

Application for an Air Operator Certificate "AOC"

- | | |
|---|--|
| <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 Special Authorisation (PART B) |
| | <input type="checkbox"/> Continuing Airworthiness Management System (PART C) |

*This form shall be used for initial issue, variation/amendment and renewal of the AOC.
The form shall be submitted together with all necessary appendices and documents to
CROATIAN CIVIL AVIATION AGENCY, Flight Operations Department
HR-10000 ZAGREB, Ulica grada Vukovara 284
Please be aware that incomplete forms will be returned and not be processed.*

Applicant

AOC No.	Operator	
Place	Date	Signed by Accountable Manager

Organisation Information

Business Address	
Phone No	
Fax No	
E-mail	
IATA/ICAO Designator (2-letter/3-letter Code)	
Home Base of A/C Fleet (Aerodrome)	



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 Type 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"/>
<input type="checkbox"/> Dry lease-In (if applicable)	Lease from	<input type="text"/>	Lease until	<input type="text"/>	
Delivery date	<input type="text"/>	Commercial operation date	<input type="text"/>		
Deletion date	<input type="text"/>	Aerodrome utilisation rights	<input type="text"/>		

Aircraft Owner's Name

Address and Nationality

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

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

(Be aware that in case of Financial and Operational Lease requirements prescribed in The Leasing Act (Official Gazette No. 141/13 must be complied)

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) |

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 |

Special Authorizations / Approvals

- lower than standard category I (LTS CAT I)
 - standard category II (CAT II)
 - other than standard category II (OTS CAT II)
 - standard category III (CAT III)
 - LVTO
 - 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.
 - MNPS
 - RVSM
 - ETOPS
 - RNAV 10
 - RNP 4
 - RNAV 2
 - RNAV 1 (P-RNAV)
 - BASIC-RNP 1
 - RNP APCH (LNAV&LNAV/VNAV)
 - RNP APCH (LPV)
 - RNP AR APCH
 - Transport of dangerous goods
 - Helicopter operations with night vision imaging systems
 - Helicopter hoist operations
 - Helicopter emergency medical service operations
 - Authorization to provide cabin crew initial safety training
 - 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
<input type="checkbox"/> M.A. Subpart G Approval (CAMO)(*) (Application on EASA Form 2 – Send application to Airworthiness Department)			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Name and M.A. Subpart G approval reference of contracted CAMO, <i>if applicable</i> (*) _____			
<input type="checkbox"/> Contract with PART 145 Organisation (*) (Send application for contract approval to Airworthiness Department) Name and PART 145 approval reference (*): _____			
<input type="checkbox"/> Continuing Airworthiness Maintenance Exposition Approval (CAME), <i>if applicable</i> (Send CAME application to Airworthiness Department)			
<input type="checkbox"/> 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> .			
<input type="checkbox"/> 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

Appendices (Please indicate applicable items by checking the box in front of the item)

Item	For official use only				
	Checklists A – applicable C - completed			Approval reference	OPSI signature
	Nbr.	A	C		
<input type="checkbox"/> Accountable Manager	007	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Flight Operations (nominated person)	007	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Crew Training (nominated person)	007	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Ground Operations (nominated person)	007	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Certificate of Aircraft Registration	N/A				
<input type="checkbox"/> STD approval	049A	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ELT registration	N/A				
<input type="checkbox"/> Foreign pilot license validation	N/A				
<input type="checkbox"/> Operating License	N/A				
<input type="checkbox"/> Lease agreement (If Applicable/Signed and sealed lease contract accepted by the CCAA)	048	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Complete Operations Manual(s) incl. completed FOD-CHK-074 for initial AOC issue	074	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OM-A (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)	N/A				
<input type="checkbox"/> OM-B (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)	N/A				
<input type="checkbox"/> OM-C (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)	N/A				
<input type="checkbox"/> OM-D (revised/amended pages with FOD-FRM-007 for OM revision/amendment in case of AOC variation)	N/A				
<input type="checkbox"/> Minimum Equipment List (MEL)	031	<input type="checkbox"/>	<input type="checkbox"/>		
Application for Special Authorizations / Approvals (If Applicable):	X			X	
<input type="checkbox"/> lower than standard category I (LTS CAT I)	N/A				
<input type="checkbox"/> standard category II (CAT II)	N/A				

