |  |  | RSP       RCP |  |  |
| Helicopter operations to or from a public interest site |  |  | approved sites list |  |  |
| Helicopter operations over a hostile environment located outside a congested area |  |  |  | (CAT.POL.H.420) |  |
| Helicopter operations without a safe forced landing capability |  |  |  |  |  |

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| List of attached annexes : | |
|  | |
| **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