

Application for Air Operator Certificate/Private Operator Certificate and Operations Specifications {Initial / Renewal / Variations}

Notes: Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using blue ink.

1. Reason for Submission of the Application: (Tick the appropriate)

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Variations : <ul style="list-style-type: none"> <input type="checkbox"/> Inclusion of new aircraft type. <input type="checkbox"/> Change in management personnel. <input type="checkbox"/> Change in area of operation. <input type="checkbox"/> Change in Operation: <input type="checkbox"/> Low Visibility <input type="checkbox"/> RVSM <input type="checkbox"/> EDTO <input type="checkbox"/> PBN <input type="checkbox"/> Others:
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2. Details of Applicant

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 names, addresses and nationality of the directors, and in the case of an unincorporated association, the name, addresses and nationality of partners. If a business name is used it should be given. Give the place and number of the company registration. All "trading names" used should be specified. Any "trading name" adopted subsequent to the completion of the application form or the issue of the certificate should be notified to the Kuwait DGCA.

The name(s) provided will be reflected on the Certificate when issued. The name(s) provided is (are):

a) an individual:..... b) a company:.....

3. Personal Particulars of Applicant (In BLOCK CAPITALS)

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

Position in the Organisation:

Please tick if nominated person is also the Accountable Manager:.....

4. Particulars of Organisation (In BLOCK CAPITALS)

Registered Name of Organisation/Operator Name:

Doing Business as (Db) Trading Name as:

Registration No: Place of Registration:

Address of Principal Place of Business:

Tel.:..... Fax:..... Email:

Address of Operating Base(s):

Tel.:..... Fax:..... Email:

Website address:

5. Description of Operations

This part of the form requires information on the type of operation the applicant plans to conduct. It could be operating carrying passengers only, cargo only or both passengers and cargo. If the operation includes specialised activities (e.g. carriage of vehicles, live animals etc.) details are required. Details of the region where the applicant plans to operate are required for each aircraft type; only a brief description of the area of operation and/or routes is required at this stage. Finally, details of the aircraft to be operated, including type and registrations along with the proposed operating base(s), shall be provided.

5A. Type of Operation

State whether the aircraft will be used for commercial air transport of passengers and/or cargo. If the proposed operations include specialized activities/limitations (e.g. carriage of vehicles, live animals etc.) please give details.

Passenger: Cargo:

Special activities/limitations:.....

5B. Details of Specific Approvals Required (Fill Separately for Each Aircraft Type)

Aircraft Type/Model:

Aircraft Registration Mark:

Dangerous Goods: Yes No

FTL:

LVO (Approach & Landing):

LVO (Take-off):

RVSM: Yes No

Specification:

ETOPS: Yes No Engine Type: Threshold Distance: Maximum Diversion Time:

PBN Operations:

RNP 1:

RNAV 1 (P-RNAV):

RNAV 5 (B-RNAV):

RNP APCH (LNAV) and/or (LNAV/VNAV):

RNAV 10 (RNP 10):

RNP 4:

RNP AR APCH:

MNPS: Yes No

CPDLC: Yes No

NAT HLA: Yes No

Helicopter Operations with the aid of night vision imaging systems: Yes No

Helicopter hoist operations: Yes No

Helicopter emergency medical service operations: Yes No

Cabin Crew Training: Yes No

Issue of CC attestations: Yes No

Continuing Airworthiness:

CAMO No.:

CAMO Name:

Electronic Flight Bag (EFB) :

Noise Level Certificate: Yes No

Stage:

HEMS / NVIS / HUD: Yes No

GNSS Approach: Yes No

Approaches using EVS: Yes No

Short Landing Operations: Yes No

Non CDFA Approaches: Yes No

Non Stabilised Approaches: Yes No

Steep Approaches: Yes No

Isolated Aerodromes: Yes No

Others:

5C. Proposed Areas of Operation

Aircraft Type:

Proposed area/routes of operations:

Aircraft Type:

Proposed area/routes of operations:

Aircraft Type:

Proposed area/routes of operations:

Aircraft Type:

Proposed area/routes of operations:

Aircraft Type:

Proposed area/routes of operations:

5D. Aircraft Details

Aircraft Manufacturer	Type/Mark	Registration	Date available for Inspection	>5700kgs (Yes/No)	Airworthiness Review and ARR Issue? (Yes/No)

5E. Operating Bases

Base 1:	Base 2:
Base 3:	Base 4:

5F. Aircraft Maintenance

In respect of the Operator's Maintenance System, the following documentation will have to be submitted and approved prior to the issue of an approval in accordance with KCASR Part-M Subpart G (hereafter known as Part-M, Subpart G). All State of Kuwait operators, operating for the purpose of Commercial Air Transport, are required to be approved as a Continuing Airworthiness Management Organisation to Part-M, Subpart G.

