

Application for an Air Operator Certificate "AOC"

Submit application to:

CROATIAN CIVIL AVIATION AGENCY
 Flight Operations and Training Department
 Ulica grada Vukovara 284, 10000 Zagreb

APPLICANT'S INFORMATION	
Applicant's name	
Applicant's address	
Applicant's identification number (OIB)	
Applicant's contact (Phone , E-mail)	
APPLICANT'S LEGAL REPRESENTATIVE INFORMATION	
Name and surname	
Address ¹	
Personal identification number (OIB)	
Contact (Phone, E-mail)	

¹ Fill in case of representation by power of attorney.

- | | |
|---|--|
| <input type="checkbox"/> Initial Issue | <input type="checkbox"/> Organisation Information |
| <input type="checkbox"/> Variation / Amendment (specify on the right) | <input type="checkbox"/> Management Personnel Organisation (PART A) |
| | <input type="checkbox"/> Aircraft Fleet (PART B) |
| | <input type="checkbox"/> Operation and Specific Approvals (PART B) |
| | <input type="checkbox"/> Continuing Airworthiness Management System (PART C) |

Basic information

IATA/ICAO Designator (2-letter/3-letter Code)	
Home Base of A/C Fleet (Aerodrome)	
Workforce involved in the activity subject to Regulation (EU) No 2018/1139 and its Implementing Rules (expressed in number of fulltime equivalents - FTE)	

Part A

Management Personnel Function	Name	Phone No	E-mail address
Accountable Manager			
Deputy			
Compliance Monitoring Manager			
Deputy			
Nominated person Flight Operations			
Deputy			
Nominated person Ground Operations			
Deputy			
Nominated person Crew Training			
Deputy			
Nominated person Continuing Airworthiness			
Deputy			
Safety Manager			

Part B

Aircraft Information

Aircraft Type

Make – Model – Series ;	<input type="text"/>	Serial Number :	<input type="text"/>	Hexadecimal Code	<input type="text"/>		
A/C Registration Mark 9A-	<input type="text"/>	Pax Seats	<input type="text"/>	MTOM (kg)	<input type="text"/>	Main base of A/C	<input type="text"/>
Date of first CofA	<input type="text"/>						

Dry lease-In (if applicable) Lease from Lease until

Delivery date Commercial operation date

Deletion date

Aircraft Owner's Name

Address and Nationality

- Operational Lease *(Please submit copy of Leasing contract)*
- Financial Lease *(Please submit copy of Leasing contract)*

Flight Operations and Training Department

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Type(s) of Operation

- | | |
|---|--|
| <input type="checkbox"/> A1 - Passengers only | <input type="checkbox"/> Scheduled |
| <input type="checkbox"/> A2 - Cargo only | <input type="checkbox"/> Non-Scheduled |
| <input type="checkbox"/> A1 & A2 - Passengers & Cargo | |

Area(s) of Operation

- | | |
|--|---|
| <input type="checkbox"/> – Territory of Republic of Croatia (FIR LDZO) | <input type="checkbox"/> – NAT (iaw ICAO DOC 7030) |
| <input type="checkbox"/> – EUR (iaw ICAO DOC 7030) | <input type="checkbox"/> – SAM (iaw ICAO DOC 7030) |
| <input type="checkbox"/> – MID/ASIA (iaw ICAO DOC 7030) | <input type="checkbox"/> – CAR (iaw ICAO DOC 7030) |
| <input type="checkbox"/> – AFI (iaw ICAO DOC 7030) | <input type="checkbox"/> –.- NAM (iaw ICAO DOC 7030) |
| <input type="checkbox"/> – PAC (iaw ICAO DOC 7030) | <input type="checkbox"/> –OTHER (to be specified by use of FIR/UIR location indicators or geographical coordinates) |
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Special Limitations

- | | |
|---|--|
| <input type="checkbox"/> - VFR day only | <input type="checkbox"/> - Other (to be specified) |
| <input type="checkbox"/> - VFR day/night only | <input type="checkbox"/> – None |

Specific and other Approvals (for operations specifications)

- Low visibility take-off (LVTO) operation
 - Lower than standard category I (LTS CAT I) operation
 - Standard category II (CAT II) operation
 - Other than standard category II (OTS CAT II) operation
 - Standard category III (CAT III) operation
 - Approach operation utilising enhanced vision systems (EVS) for which an operational credit is applied to reduce the runway visual range (RVR) minima by no more than one third of the published RVR
 - Use of electronic flight bags (EFBs) – operational approval
 - MNPS
 - RVSM
 - Transport of dangerous goods
 - Helicopter operations with night vision imaging systems (NVIS)
 - Helicopter hoist operations (HHO)
 - Helicopter emergency medical service (HEMS) operations
 - Authorization to provide cabin crew initial safety training
 - Steep approach (FOD-FRM-012)
 - Other (to be specified)
-

