



# APPLICATION FOR FOREIGN AIR OPERATOR CERTIFICATE OPERATIONS SPECIFICATIONS

## INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

A. APPLICANT INFORMATION	
APPLICANT'S NAME <i>(as described in applicant's AOC)</i> :	ADDRESS <i>(as described in applicant's AOC)</i> :
TELEPHONE:	E-MAIL: <span style="float: right;">FAX:</span>
ICAO 3-LETTER DESIGNATOR:	PROPOSED OPERATION DATE & FIRST AERODROME OF ENTRY:

B. APPLICANT'S RESPONSIBLE PERSON/ENTITY AND POST HOLDERS (PH)			
Position	Name	Telephone	Email
Accountable Manager			
PH of Quality Assurance			
PH of Ground Operations			
PH of Crew Training			
PH of Maintenance			
PH of Flight Operations			
PH of Flight Safety			
Applicant's representative person/entity in Viet Nam			

C. AUTHORITY OF THE STATE OF OPERATOR RESPONSIBLE FOR CIVIL AVIATION OVERSIGHT	
NAME:	COUNTRY:
ADDRESS:	TELEPHONE:
PERSON RESPONSIBLE FOR MAINTENANCE <i>(Name/e-mail/telephone)</i>	E-MAIL (OPTIONAL):
PERSON RESPONSIBLE FOR OPERATION <i>(Name/e-mail/telephone)</i>	FAX:

D. REQUEST FOR APPROVAL (GENERAL)					
NUMBER	REQUEST FOR APPROVAL	YES?	NUMBER	REQUEST FOR APPROVAL	YES?
C1	Initial Certification/Renewal	<input type="checkbox"/>	C7	Passengers & Cargo	<input type="checkbox"/>
C2	Extension	<input type="checkbox"/>	C8	Passenger only	<input type="checkbox"/>
C3	Revision: Add/remove aircraft type to be operated	<input type="checkbox"/>	C9	Cargo Only	<input type="checkbox"/>
C4	Revision: Add/remove airport(s) to be operated	<input type="checkbox"/>	C10	Dangerous Good Operation	<input type="checkbox"/>
C5	Revision: Add/remove aircrafts (approved type)	<input type="checkbox"/>	C11	Scheduled Operations	<input type="checkbox"/>
C6	Other: <i>(detailed information required)</i>	<input type="checkbox"/>	C12	Charter Operations	<input type="checkbox"/>

E. REQUEST FOR APPROVAL (AERODROME)					
<i>Do NOT list alternate aerodromes</i>					
NAME	ICAO	IATA	NAME	ICAO	IATA
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		



# APPLICATION FOR FOREIGN AIR OPERATOR CERTIFICATE OPERATIONS SPECIFICATIONS

## INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

### F. REQUEST FOR APPROVAL (AIRCRAFT)

Additional aircraft can be listed on a separate attachment. Do NOT list wet-leased aircraft.

#	Aircraft type Make/Model/Serial	Registration #	LVO CAT/II/III (Y/N)	LVTO (Y/N)	RVSM (Y/N)	ETOP/ EDTO (Y/N)	Noise (Y/N)	MNPS (Y/N)	EFB (Y/N)	PBN (Y/N)	ADSB -OUT (Y/N)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

Separate attachment used    Yes     No

### G. DOCUMENTS ATTACHED

Only PDF digital copies are accepted

Name	Format	When required? <small>(According to each request number selected in Section C)</small>
Air Operator Certificate	<input type="checkbox"/> Hard copy	C1, C2, C3, C4, C5, C10
Operations Specifications	<input type="checkbox"/> Hard copy or <input type="checkbox"/> Digital copy	C1, C2, C3, C4, C5, C10
Aircraft Airworthiness Certificate	<input type="checkbox"/> Digital copy	C1, C2, C3, C5
Aircraft Registration Certificate	<input type="checkbox"/> Digital copy	C1, C3, C5
Aircraft Insurance Certificate	<input type="checkbox"/> Digital copy	C1, C3, C5
Leasing Arrangements (if applicable)	<input type="checkbox"/> Digital copy	C1, C3
MEL (Approval Page)	<input type="checkbox"/> Digital copy	C1, C3
Letter of attorney (if applicable)	<input type="checkbox"/> Hard copy	C1, C2, C3, C4, C10
Ground Handling Arrangements, contracts, agreements	<input type="checkbox"/> Digital copy	C1, C2, C3, C4
Maintenance Arrangements, contracts, agreements	<input type="checkbox"/> Digital copy	C1, C2, C3, C4
Dangerous Goods Handling Arrangements, contracts, agreements (if applicable)	<input type="checkbox"/> Digital copy	C1, C2, C3, C4, C10
Pilot training arrangement	<input type="checkbox"/> Digital copy	C1, C3, C4
VARs part 22 compliance checklist	<input type="checkbox"/> Digital copy	C1
ICAO standards compliance checklist	<input type="checkbox"/> Digital copy	C1
Others (...)	<input type="checkbox"/> Hard copy or <input type="checkbox"/> Digital copy	

### H. APPLICANT'S TECHNICAL AND OPERATIONAL DOCUMENTS

Name of documents may be difference

Name	Revision/date of last revision	Approved/Accepted by	Notes
Operational Manual			
General			
Aircraft Operating Information			
Minimum Equipment List			
Areas, Routes and Aerodromes			
Aerodrome Operating Minima			
Training			
Ground/Flight Training Program			
Cabin Crew Training			
Security Training Program			
Operational Flight Plan			
Mass and Balance Sheet			
Operator's Maintenance Control Manual			
Maintenance Program			
Other			



**APPLICATION FOR  
FOREIGN AIR OPERATOR CERTIFICATE  
OPERATIONS SPECIFICATIONS**

**INSTRUCTIONS**

Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

**I. ADDITIONAL INFORMATION (OPTIONAL)**

I.1 *Result of EASA Inspection whether listed on EU Ban list during the last 3 years?*

Date:  
Details:

I.2 *Result of IASA (USA-FAA) inspections during the last 3 years whether included below CAT/Grade 2?*

Date:  
Details:

I.3 *Details of ICAO USOAP assessment result?*

Date:  
Details:

I.4 *Accidents or serious incidents experienced during the last five years (Place/Date/Aircraft involved/Description/Cause/Measure taken)*

Details:

I.5 *Other information/proposal from applicant*

**J. APPLICANT'S STATEMENT**

*The undersigned person, who in charge of the applicant's Air Operator Certificate, ensures that the information and materials provided in this form are true and that copies of any documents attached are the original*

Name	Signature, date and stamp
Position	

**K. APPLICANT'S STATE CIVIL AVIATION AUTHORITY STATEMENT (Initial Certification/ Renewal Only)**

*The undersigned person, who in charge of the Civil Aviation Authority of the Applicant hereby certifies that the information and material provided by the Applicant are accurate and valid*

Name	Signature, date and stamp
Position	

**L. FOR CIVIL AVIATION AUTHORITY OF VIET NAM ONLY**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved      Reason for disapproval:		
Signature	Position	Date
CAAV Form 519 2019		Control Number: