

TCAA-AC-GEN012A

#### FORM: TCAA-AC-GEN012A

February 2020

#### PRE-APPLICATION STATEMENT OF INTENT (PASI) APPLICATION FORM

| To be completed by an applicant for an Air Operator Certificate or Approved Maintenance Organisation   |               |             |  |              |                             |            |  |
|--|---------------|-------------|--|--------------|-----------------------------|------------|--|
| Section 1A: To be completed by all applicants  |               |             |  |              |                             |            |  |
| 1. Name and mailing address of company (include business name if different from company name).  2. Address of the principal (main) base where operations will be conducted.  |               |             |  |              |                             |            |  |
| 3. Proposed S  | tart-up Date: |             | 4. Requested company (3 letters ICAO) identifier in order of     |              |                             |            |  |
| _  | _             |             | preference.  | -            |                             |            |  |
|  |               |             | <b>(1).</b>  | <b>(2)</b> . | (3).                        |            |  |
| 5. Manageme  | nt and Key St | taff P      | ersonnel.  |              |                             |            |  |
| Name Title. (Surname/First/Middle).  |               |             | Telephone (include mobile) & different from company) inclu code. | ·            |                             |            |  |
|  |               |             |  |              |                             |            |  |
|  |               |             |  |              |                             |            |  |
|  |               |             |  |              |                             |            |  |
|  |               |             |  |              |                             |            |  |
|  |               |             |  |              |                             |            |  |
|  |               |             |  |              |                             |            |  |
| Section 1  |               |             |  |              | · Approved Maintenance Orga | anisation. |  |
| <ul> <li>Air Operator intends to perform maintenance as an AMO.</li> <li>Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others.</li> <li>Air Operator intends to perform maintenance under an equivalent system.</li> <li>Approved Maintenance Organisation.</li> </ul> |               |             |  |              |                             |            |  |
| 7. Proposed type of operation (Air Operator Certificate) (tick as many as applicable)  |               |             |  |              |                             |            |  |
| <ul> <li>□ Passengers and Cargo.</li> <li>□ Cargo Only.</li> <li>□ Scheduled Operations.</li> <li>□ Charter Flight</li> <li>□ Aerial Work</li> </ul>   |               |             |  |              |                             |            |  |
|  |               |             |  |              |                             |            |  |
| 8. Proposed type of Approved Maintenance Organisation Rating(s). Regulation 11 & 12 of the Civil Aviation (AMO) Regulations (tick as many as applicable)   |               |             |  |              |                             |            |  |
| Airframe   | Power-plant   | Specialized |  |              |                             |            |  |

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| □ (a) (i)       □ (b) (i)         □ (a) (ii)       □ (b) (ii)         □ (a) (iii)       □ (b) (iii)         □ (a) (iv)       □         □ (a) (v)       □   | (c) (ii) (d) (i)                  | (e) (ii)       | (f) (i) | (ii) (3) (b) (iii)              |  |  |
|--|-----------------------------------|----------------|---------|---------------------------------|--|--|
| Section 1C: Training . Aircraft and Simulator Information (to be completed by Prospective Operator)  |                                   |                |         |                                 |  |  |
| 9. Training Aircraft Data.   |                                   | Simulator Info |         |                                 |  |  |
| Aircraft Type, Make, Model and Series (M/M/S).   | Number of<br>Aircraft Type        | ,              |         | Qualification Level<br>Assigned |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
| Section 1D: Blocks 10 and 11 to be completed by Air Operator.  10. Data for Aircraft used for operations (for foreign registered aircraft, please provide a copy of the lease agreement).  11. Geographic areas of intended operations and proposed route structure. |                                   |                |         |                                 |  |  |
| Numbers and types of aircraft (By make, model, and series).  | passenger seats<br>load capacity. |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
|  |                                   |                |         |                                 |  |  |
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| Section 1E: To be completed by all  | l 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   | d/or Simulator).            |                                    |  |  |
|   |                             |                                    |  |  |
|   |                             |                                    |  |  |
|   |                             |                                    |  |  |
| 14 A' C ' T' N  |                             |                                    |  |  |
| 14. Air Service License No:   |                             |                                    |  |  |
| 15. The statement and information of  | contained on this form deno | otes 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:   |                             |                                    |  |  |
| Remarks:  |                             |                                    |  |  |
|   |                             |                                    |  |  |
|   |                             |                                    |  |  |
|   |                             |                                    |  |  |



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| Section 3. To be completed by the Chief Flight Operations Inspector/Chief Airworthiness Inspector |  |  |  |
|---|--|--|--|
| Date (day/month/year):  |  |  |  |
|   |  |  |  |
| Assigned Certification Number:  |  |  |  |
| Date:   |  |  |  |
|   |  |  |  |
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