PRE-ASSESSMENT STATEMENT

(To be completed by an applicant for an air operator certificate (AOC) or for approval as an approved maintenance organization (AMO). See Attachment B to this Part for instructions on completion of this statement.)

Section 1 OPERATOR DETAILS

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

1. Company registered name and trading name if different.
Click here to enter text.

Address of company: *mailing address; telephone; fax and e-mail.*
Click here to enter text.

2. Address of the principal place of business, including telephone, fax and e-mail.
Click here to enter text.

Secondary business address:
Click here to enter text.

Type of operation:
Click here to enter text.

3. Proposed start-up date:
Click here to enter text.

4. Requested designator for aircraft operating agency in order of preference:
Click here to enter text.

5. Management and key staff personnel

Name	Title	Telephone, fax and e-mail
Click here to enter text.	Click here to enter text.	Click here to enter text.

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 and 8).

☐ Air operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (complete 7 and 11).

☐ Air operator intends to perform maintenance under an equivalent system (complete 7 and 11).

☐ AMO (complete 8).

7. Air operator proposed types of operation:

☐ Passengers and cargo
☐ Cargo only
☐ Scheduled operations
☐ Charter flight operations

8. AMO proposed ratings:

☐ Airframe	☐ Computers
☐ Power plant	☐ Instruments
☐ Propeller	☐ Accessory
☐ Avionics	☐ 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)		**10. Geographic area(s) of intended operations and proposed route structure:**
a) Number of aircraft by type and model. Aircraft nationality and registration marks where available. Click here to enter text.	b) Number of passenger seats and/or cargo payload capacity. Click here to enter text.	Click here to enter text.

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): Click here to enter text.
12. Proposed training (aircraft and/or flight simulation training device): Click here to enter text.

Section 1E. *The signature and the information contained in this form denote an intent to apply for an AOC and/or approval as a maintenance organization, as appropriate.*		
Type of organisation: Click here to enter text.		
Signature:	Date: Click here to enter a date.	Name and title: Click here to enter text.

Section 2 MKDCAA DETAILS	
To be completed by MKDCAA	
Received by: Click here to enter text.	Pre-application number: Click here to enter text.
Date received: Click here to enter a date.	
Task Group for Certification Process FOI: Click here to enter text. AWI: Click here to enter text. Other:	
Remarks:	

INSTRUCTIONS FOR THE COMPLETION

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. This information will be used to assign a company identification number, known as a designator for aircraft operating agency. You may indicate up to three, three-letter identifiers, such as ABC, XYZ. If all choices have already been allocated to other operators or maintenance organizations, another identifier will be allocated.
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.

6. Indicate whether the applicant air operator intends to perform maintenance as an AMO or intends to contract out all or part of its maintenance, or perform its maintenance using an equivalent system.
7. The proposed type of air operation will be indicated. Check all applicable boxes.
8. The proposed maintenance organization ratings will be indicated. Check all applicable boxes.

Note.— Depending on the certification framework, an alternate list of ratings can be used, such as a list of four ratings: mechanical, workshop, avionics and specialized service.

Section 1C. To be completed by air operator applicants.

9. Data for all aircraft to be used to be provided. Provide a copy of the lease agreement for all leased aircraft.
   a) Indicate number and types of aircraft by make, model and series, and indicate individual aircraft nationality and registration marks; and
   b) Number of passenger seats and/or cargo payload capacity.
10. Indicate geographic area(s) of intended operation and proposed route structure.

Section 1D. To be completed by all applicants.

11. Provide any information that would assist MKDCAA to understand the type and scope of the operation or business 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 AMO selected and list the maintenance and inspections that the contracting organization will perform. Provide copies of all maintenance contracts where applicable.
12. 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 organization 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 organization.

Section 2. MKDCAA will nominate the Task group for certification process.