SECTION: 1	APPLICATION FOR AN AIR OPERATOR CERTIFICATE

1. **OFFICIAL BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER OF APPLICANT**

2. **OTHER BUSINESS NAME(S) IN WHICH OPERATIONS WILL BE CONDUCTED**

3. **ADDRESS AND DESCRIPTION OF FACILITIES FOR THE OPERATIONS BASE**

4. **ADDRESS AND DESCRIPTION OF FACILITIES FOR THE MAINTENANCE BASE**

5. **TITLE, NAME, BACKGROUND, QUALIFICATIONS AND EXPERIENCE OF KEY MANAGEMENT STAFF**

A. **Accountable Manager (Chief Executive Officer or President):**

B. **Director of Operations:**

C. **Chief Pilot:**

D. **Director of Safety:**

E. **Director of Maintenance:**

F. **Quality Manager:**

G. **Director of Training:**

6.	A DESCRIPTION OF THE PROPOSED SPECIAL OPERATION (AWOP, RVSM, PBN AR, DANGEROUS GOODS, EDTO, EFB, ETC.)
7.	NUMBER BY TYPE OF AIRCRAFT, REGISTRATION, COMMUNICATIONS/NAVIGATION EQUIPMENT, ETC.
8.	ARRANGEMENTS FOR MAINTENANCE AND INSPECTION OF AIRCRAFT AND ASSOCIATED EQUIPMENT
9.	ARRANGEMENTS FOR OPERATIONAL TRAINING OF ALL CREW POSITIONS
10.	ARRANGEMENTS, FACILITIES AND SUPPORT FOR ALL OTHER GROUND POSITIONS
11.	OTHER LEASE ARRANGEMENTS, E.G. AIRCRAFT, FACILITIES, ETC.
12.	NUMBER AND QUALIFICATION REQUIREMENTS FOR EACH AIRCREW POSITION
13.	PROPOSED ROUTES (GEOGRAPHICAL TRACKS), MINIMUM FLIGHT ALTITUDES, DESTINATION AND ALTERNATE AERODROMES TO BE USED (INCLUDING DATA ON INSTRUMENT APPROACH PROCEDURES, PROPOSED AERODROME OPERATING MINIMA AND NAVIGATION AND COMMUNICATION FACILITIES
14.	DETAILS OF OPERATIONAL CONTROL AND SUPERVISION METHODS TO BE USED
15.	NATURE OF OPERATIONS - PASSENGER, CARGO, MAIL, DAY/NIGHT, VFR/IFR

APPLICATION FOR AN AIR OPERATOR CERTIFICATE

16.	**DETAILED DESCRIPTION OF HOW THE APPLICANT INTENDS TO SHOW COMPLIANCE WITH EACH PROVISION OF THE APPLICABLE REGULATIONS AND REQUIREMENTS**
17.	**BUSINESS PLAN AND DETAILED DESCRIPTION OF FINANCIAL DATA TO ENSURE THAT ALL OPERATIONS AND MAINTENANCE ACTIVITIES CAN BE ADEQUATELY SUPPORTED**
18.	**DESIRED DATE FOR OPERATION TO COMMENCE**
19.	**I APPLY FOR THE GRANT OF AN AIR OPERATOR CERTIFICATE BASED ON THE INFORMATION PROVIDED ON THIS FORM:**

ACCOUNTABLE MANAGER: NAME (PRINTED)	**SIGNATURE**
POSITION	**DATE**

NOTES ON USE OF FORM No: GCAA/OPS/2539

1. This Form is self-explanatory and does not require an explanation here.
2. When filling out this application form observe the following guidelines:
   a. Use additional sheet(s) of paper if necessary.
   b. Be accurate and as specific as possible. Enter all pertinent information as defined in each Block.
   c. The application form should be completed and submitted to:

      The Director General
      Guyana Civil Aviation Authority
      73 High Street, Kingston
      Georgetown, Guyana

   d. The completed application form should reach the Guyana Civil Aviation Authority at least ninety days (90) before the date on which operations are to commence. ***(NOTE: This does not mean that the Certification Process will be completed within 90 days of the application. The period of time for completion of the five-phase certification process shall be determined by circumstances arising during the process.)***

APPLICATION FOR AN AIR OPERATOR CERTIFICATE

SECTION: 2
(TO BE COMPLETED BY GCAA OFFICIAL)

NAME AND SIGNATURE	OFFICE	DATE RECEIVED (DD/MM/YY)

DATE FORWARDED TO DIRECTOR GENERAL (DD/MM/YY)	FOR: ☐ ACTION ☐ INFORMATION

REMARKS:

SECTION: 3
(TO BE COMPLETED BY OFFICE OF THE DIRECTOR GENERAL)

FILE REFERENCE NUMBER:

ASSIGNED CERTIFICATION NUMBER:

DATE FORWARDED TO RESPONSIBLE OFFICE (DD/MM/YY):

REMARKS:

SIGNATURE: _____ **DATE:** _____

DIRECTOR GENERAL CIVIL AVIATION