



## Application for Grant/Renewal/ Variation of Air Operator's Certificate

**To be completed in accordance with notes below and Civil Aviation Affairs Publication CAP 01.**

**NOTE: This form should be submitted to BCAA at least thirty (30 days), prior to AOC expiry with the attached documents as per CAP 01.**

### 1. Commercial Name, Address, Telephone, Fax and Email of applicant (note1)

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AOC No. (if issued)

### 2. Types, MSN Numbers and registration marks of aircrafts for which a certificate is required (note2)

A/C Type	MSN Number	Registration Mark	Other information

### 3. Purpose for which aircrafts are to be operated (note3)

- |   |   |
|---|---|
| <input type="checkbox"/> Commercial Passenger | <input type="checkbox"/> Commercial Passenger/Charter |
| <input type="checkbox"/> Commercial Cargo     | <input type="checkbox"/> Commercial Cargo/Charter     |

### 3.1 Special Authorizations (note3.1)

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4. Addresses: (note4)	
Principle Place of Business	Main Operations
5. Details of office accommodation available for use by office staff (note5)	
6. Geographical regions in which it is proposed to operate (note6)	
7. State when operations and training manuals will be made available for submission to BCAA. (note7)	



<b>8. Name and address of organization responsible for all maintenance of each type of aircraft. (note8)</b>
<b>8.1 State location of line maintenance and type of aircraft serviced in each case. Indicate at which stations Schedule Maintenance Inspection (SMI) will take place.</b>
<b>8.2 reference number of each maintenance schedule to which each aircraft is maintained.</b>
<b>8.3 Is the schedule approved by the BCAA? YES/NO. If YES give BCAA reference No. MS/.</b>
<b>8.4 Name of organization responsible for continuing airworthiness of the aircraft(s) maintained.</b>





**10. Names, Qualifications and experience of nominated post holders and details of the duties for which each individual is responsible see ANTR 1.175(k).**

**11. Proposed date for commencement of operation. (note11)**

**12. Current Insurance. (Attach a valid insurance certificate.)**

I apply for the:	<input type="checkbox"/> Grant	<input type="checkbox"/> Renewal	<input type="checkbox"/> Variation	Of an Air Operator's Certificate based on information provided in this form.
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Name: (BLOCK LETTERS) \_\_\_\_\_

Position \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Completed Form should be submitted to:**

**Aeronautical Licensing Directorate  
Civil Aviation Affairs  
P. O. Box 586  
Kingdom Of Bahrain**

**Tel: (973) 17 321091,**

**Fax: (973) 17 321061**



## Notes

**NOTE 01** - Give the details as indicated in the header in part 1.

**NOTE 02** - Give the type, msn number, and the registration mark of each aircraft owned or immediately available to the applicant for operation. If the aircraft are not currently available for inspection, give the date on which they will be.

**NOTE 03** - State if the aircraft will be used for the public transport of passengers and / or cargo. If the proposed operations include carriage in specialized fields (e.g. vehicle, ferry, animals etc) please give details.

**NOTE 3.1** – Fill out any special authorization request, i.e. Dangerous goods, Low visibility operations for T/O and/or Landing, RVSM, EDTO, PBN, Continuous Airworthiness, Others (Specify).

**NOTE 04** - Give the address of the principle place of business and main operations address if different.

**NOTE 05** – Give details and area of accommodation for main operations.

**NOTE 06** - Certificates will normally be restricted to the regions of operations. Please specify the region for each aircraft type. If an applicant requires a non-standard AOC region he should give geographical coordinates, in latitude and longitude, which when joined successively delineate the area of proposed operations.

**NOTE 07** - State whether operations and training manuals are available for presentation to BCAA. The minimum period required for scrutiny of these documents is eight weeks.

**NOTE 08** - If the routine maintenance of the operator's aircraft is carried by a number of contractors, please list them all and give details of the work for which each is responsible.

**NOTE 09** - List the names, qualifications and experience of the persons responsible for testing;

- The crew (including cabin staff where appropriate) as their knowledge of the use of emergency and life-saving equipment.
- Pilots;
- Flight engineers;
- Flight Navigators;
- Aircraft Commanders

The persons named should be those authorized by the operator to sign records to be maintained on his behalf.

**NOTE 10** - *Reserved.*

**NOTE 11** - If more than one type of aircraft is to be operated, give the proposed dates for the commencement of operations with each type.

**NOTE 12** – *Reserved.*