



**GUYANA CIVIL AVIATION AUTHORITY
AVIATION SAFETY AND SECURITY DIRECTORATE**

Form#: GCAA/OPS/2510
Origin: Flight Operations

JOB AID AND SCHEDULE OF EVENTS: AOC 005

GCAA REF.	NAME OF OPERATOR: _____	SCHEDULED DATE	REVISED DATE	INSPECTOR SIGNATURE	DATE		REFERENCE
					RECEIVED/ ACCOMPLISHED	RETURNED FOR CHANGES	
	5. CERTIFICATION PHASE						
	A. Prepare Certification Report:						
	1. Assemble Report:						
	a. POPS						
	b. Completed certification job aids and schedule of events						
	c. Formal Application Letter						
	d. Final Compliance Statement						
	e. Demonstration Evaluation report						
	f. Summary of Closure of all findings and safety concerns						
	g. Copy of AOC and Operations Specifications to be issued						
	h. Recommendation letter for AOC approval						
	i. GCAA coordination meeting prior to issuance of AOC						
	B. Approve Operations Specifications						
	C. Present Certificate and Operations Specifications						
	D. GCAA Final Debrief						
	E. Develop Post Certification Surveillance Programme						
	1. Within Geographic Area						
	2. Outside Geographic Area						
REMARKS:							
SIGNATURES:							