- The Continued Airworthiness Management Exposition (CAME). The applicant must provide a CAME prepared in accordance with Part-M, Subpart G. The minimum period required for scrutiny is 60 days.
- The Operator's Aeroplane/Helicopter Maintenance Programme(s). The applicant must provide to the Kuwait DGCA a copy of the Operator's Aeroplane/Helicopter Maintenance Programme, prepared in accordance with Part-M, Subpart C. The Kuwait DGCA must approve the Maintenance Programme and any subsequent amendment, unless otherwise agreed.
- The Operator's Aeroplane/Helicopter Technical Log. The applicant must submit the proposed Operator's Aeroplane/Helicopter Technical Log prepared in accordance with Part-M, Subpart C. The document must be submitted in draft form for approval prior to being committed to a final print run. The operator's Aeroplane/Helicopter Technical Log and any subsequent amendment must be approved by the Kuwait DGCA.
- Where appropriate, the Maintenance Contract(s)/Agreement(s) between the operator and any Part-145 approved Maintenance Organisation(s).
- Where the operator does not hold his own Part-145 approval and therefore requires maintenance accomplishment to be contracted out, a formal contract/agreement must be established between the parties in accordance with Part-M, Subpart G. The Kuwait DGCA will require a copy of the technical specification of such agreements, including any side letters or addenda, but details of the financial aspects of the arrangements may be omitted.

When **any** line or base maintenance of the operator's aircraft is to be accomplished by contractors appropriately approved under Part-145, list all the organisations and give details of the work and locations for which each is responsible. The Operator's Continued Airworthiness Management Exposition will be required to include the procedures to control such arrangements in accordance with Part-M, Subpart G when submitted to the Kuwait DGCA for approval.

Name of Approved Maintenance Organisation	Base or Line Maintenance	Approval No

6. Description of Management Organisation

An operator must have a management organisation capable of exercising operational control and supervision over any flight operated under the terms of the AOC. The information provided under this heading should give a clear picture of the chain of responsibility, appropriate to the size of the company, for all major aspects of management and of the arrangements for suitably qualified deputies to assume the functions of senior executives temporarily absent from duty. In addition, details of the accountable manager and nominated persons are required.

6A. The Accountable Manager

The operator must have nominated an Accountable Manager who has corporate authority for ensuring that all operations and maintenance activities can be financed and carried out to an acceptable standard. Please complete and attach Form 4 for the Accountable Manager.

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application: YES/NO

6B. Nominated Persons

The operator must have nominated persons, acceptable to the Kuwait DGCA, who are responsible for the management and supervision of the operation. Please complete and attach a Form 4 for each nominated person.

Flight Operations

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

Continued Airworthiness / Maintenance System

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

Crew Training

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

Ground Operations

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

Other Nominated Persons

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

Other Nominated Persons

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

6C. Other Company Management

Compliance Monitoring Manager

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

Safety Manager

Title: Name:

Tel. No. (business hours): Tel. No. (out of hours):

Email: Mobile no:

DGCA Form 4 attached with this application. YES/NO

7. Submission of Operations Manual

State when the Operations and Training Manuals will be available for presentation to the Kuwait DGCA. The minimum period required for initial review of these documents is 60 days. If manuals require amendment following initial review, then further time may be required before the Kuwait DGCA final acceptance of the amended manual.

Operations Manuals will be submitted on:

8. Proposed Date for Commencement of Operations (Applicable only for Initial Approval):

The completed application form and the application fee should reach the Kuwait DGCA at least 90 days before the date on which the Air Operator's /Private Operator's Certificate is required to be effective.

The interval between applications and grant or variation of a certificate will depend primarily upon matters within the control of the operator and no undertaking can be given that the Kuwait DGCA will be able to reach a decision within a particular period. Nevertheless, if after a period of 12 months the application process has not been substantially progressed, the Kuwait DGCA may refuse the application. The fee cannot be refunded in the event that an application is refused or withdrawn.

References to periods during which an Air Operator /Private Operator Certificate remains in force and the associated charges are raised shall be deemed to include periods during which the Certificate is suspended.

Proposed date for commencement of Operations:

9. Declaration and Signature

Data Protection: The information submitted will be stored on a database and is restricted to authorised persons. I apply for the grant of an Air Operator's / Private Operator's Certificate.

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Name, Signature & Stamp:

Date:

Delivery & Payment Instructions

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:

Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.

Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: safety@dgca.gov.kw

Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
<i>Name of Bank</i>	CENTRAL BANK OF KUWAIT
<i>Branch</i>	KUWAIT
<i>Account Name</i>	DIRECTORATE GENERAL OF CIVIL AVIATION
<i>Account Number</i>	11023041
<i>IBAN Number</i>	KW 17 CB KU 0000000000000011023041
<i>Bank Code/ Sort Code/ Swift Code</i>	CBKUKWKW
<i>Currency of Payment</i>	KWD

For official use only (DGCA/ASD)

Date of Receipt:

Enclosures Checked by:

Remarks:

Application

Accepted:

Rejected:

Pending:

Approved:

**Name, Signature & Stamp
of DGCA/ASD Authorized Inspector:**

Date: