



## ***ECONOMICAL AUTHORITY AND AOC APPLICATION STATEMENT OF INTENT***

### **Section I**

**Type of Application:**  Initial  Variation

#### **A. DETAILS OF COMPANY:**

**1. Company Name:**

DBA (“Doing Business As”):

**2. Address:**

Business Office:

**Telephone Number:**

Operations Base:

Maintenance Base:

**3. Key Management Personnel:**

**E-mail address:**

**Telephone Number:**

President/CEO:

Maintenance contact person:

Operations contact person:



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### **B. DETAILS OF INTENDED AIRCRAFT OPERATION:**

#### **4. Proposed Type of Operation (Circle what is applicable):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Scheduled                  | <input type="checkbox"/> Non-scheduled  | <input type="checkbox"/> Flying School |
| <input type="checkbox"/> Passengers only            | <input type="checkbox"/> Cargo & Mail   | <input type="checkbox"/> Roundtrips    |
| <input type="checkbox"/> Fixed Wing                 | <input type="checkbox"/> Rotorcraft     | <input type="checkbox"/> Banner Towing |
| <input type="checkbox"/> Large aircraft             | <input type="checkbox"/> Small aircraft | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> Emergency Medical Services |   |  |

#### **5. Proposed Geographical Area of Intended Operations:**

- |   |   |
|---|---|
| <input type="checkbox"/> North American Region  | <input type="checkbox"/> Caribbean Region       |
| <input type="checkbox"/> South American Region  | <input type="checkbox"/> Middle American Region |
| <input type="checkbox"/> European Region  | <input type="checkbox"/> Local flights only     |
| <input type="checkbox"/> All ICAO Air Navigation regions Latitudes of 80° North and 60° South |   |
| <input type="checkbox"/> Other:   |   |

### **C. DETAILS OF AIRCRAFT:**

#### **6. Aircraft Type Information:**

Aircraft Type:	Amount of A/C:
Make-Model-Series:	Serial Nr.:
A/C Registration Mark: P4-	MTOW (kg):
Pax Seats:	
Main base of A/C:	
Aircraft: <input type="checkbox"/> Owned <input type="checkbox"/> Dry Leased	

### **D. OTHER:**

#### **7. Intended Commercial Operation Date:**



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### **8. Any Other Pertinent Information (Specify if specific approvals are required, e.g. RVSM, ETOPS, AWOPS, MNPS, ETC):**

**Special Limitations:**

- VFR day only                       None  
 Other:

**Special Authorizations / Approvals:**

- |  |                               |  |                                |     |
|--|-------------------------------|--|--------------------------------|-----|
| <input type="checkbox"/> CAT II        | DH                            | ft                                       | RVR                            | mtr |
| <input type="checkbox"/> CAT IIIA      | DH                            | ft                                       | RVR                            | mtr |
| <input type="checkbox"/> CAT IIIB      | DH                            | ft                                       | RVR                            | mtr |
| <input type="checkbox"/> CAT IIIC      | DH                            | ft                                       | RVR                            | mtr |
| <input type="checkbox"/> MNPS          | <input type="checkbox"/> RVSM | <input type="checkbox"/> BRNAV           | <input type="checkbox"/> PRNAV |     |
| <input type="checkbox"/> RNP 10/ RNP 5 | <input type="checkbox"/> EFB  | <input type="checkbox"/> Dangerous Goods |                                |     |
| <input type="checkbox"/> ETOPS         | Distance                      | nm (threshold distance)                  |                                |     |
|  | Time                          | min                                      |                                |     |

### **9. Scheduled routes to be operated:**

Signature of this document denotes a pre-application for an Economical Authority and AOC. Upon positive results of an AOC pre-application assessment by the DCA, the pre-applicant will obtain the opportunity to submit a formal application by using DCA Form INS-8005.

Name and Title:

Signature:

Date: