



FORM:

TCAA-AC-GEN012A

February 2020

Section 1E: To be completed by all applicants

12. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

13. Proposed Training (Aircraft and/or Simulator).

14. Air Service License No:

15. The statement and information contained on this form denotes an intention to apply for the Authority Certificate.

Type of Organisation:

Signature.

Date (day/month/year).

Name and Title (Block Letters).

Section 2. To be completed by the Director Safety Regulations. (DSR)

Received by (Name and Office):

Date received (day/month/year).

Assigned Certification Project Manager:

Date forwarded to the Certification Project Manager (CPM) (day/month/year):

For: Action
 Information only.

Remarks:



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Section 3. To be completed by the Chief Flight Operations Inspector/Chief Airworthiness Inspector

Received by:	Date (day/month/year):
Pre-application Number:	Assigned Certification Number:
Assigned FOI/AI:	Date:
Remarks:	