Part C

Continuing Airworthiness Management System and Maintenance Arrangements ** (Please indicate applicable items by checking the box in front of the item)

Item	For official use only		
	Approval reference	Remarks	AWI Signature
M.A. Subpart G Approval (CAMO)(*) (Application on EASA Form 2 – Send application to Airworthiness Department)			
Name of Subcontracted Organization working under the Operator's Quality System, <i>if applicable</i> (delegation of Continuing Airworthiness tasks) (*): _____			
-MAKE SURE THAT CONTRACT EXISTS.			
Name and M.A. Subpart G approval reference of contracted CAMO, <i>if applicable</i> (*) _____			
Contract with PART 145 Organisation (*) (Send application for contract approval to Airworthiness Department) Name and PART 145 approval reference (*): _____			
Continuing Airworthiness Maintenance Exposition Approval (CAME), <i>if applicable</i> (Send CAME application to Airworthiness Department)			
Aircraft Maintenance Programme (AMP) Approval(*) (Send AMP application to Airworthiness Department) - MAKE SURE AIRCRAFT MAINTENANCE PROGRAMME IS ADEQUATE FOR THE INTENDED TYPE OF OPERATION-ANNUAL UTILIZATION, RVSM, PBN, AWO ETC. - MAKE SURE AIRCRAFT MAINTENANCE PROGRAMME CONTAINS <u>RELIABILITY PROGRAMME</u> , <i>IF APPLICABLE</i> .			
Aircraft Technical Log System Approval, <i>if applicable</i>			
<input type="checkbox"/> Certificate of Airworthiness			
<input type="checkbox"/> ICAO 24 bit address allocation (Send application to Airworthiness Department)			
<input type="checkbox"/> Airworthiness Review Certificate (EASA Form 15a/b)			
<input type="checkbox"/> Continuing Airworthiness nominated person (EASA Form 4)			

(*) for each Aircraft Type

(**) all applications, forms and information to be filed directly at CCAA Airworthiness Department

Appendices *(Please indicate items for which the separate application, information and evidences are provided)*

Management System Personnel
<input type="checkbox"/> Information on the Accountable Manager
<input type="checkbox"/> Evidence on the competence of the Nominated Person for Flight Operations
<input type="checkbox"/> Evidence on the competence of the Nominated Person for Crew Training
<input type="checkbox"/> Evidence on the competence of the Nominated Person for Ground Operations
<input type="checkbox"/> Evidence on the competence of Safety Manager
<input type="checkbox"/> Evidence on the competence of Compliance Manager
Aircraft and FSTD
<input type="checkbox"/> Certificate of Aircraft Registration
<input type="checkbox"/> Aircraft registration number reservation (if applicable)
<input type="checkbox"/> Lease agreement (if applicable) (FOD-FRM-053)
<input type="checkbox"/> ELT registration (FOD-FRM-037)
<input type="checkbox"/> Statement of compliance with Part CAT Subpart D (IDE) and Part SPA (FOD-FRM-064), (FOD-FRM-065)
<input type="checkbox"/> Statement of compliance with Part ORO Subpart 26 (FOD-FRM-063)
<input type="checkbox"/> FSTD user approval (FOD-FRM-046), (FOD-FRM-056)
Manuals
<input type="checkbox"/> Operations Manual(s) (compliance checklists for initial certification available on request)
<input type="checkbox"/> OM-A (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)
<input type="checkbox"/> OM-B (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)
<input type="checkbox"/> OM-C (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)
<input type="checkbox"/> OM-D (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)
<input type="checkbox"/> Minimum Equipment List (MEL) (FOD-FRM-031)
<input type="checkbox"/> Security Program
<input type="checkbox"/> Security Training Program
Other
<input type="checkbox"/> Operating License (FOD-FRM-058)
<input type="checkbox"/> Request for ICAO three letter Code (if applicable)
<input type="checkbox"/> Foreign pilot license validation
<input type="checkbox"/> Demonstration flights
please specify any other relevant information:

Flight Operations and Training Department

On behalf of _____ (applicant name), I declare under full material and criminal liability that the information proving the experience of management personnel on this application form and its appendices are true, correct and complete. This statement is given for the purpose of operator's certification by the Croatian Civil Aviation Agency.

Date:	
Applicant's name, surname & signature:	

TO BE FILLED BY INSPECTOR NOMINATED FOR THE CERTIFICATION PROCESS (IN CASE OF INITIAL AOC ISSUE)

On the basis of conducted certification activities I

DO NOT RECOMMEND

RECOMMEND

(cross item which is not applicable)

the issuance of an AOC to the applicant.

Place and date:

Nominated Inspector, name in capital letters and signature:
