

	SIERRA LEONE CIVIL AVIATION AUTHORITY AIR OPERATOR CERTIFICATE & ASSOCIATED OPERATIONS SPECIFICATION	Reference	FORM:O-OPS001-2
		Revision	01
		Date	

FORM-AIR OPERATOR CERTIFICATE		
	SIERRA LEONE ¹	Serial No.: ³
	SIERRA LEONE CIVIL AVIATION AUTHORITY ²	
AOC #: ⁴ EXPIRY DATE ⁵ (dd.mm.yyyy):	OPERATOR NAME: ⁶ DBA trading name ⁷ : Operator address ⁸ : Telephone ⁹ : Fax: E-mail:	OPERATIONAL POINTS OF CONTACT <hr style="width: 100%;"/> ¹⁰ . Contact details, at which operational management can be contacted without undue delay, are listed in ¹¹ .
This certificate certifies that ¹² is authorized to perform commercial air operations, as defined in the attached Operations Specifications, in accordance with the operations manual and the SLCAR Part 26 (Air Operator Certification and Administration). ¹³		
Date Of Issue ¹⁴ (dd.mm.yyyy):	By authority of the Director General ¹⁵	

AIR OPERATOR CERTIFICATE INSTRUCTIONS

1. *State of operator – Sierra Leone*
2. *Issuing Authority of the State of Operator – Sierra Leone Civil Aviation Authority*
3. *Serial Number of the AOC Certificate and SLCAA File Reference Number*
4. *Unique AOC number, as issued by the Sierra Leone Civil Aviation Authority.*
5. *Date after which the AOC ceases to be valid (dd-mm-yyyy).*
6. *Operator’s registered name.*
7. *Operator’s trading name, if different. Insert “dba” before the trading name (for “doing business as”).*
8. *Operator’s principal place of business address.*
9. *Operator’s principal place of business telephone and fax details, including the country code. E-mail to be provided if available.*
10. *The contact details include the telephone and fax numbers, including the country code, and the e-mail address (if available) at which operational management can be contacted without undue delay for issues related to flight operations, airworthiness, flight and cabin crew competency, dangerous goods and other matters as appropriate.*
11. *Insert the controlled document, carried on board, in which the contact details are listed, with the appropriate paragraph or page reference, e.g.:*

“Contact details are listed in the operations manual, Part A, Chapter 1, 1.1” or “... are listed in the operations specifications, page 1” or “... are listed in an attachment to this document”.
12. *Operator’s registered name.*
13. *Insertion of reference to the appropriate Civil Aviation Regulations.*
14. *Issuance date of the AOC (dd-mm-yyyy).*
15. *Title, name and signature of the authority representative. In addition, an official stamp may be applied on the AOC.*



**SIERRA LEONE CIVIL AVIATION
AUTHORITY**

**AIR OPERATOR CERTIFICATE &
ASSOCIATED OPERATIONS
SPECIFICATION**

Reference

FORM:O-OPS001-3

Revision

01

FORM-OPERATIONS SPECIFICATIONS

(subject to the approval conditions in the Operations Manual)

SLCAA – SIERRA LEONE CIVIL AVIATION AUTHORITY - Contact Details

Telephone1: +232 76806885 to Fax:#####

E-mail: info@slcaa.gov.sl

AOC #²: _____ Operator Name³: _____ Date⁴: _____.

Db a trading name⁴: _____ Signature: _____.

Aircraft Model ⁵:

Registration:

Types of Operation⁶: Commercial Air Transportation Passengers Cargo Other⁶

Area(s) of Operation⁷:

Special Limitations⁸:

SPECIFIC APPROVAL	YES	NO	DESCRIPTION⁹	REMARKS
Dangerous Goods:	<input type="checkbox"/>	<input type="checkbox"/>		
Low Visibility Operations (LVO)	<input type="checkbox"/>	<input type="checkbox"/>		
Approach and Landing	<input type="checkbox"/>	<input type="checkbox"/>	CAT¹⁰: _____ RVR: _____ m DH: _____ ft	
Take-off	<input type="checkbox"/>	<input type="checkbox"/>	RVR¹¹: _____ m	
Operational Credits	<input type="checkbox"/>	<input type="checkbox"/>	12	
RVSM¹³ <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
EDTO¹⁴ <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	Threshold time¹⁵ _____ minutes	

			Maximum diversion time¹⁵ Minutes	
AR navigation specifications for PBN operations	<input type="checkbox"/>	<input type="checkbox"/>	16	
Continuing airworthiness	<input type="checkbox"/>	<input type="checkbox"/>	17	
EFB	<input type="checkbox"/>	<input type="checkbox"/>	18	
Other¹⁹	<input type="checkbox"/>	<input type="checkbox"/>		

Notes:

1. Telephone and fax contact details of the authority, including the country code. E-mail to be provided if available.
2. Insert the associated AOC number.
3. Insert the operator's registered name and the operator's trading name, if different. Insert "dba" before the trading name (for "doing business as").
4. Issuance date of the operations specifications (dd-mm-yyyy) and signature of the authority representative.
5. Insert the Commercial Aviation Safety Team (CAST)/ICAO designation of the aircraft make, model and series, or master series, if a series has been designated (e.g. Boeing-737-3K2 or Boeing-777-232). The CAST/ICAO taxonomy is available at: <http://www.intlaviationstandards.org/>
6. Other type of transportation to be specified (e.g. emergency medical service).
7. List the geographical area(s) of authorized operation (by geographical coordinates or specific routes, flight information region or national or regional boundaries).
8. List the applicable special limitations (e.g. VFR only, day only).
9. List in this column the most permissive criteria for each approval or the approval type (with appropriate criteria).
10. Insert the applicable precision approach category (CAT II, IIIA, IIIB or IIIC). Insert the minimum RVR in metres and decision height in feet. One line is used per listed approach category.
11. Insert the approved minimum take-off RVR in metres. One line per approval may be used if different approvals are granted.
12. List the airborne capabilities (i.e. automatic landing, HUD, EVS, SVS, CVS) and associated operational credit(s) granted.
13. "Not applicable (N/A)" box may be checked only if the aircraft maximum ceiling is below FL 290.
14. If extended diversion time operations (EDTO) approval does not apply based on the provisions in Civil Aviation (Operations of Aircraft-Commercial Air Transport) Regulation 107, select "N/A". Otherwise a threshold time and maximum diversion time must be specified.
15. The threshold time and maximum diversion time may also be listed in distance (NM), as well as the engine type.
16. Performance-based navigation (PBN): one line is used for each PBN AR navigation specification approval (e.g. RNP AR APCH), with appropriate limitations listed in the "Description" column.
17. Insert the name of the person/organization responsible for ensuring that the continuing airworthiness of the aircraft is maintained and the regulation that requires the work, i.e. within the AOC regulation or a specific approval (e.g. EC2042/2003, Part M, Subpart G).
18. List the EFB functions with any applicable limitations.
19. Other authorizations or data can be entered here, using one line (or one multi-line block) per authorization (e.g. special approach authorization, MNPS, approved navigation performance).