



## PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT

*NOTE: To be completed by an applicant for an air operator certificate or approval as an approved maintenance organisation (AMO).  
Refer to completion details on page 3.*

### Section 1A. To be completed by all applicants

1. i. Company registered name:	2. i. Address of the principal place of business:
ii. Trading name, if different:	
iii. Mailing address:	
iv. Telephone:	
v. Fax:	iii. Fax:
vi. E-mail:	iv. E-mail:
3. Proposed start-up date:	4. Designator assigned:

### 5. Management and key staff personnel

Name	Title	Telephone, fax and e-mail

### Section 1B. Proposals for maintenance (to be completed by all applicants as appropriate)

6.  Air operator intends to perform its maintenance as an AMO (complete 7 & 8)  
 Air operator intends to arrange for maintenance and inspections of aircraft and associated Equipment to be performed by others (complete 7 & 11)  
 Air operator intends to perform maintenance under an equivalent system (complete 7 & 11)  
 Approved maintenance organisation (complete 8)

### 7. Air Operator proposed types of operation:

- Passengers and Cargo  
 Cargo only  
 Scheduled operations  
 Charter flight operations

### 8. Approved Maintenance Organisation proposed ratings:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Airframe   | <input type="checkbox"/> Components          |
| <input type="checkbox"/> Powerplant | <input type="checkbox"/> Instruments         |
| <input type="checkbox"/> Propeller  | <input type="checkbox"/> Accessory           |
| <input type="checkbox"/> Avionics   | <input type="checkbox"/> Specialised service |



**Section 1C. To be completed by Air Operator Applicants**

**9. Aircraft data (provide a copy of the lease agreement for all leased aircraft)**

i. No. of aircraft:	ii. Type:	iii. Model:	iv. Aircraft nationality and registration marks, where available.	v. No. of passenger seats:	vi. Cargo payload capacity:

**10. Geographic area(s) of intended operations and proposed route structure:**

**Section 1D. (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 flight simulator training device):**

**Section 1E. The signature and the information contained on this form denote an intent to apply for an Air Operator Certificate and/or approval as a maintenance organisation, as appropriate.**

**Type of organisation:**

Name and title:	Signature:	Date:

**Section 2 (To be completed by BCAA official)**

**Received by:**

**Name: Title: Signature: Date:**

**Pre-application number:**

**Remarks:**



## **INSTRUCTIONS FOR THE COMPLETION OF THE PRE-ASSESSMENT STATEMENT**

### **Section 1A.** To be completed by all applicants.

1. Enter the official name and mailing address, telephone, fax and e-mail address of the company. Include any other name under which business is conducted if different from the official company name.
2. This address should be the physical location where the primary activities are based. It is where the offices of management required by legislation are located. If the address is the same as under item 1, enter “same”. Include secondary business addresses and identify the type of operation conducted at such addresses.
3. Enter the estimated date when operations or services are intended to commence.
4. The assigned company identification number, known as a designator for aircraft operating agency.
5. Enter the names, titles, telephone numbers and other contact details of management and key staff personnel.

### **Section 1B.** To be completed by all applicants as appropriate.

1. Indicate if the applicant air operator intends to perform maintenance as an approved maintenance organisation or intends to contract out all or part of its maintenance, or perform its maintenance using an equivalent system.
2. The proposed type of air operation will be indicated. Check all boxes that apply.
3. The proposed maintenance organisation ratings will be indicated. Check all boxes that apply.

*Note. Depending on the BCAA certification framework, an alternate list of ratings can be used, such as, for example, a list of four ratings: Mechanical, Workshop, Avionics and Specialised Service.*



**Section 1C.** To be completed by Air operator applicants.

1. Data for all aircraft to be used to be provided. Indicate number and types of aircraft by make, model, series, number of passenger seats and/or cargo payload capacity.

Indicate individual aircraft nationality and registration marks. Provide a copy of the lease agreement for all leased aircraft.

2. Indicate geographic area(s) of intended operation and proposed route structure.

**Section 1D.** To be completed by all applicants.

1. Provide any information that would assist BCAA personnel in understanding the type and scope of the operation or services to be performed by the applicant. If an air operator intends to contract out maintenance and inspection of its aircraft and/or associated equipment, identify the approved maintenance organisation selected and list the maintenance and inspections that the contracting organisation will perform. Provide copies of all maintenance contracts where applicable.
2. For air operator applicants, identify the type of aircraft and/or flight simulation training devices, including flight simulators, to be used and the training to be provided. For maintenance organisation applicants, identify the types of aircraft to be maintained and in addition identify the training that the quality assurance staff, certifying staff and other maintenance staff will receive, based on the ratings requested.

**Section 1E.** To be completed by all applicants.

Signature of the pre-assessment statement by the accountable manager denotes an intent to seek certification as an air operator or approval as a maintenance organisation.

**Section 2.** For BCAA use