<input type="checkbox"/> other than standard category II (OTS CAT II)	N/A				
<input type="checkbox"/> standard category III (CAT III)	N/A				
<input type="checkbox"/> LVTO	N/A				
<input type="checkbox"/> approach operation utilizing 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.	N/A				
<input type="checkbox"/> MNPS	N/A				
<input type="checkbox"/> RVSM	N/A				
<input type="checkbox"/> ETOPS	N/A				
<input type="checkbox"/> RNAV 10	N/A				
<input type="checkbox"/> RNP 4	N/A				
<input type="checkbox"/> RNAV 2	N/A				
<input type="checkbox"/> RNAV 1 (P-RNAV)	012	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> BASIC-RNP 1	N/A				
<input type="checkbox"/> RNP APCH (LNAV&LNAV/VNAV)	018	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> RNP APCH (LPV)	018	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> RNP AR APCH	018	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Transport of dangerous goods					
<input type="checkbox"/> Helicopter operations with night vision imaging systems	N/A				
<input type="checkbox"/> Helicopter hoist operations	N/A				
<input type="checkbox"/> Helicopter emergency medical service operations	N/A				
<input type="checkbox"/> Authorization to provide cabin crew initial safety training	043 043A	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other. Specify:					
<input type="checkbox"/> Statement of compliance with Part CAT Subpart D (IDE) and Part SPA	N/A				
<input type="checkbox"/> Statement of compliance with Part ORO Subpart 26	N/A				
<input type="checkbox"/> Request for ICAO three letter Code (if applicable)	N/A				
<input type="checkbox"/> Security Program	N/A				
<input type="checkbox"/> Security Training Program	N/A				
<input type="checkbox"/> Emergency evacuation demonstration (full/partial as applicable)	004	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/> Ditching demonstration (if applicable)	005	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Demonstration flights	002	<input type="checkbox"/>	<input type="checkbox"/>		
	011	<input type="checkbox"/>	<input type="checkbox"/>		
	043C	<input type="checkbox"/>	<input type="checkbox"/>		
	077	<input type="checkbox"/>	<input type="checkbox"/>		
	079	<input type="checkbox"/>	<input type="checkbox"/>		
	082A	<input type="checkbox"/>	<input type="checkbox"/>		

TO BE COMPLETED BY CCAA FOCAL POINT INSPECTOR

Other relevant certification areas have been verified for regulatory compliance:

Certification area	Checklists			Focal point Inspector's signature
	Nbr	A	C	
Management system	001C	<input type="checkbox"/>	<input type="checkbox"/>	
	001N	<input type="checkbox"/>	<input type="checkbox"/>	
	071C	<input type="checkbox"/>	<input type="checkbox"/>	
	071N	<input type="checkbox"/>	<input type="checkbox"/>	
	090	<input type="checkbox"/>	<input type="checkbox"/>	
Infrastructure	070	<input type="checkbox"/>	<input type="checkbox"/>	
Records	003	<input type="checkbox"/>	<input type="checkbox"/>	
	008	<input type="checkbox"/>	<input type="checkbox"/>	
Training and checking	092	<input type="checkbox"/>	<input type="checkbox"/>	
	093	<input type="checkbox"/>	<input type="checkbox"/>	
Operational control	041	<input type="checkbox"/>	<input type="checkbox"/>	
	080A	<input type="checkbox"/>	<input type="checkbox"/>	
	080S	<input type="checkbox"/>	<input type="checkbox"/>	
	080C	<input type="checkbox"/>	<input type="checkbox"/>	

In order to make the process as smooth and as swift as possible, an applicant should seek approvals for any of the items above at the earliest stage of the process possible, preferably during the pre-application phase. The ideal situation would be if the applicant enters the pre-certification phase with as many as possible approvals/acceptances already obtained.

IMPORTANT

Approval of any of applicable items for the requested operation is prerequisite for the AOC issuance.

TO BE FILLED BY ASSIGNED FOCAL POINT INSPECTOR IN CASE OF INITIAL AOC ISSUE

On the basis of above mentioned 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:

Focal point Inspector, name in capital letters and signature:
