



# AOC Formal Application

## INSTRUCTIONS

This form serves as the cover page for a formal AOC application to ensure that the submission is complete. Complete Sections A through P. Print or type.

### A. The following application is hereby submitted:

1. Date of Submission:	2. Applying Company Name:
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### B. The following certificates and operations specifications authorizations are requested:

1. <input type="checkbox"/> - Air Operator (Aeroplane) Domestic Operations	3. <input type="checkbox"/> - Air Operator (Helicopter) Operations
2. <input type="checkbox"/> - Air Operator (Aeroplane) International Operations	4. <input type="checkbox"/> - Air Operator (Air Taxi) Operations

### C. The following certificates and operations specifications authorizations are requested:

1. <input type="checkbox"/> - AOC Initial	4. <input type="checkbox"/> - Authorizations or limitations
2. <input type="checkbox"/> - AOC Amendment	5. <input type="checkbox"/> - AOC Application
3. <input type="checkbox"/> - Operations Specification Amendment	6. <input type="checkbox"/> - Specific approval to transport dangerous goods

### D. The following operations specification authorizations are requested with the issuance of the AOC:

1. <input type="checkbox"/> - Passengers	12. <input type="checkbox"/> - All Weather Operations (CAT II, CAT III, LVTO)
2. <input type="checkbox"/> - Cargo	13. <input type="checkbox"/> - PBN (RNAV-...../RNP-...../) Operations
3. <input type="checkbox"/> - VFR Day Only	14. <input type="checkbox"/> - RVSM Operations
4. <input type="checkbox"/> - VFR Day and Night Only	15. <input type="checkbox"/> - ETDO Operations
5. <input type="checkbox"/> - IFR Day and Night	16. <input type="checkbox"/> - MNPS Operations
6. <input type="checkbox"/> - Helicopter Offshore Operations	17. <input type="checkbox"/> - NOPAC Operations
7. <input type="checkbox"/> - Single PIC AOC	19. <input type="checkbox"/> - Polar Operations
8. <input type="checkbox"/> - Carriage of Dangerous Goods	20. <input type="checkbox"/> - ADS-B Out Operations
9. <input type="checkbox"/> - Carriage of Weapons	21. <input type="checkbox"/> - EFB Operations
10. <input type="checkbox"/> - Emergency Medical Service	22. <input type="checkbox"/> - EVS Operations
11. <input type="checkbox"/> - IFR Single Pilot with Autopilot	22. <input type="checkbox"/> - Other Specifications.....

### E. Particulars of Applicant

Title :	Name of Applicant :	Tel :
Designation :		Email :

### F. Particulars of Organisation

Name of Organisation :	
Address of main base of operations :	
Name(s) if different from above in which Air transport operations will be conducted (See Note 1) :	
Tel (See Note 2) :	Fax (See Note 2) :
E-mail (See Note 2) :	
Operational Point of Contact (See Note 3) :	

**Tel: (+84)**

**Fax: (+84)**

**Email:**

**G. Particulars of Directors/Share Holders (See Note 4)**

Designation	Name	Address	Telephone	Nationality

**H. Particulars of AOC Post Holders**

Personnel	Name & Designation	Contact Number & Email Address
CEO (Accountable Manager) :		
Head of Flight Operations :		
Head of Training :		
Head of Safety / Quality:		
Chief Pilot(s) :		
Head of Engineering :		
Head of Security:		
Head of Ground Operations :		
Other member(s) of senior management as appropriate to individual AOC Holder		

**I. Particulars of Aircraft for Operations (See Note 5)**

Aircraft Type	No. of Aircraft	State of Registry	Registration Marks

Number of aircraft with MTOW greater than 5,700kg :

Number of aircraft with MTOW less than or equal to 5,700kg :

Purpose for which aircraft to be operated (See Note 6) :

Aerodromes at which each type of aircraft will be based (See Note 7) :

Proposed date for the commencement of operations (See Note 8) :

Routes and areas operation on which services are currently operated, or are expected to be operated during the next twelve months with each type of aircraft. Specify destination and all aerodromes to be used on each route, including technical stops and alternates aerodromes (See Note 9) :

Aircraft Type	Forward Route	Return Route

**J. Details of The Arrangements to Support The Proposed Operations**

Details of office accommodation available for use by operating staff (See Note 10) :

Name(s) and address(es) of organisation(s) responsible for all crew, ground personnel training, ground handling and maintenance of each type of aircraft (See Note 12) :

**K. Particulars of Check Airmen (If applicable)**

Names, qualifications and experience of the persons responsible for qualification and checking (see Note 13):

<b>L. Particulars of Leased Foreign-registered Aircraft (if applicable)</b>				
Foreign Air Carrier	Aircraft Make/Model Series	Registration Marks	Lease Date	Maintenance Programme Rev No./Date
<b>M. Particulars of Aircraft Leasing Operations (if applicable)</b>				
Operational lease arrangement :				
Lessor (name of airline) :				
Lessee (name of airline) :				
Date of leasing agreement :				
Aircraft type under leasing operations :				
List the aerodrome and location under leasing operations :				
	<b>Aerodrome</b>	<b>Location</b>		
	e.g. VVNB – HAN (Noi Bai)	e.g. Ha Noi - Viet Nam		
<b>N. Applicant Checklist (Please check the applicable boxes)</b>				
<b>Supporting documents to be submitted</b>			<b>Yes</b>	<b>No</b>
Invoice attached for AOC application fee			<input type="checkbox"/>	<input type="checkbox"/>
Organisation Chart, financial data, and Business plan (see Note 4)			<input type="checkbox"/>	<input type="checkbox"/>
Draft/final copies of operations manuals (see Note 11)			<input type="checkbox"/>	<input type="checkbox"/>
Leasing contracts with ground services provider(s) and aircraft maintenance organisation(s) (see Note 12)			<input type="checkbox"/>	<input type="checkbox"/>
Qualifications of the Check Airmen (see Note 13)			<input type="checkbox"/>	<input type="checkbox"/>
Details of the duties and responsibilities of the AOC post holders declared in Part H . Individual resumes are to be attached.			<input type="checkbox"/>	<input type="checkbox"/>
Lease agreement(s) corresponding to Part L			<input type="checkbox"/>	<input type="checkbox"/>
<b>O. Applicant Declaration</b>				
I hereby declare that the information given in this form is true in every respect and that I will comply with all the necessary requirements for the grant of an Air Operator Certificate. I further declare that all documents submitted in support of this application are true in every respect. I hereby apply for the grant of an Air Operator Certificate.				
_____			_____	
Name, Signature of Accountable Manager & Company Stamp			Date (Day / Month / Year)	

**P. I certify that I am authorized to submit this application on behalf of the applicant and that all required documents and manuals are included or otherwise identified. I further certify that this company is committed to fulfill all specified requirements for this certification.**

Signature	Date	Name and Title
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**Notes to applicant**

**General**

1. Please ensure form is correctly filled; the applicable fee is fully paid and that all required supporting documentation is provided. Incomplete/incorrect form or/and inadequate payment will lead to delays in processing your application.
2. Applications should follow VAR Part 12 and AC 12-001
3. Completed form and supporting documents are to be submitted with the AOC application fee (non-refundable) to one of the following addresses:

Mailing address	Office address (for hand delivery)
Civil Aviation Authority of Viet Nam, Flight Safety & Standards Department, <a href="mailto:fssd@caa.gov.vn">fssd@caa.gov.vn</a> / <a href="mailto:vanthu@caa.gov.vn">vanthu@caa.gov.vn</a>	Civil Aviation Authority of Viet Nam, Flight Safety & Standards Department, 119 Nguyen Son, Bo De, Long Bien, Ha Noi, Viet Nam

**Collection**

4. You will be notified when the certificate is ready for collection at the Flight Safety & Standards Department.

**NOTE 1**

If more than one “trading name” is used, the type(s) of aircraft under such name should be specified.

**NOTE 2**

Operator principal place of business telephone and fax details, including the country code. E-mail to be provided if available.

**NOTE 3**

Contact details, at which operational management can be contacted without undue delay.

**NOTE 4**

The particulars given should be those of the person who will be the operator of the aircraft, in the case of an incorporated body, the body, the names, addresses and nationality of the Directors, and the Chief Executive Officer (or Managing Director of General Manager), and in the case of an unincorporated corporation, the names, addresses and nationality of all partners. This list should reflect the organisational structure of the company applying for the AOC and the financial data and business plan.

**NOTE 5**

Give the manufacture and model of aircraft (for which a Certificate is required) to be operated (e.g. Boeing 777-300ER, Airbus A330-300) and the number of each type and state of registry and registration marks, owned or immediately available for operation by the applicant. If aircraft are not currently available, give the date on which they will be.

**NOTE 6**

State whether the aircraft will be used for the public transport of passenger and/or cargo. If the proposed operations include carriage in specialized fields (e.g. dangerous goods, vehicle ferry, live animals, etc), please give details.

**NOTE 7**

This relates to the normal operating bases for each type of aircraft used by the applicant. If appropriate, please give also the “trading name” at each aerodrome.

**NOTE 8**

If more than one type of aircraft is to be operated, give the starting dates proposed for each type.

**NOTE 9**

A separate list of routes (including alternate routes) should be provided for each type of aircraft. Please name each aerodrome to be used on each route, including technical stops and alternate aerodromes.

**NOTE 10**

Give details of the address, location and size of accommodation to be used by operating staff (including administrative and support staff). Please state whether the accommodation are to be used solely by the applicant’s staff or otherwise.

**NOTE 11**

The minimum time between receipt of completed manuals and the proposed date for the commencement of operations is six months. If manuals are not submitted with the application, please give date(s) when they will be presented for inspection. Applicants shall ensure that the validity of the manuals submitted to CAAV is maintained at all times.

**NOTE 12**

If the routine ground handling and maintenance of the applicant's aircraft is carried out by a number of contractors or service providers, please list them all and give details of the work for which each is responsible. CAAV will advise the applicant if further information is required. Reference to the Viet Nam Airworthiness Requirements should be made. Details of leasing contracts should be attached.

**NOTE 13**

Please list the names, qualifications and experience of the persons (e.g. Qualified Flight Instructor, Check Airman, Training Captains, Safety etc) responsible for checking.

The persons named should be those authorised by the applicant/CAAV to sign on its behalf. Records are to be maintained under the relevant provisions of the regulations.

**You do not need to submit this page with your application form.**