



APPLICATION FOR OPERATIONS SPECIFICATIONS- FOREIGN COMMERCIAL AIR OPERATOR

Registered Company Name:

Trading Name (if different):

Head Office Address:

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Postcode/Zipcode:Country:

Contact Name: Position

Facsimile: Telephone:

Email Address:

TYPE OF OPERATIONS PROPOSED: (Please tick as appropriate)

Scheduled Passenger Scheduled Cargo Scheduled Passenger and Cargo

Unscheduled Passenger Unscheduled Cargo Unscheduled Passenger and Cargo

PROPOSED DESTINATION AERODROMES IN GUYANA: (Please tick as appropriate)

Timehri Ogle

Other:

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Station Manager Guyana:

Guyana Office Address:

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Postcode:

Facsimile: Telephone:

Email Address:



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REGULATORY AUTHORITY FOR AIRLINE CERTIFICATION (OR EQUIVALENT):

Name of the Authority:

Address:

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Postcode/Zipcode:Country:

Officer Responsible for Operation:

Name: Position

Facsimile: Telephone:

Email Address:

REGULATORY AUTHORITY OF AIRCRAFT STATE OF REGISTRATION:

Name of the Authority:

Address:

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Postcode/Zipcode:Country:

Officer Responsible for Operation:

Name: Position

Facsimile: Telephone:

Email Address:

FLIGHT CREW LICENCES: (Category and country of issue – crew names not required)

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ROUTE MANUAL USED: (e.g. Jeppesen, Aerad, etc.)

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HEAD OFFICE CONTACT FOR OPERATIONAL AND SAFETY MATTERS::

Name: Position

Facsimile: Telephone:

Email Address:

HEAD OFFICE CONTACT FOR AIRWORTHINESS MATTERS:

Name: Position

Facsimile: Telephone:

Email Address:

HANDLING AGENT: (Airline or agency proving apron and turnaround services)

Company Name:

Contact Name: Position

Facsimile: Telephone:

Email Address:

**ENGINEERING AND MAINTENANCE PROVIDER:
(Airline or agency providing apron and turnaround services in Guyana)**

Company Name:

Contact Name: Position

Facsimile: Telephone:

Email Address:



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ADDITIONAL DOCUMENTATION:

Operators are required to provide an English language copy of the following documents when submitting this application:

- 1. Air Operator's Certificate (or equivalent document), issued by the State of the Operator;
2. The Operations Specifications(or equivalent document) that have been issued by the State of the Operator;
3. A copy of the licence or authorization granted to the foreign air operator by the appropriate authority of the State of the air operator to operate an air transport service to and from Guyana;
4. A copy of the approval page for a Minimum Equipment List for each aircraft type intended to be operated by the foreign operator in Guyana;
5. A representative copy of a Certificate of Registration issued for the aircraft types proposed to be operated in Guyana;
6. A copy of a document identifying the maintenance checks that are required to be carried out for aircraft while they are operated in Guyana;
7. A copy of the maintenance contract between the foreign air operator and the Approved Maintenance Organization, where the maintenance under subparagraph(6), is carried out by an Approved Maintenance Organization approved by the foreign authority;
8. A copy of the lease agreement for any aircraft operated, which is not registered by the foreign authority;
9. The Dangerous Goods Programme (or equivalent document) that is approved by State of the Operator;
10. A proposed Airline Security Programme which meets the requirements of the Guyana Civil Aviation (Security) Regulations 2004, for the acceptance and subsequent approval of the Authority;
11. A sample of an Operational Flight Plan/Release (or equivalent document) appropriate to each aircraft type to be operated, for the longest proposed route or route sector, terminating in Guyana.

Note: Guyana may seek confirmation from the regulatory authority of the State of the Operator that appropriate ongoing surveillance is being conducted of the airworthiness, maintenance procedures, and operations of the applicant company.

The undersigned applies for the issue of an Air Operator's Certificate pursuant to the Guyana Aviation Requirements Part 10 and certifies that the facts in this application are true and that copies of any documents attached to the application are true copies.

Name*: Position*:

Signature: Date:

* To be completed by the approved person who holds responsibility for Air Operator's Certificate matters for the company - e.g. Company Director of Operations.



GUYANA CIVIL AVIATION AUTHORITY

APPLICATION FOR OPERATIONS SPECIFICATIONS- FOREIGN COMMERCIAL AIR
OPERATOR**ADDRESS FOR CORRESPONDENCE**

Director General
96 Duke Street, Kingston,
Georgetown, Guyana

Telephone: 592-225-6822
Fax: 592-225-6800
E-mail: Director-General@gcaa-gy.org



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PROPOSED AIRCRAFT:

Please copy this page and complete for additional aircraft types.

Manufacturer:

Type/Model:

Engine Type:

Noise Certification: ICAO Annex 16, Volume 1, Chapter 2 3 4 5 Other

(Please provide a copy of the aircraft Noise Certificates issued by the State of Registry or manufacture)

RVSM Approval: Yes No
(If approved, please provide a copy of the aircraft approval certificate issued by your regulatory authority)

Global RNAV Approval: Yes No
(If approved, please provide a copy of the aircraft approval certificate issued by your regulatory authority)

Mandatory Aircraft Equipment for Operations in Guyana Territory

Is this aircraft fitted with EGPWS equipment? Yes No

Manufactured by: Model:

Is this aircraft fitted with ACAS II or TCAS II? Yes No

Manufactured by: Model: