



SWAZILAND CIVIL AVIATION AUTHORITY

FORM: AC-GEN001

August 2011

PRE-APPLICATION STATEMENT OF INTENT (PASI)/ APPLICATION FORM

To be completed by an applicant for an Air Operator Certificate or Approved Maintenance Organisation or ATO.

Section 1A: To be completed by all applicants

<p>1. Name and mailing address of company (include business name if different from company name).</p>	<p>2. Address of the principal (main) base where operations will be conducted.</p>
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<p>3. Proposed Start-up Date:</p>	<p>4. Requested company (3 letters ICAO) identifier in order of preference. (1). (2). (3).</p>
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5. Management and Key Staff Personnel.

Name (Surname/First/Middle).	Title.	Telephone (include mobile) & address (if different from company) include country code.

Section 1B. To be completed by Air Operator, Approved Maintenance Organisation or ATO

6. Certified Air Operator (AOC)
 Approved Maintenance Organisation (AMO).
 Approved Training Organisation (ATO).
 Air Operator to perform own maintenance
 Air Operators aircraft Maintenance to be contracted to AMOs
 ATO to perform own maintenance
 ATO aircraft Maintenance to be contracted to AMOs

7. Proposed type of operation (Tick as many as applicable).
 Passengers and Cargo. Cargo Only. Scheduled Operations. Charter Flight Operations
 Aerial Work Civil Flying Training Other Purposes (explain)

8. Proposed type of Approved Maintenance Organisation Rating(s). Regulation 11 & 12 of AMO Regulations
(Tick as many as applicable)

<p style="text-align: center;">Aircraft</p> <input type="checkbox"/> Class 1 Composite Small Aircraft <input type="checkbox"/> Class 2 Composite Large Aircraft <input type="checkbox"/> Class 3 Metal Small Aircraft <input type="checkbox"/> Class 4 Metal Large Aircraft	<p style="text-align: center;">Engine – Propellers</p> <input type="checkbox"/> Class 1 Piston <400hp <input type="checkbox"/> Class 2 Piston >400hp <input type="checkbox"/> Class 3 Turbine Engine <input type="checkbox"/> Class 1 Fix Pitch Props <input type="checkbox"/> Class 2 All other Props	<p style="text-align: center;">Equipment & Instruments</p> <input type="checkbox"/> Class 1 Comm Equip. <input type="checkbox"/> Class 2 Nav. Equip <input type="checkbox"/> Class 3 Rader Equip. <input type="checkbox"/> Class 1 Instr. Mech. <input type="checkbox"/> Class 2 Electrical <input type="checkbox"/> Class 3 Gyroscopic <input type="checkbox"/> Class 4 Electronic	<p style="text-align: center;">Accessories</p> <input type="checkbox"/> Class1 Mech. Acc. <input type="checkbox"/> Class2 Electrical Acc. <input type="checkbox"/> Class3 Electronic Acc. <input type="checkbox"/> Class4 APU.
<input type="checkbox"/> Specialized Service (List Process Specification(s))			

9. Proposed courses to be conducted by ATO (Tick as applicable)

- Pilot Training
- Flight Operations Officer Training
- Air Traffic Services Training
- Cabin Crew Training
- Aviation Security Personnel Training
- Aircraft Maintenance Engineers Training
- Other Training (Specify type of training)

Section 1C. Training .Aircraft and Simulator Information (to be completed by Prospective Operator Prospective, Pilot Training ATO and Prospective Air Traffic Control Training ATO).

10. Training Aircraft Data.		Simulator Information	
		[Authority Assigned ID] :	
Aircraft Type Make, Model and Series (M/M/S).	Number of Aircraft Type	Make, Model and Series (M/M/S) of Aircraft being Simulated	Qualification Level Assigned

Section 1D. Blocks 11 and 12 to be completed by Air Operator.

<p>11. Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement).</p>	<p>12. Geographic areas of intended operations and proposed route structure.</p>						
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Numbers and types of aircraft (By make, model, and series).</td> <td style="width: 50%;">Number of passenger seats or cargo payload capacity.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Numbers and types of aircraft (By make, model, and series).	Number of passenger seats or cargo payload capacity.					
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Section 1E To be completed by all applicants

11. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

12. Proposed Training (Aircraft and/or Simulator).

13. The statement and information contained on this form denotes an intention to apply for the Authority Certificate.

Type of Organisation:

Name and Title Authorised Person	Date (day/month/year).	Signature & Stamp.

Section 2. To be completed by the Authority. (FSSD)

Date received (day/month/year).

Assigned Certification Project Manager:

For: Action Information only.

Remarks: