

## SIERRA LEONE CIVIL AVIATION AUTHORITY

## Reference FORM:O-OPS001 Revision 01 Date

## PROSPECTIVE OPERATOR'S PRE- APPLICATION STATEMENT (POPS)/APPLICATION FORM

To be completed by an applicant for an Air Operator Certificate							
Section 1A: To be completed by all applicants							
Name and mailing address of company (include business name if different from company name).		Address of the principal (main) base where operations will be conducted.					
3. Proposed Start-up Date:	4. Requested company (1).	(3 letters ICAO) identifier in order of preference. (2). (3).					
5. Management and Key Staff Personnel.							
Name (Surname/First/Middle). Title.		Telephone (include mobile) & address (if different from company) include country code.					
Section 1B. To be completed by A	Air Operator and/or Appr	oved Maintenance Organisation.					
6. Air Operator intends to perform maintenance as an AMO.  Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others.  Air Operator intends to perform maintenance under an equivalent system.  Approved Maintenance Organisation.  Approved Training Organisation							
7. Proposed type of operation (Tick as many as applicable). Air Operator Certificate − No. 2/3.  ☐ Passengers and Cargo. ☐ Cargo Only. ☐ Scheduled Operations. ☐ Charter Flight Operations ☐ Aerial Work							
8. Proposed type of Approved Maintenance Organisation Rating(s). Regulation 11 & 12 of AMO Regulations (Tick as many as applicable)							
Airframe Pc	ower-plant  (c) (i) (d) (ii) (d) (iii) (d) (iii) (d) (iii)	Components         Specialized           □ (e) (i) □ (f) (ii) □ (e) (ii) □ (g) (iii) □ (g) (iii)         □ (g) (iv) □ (3) (b) □ (3) (b)					

9. Proposed courses to be conducted by ATO (Tick as applicable)  Pilot Training Flight Operations Officer Training Air Traffic Services Training Cabin Crew Training Aviation Security Personnel Training Aircraft Maintenance Engineers Training Other Training (Specify type of training)								
Section 1C. Training Aircraft and Simulator Information  10. Training Aircraft Data.  Simulator Information								
Aircraft Type Make, Model and Series (M/M/S).		Number of Aircraft Type	[Authority Assigned ID] :  Make, Model and Series (M/M/S) of Aircraft being Simulated	Qualification Level Assigned				
	140							
Section 1D.Blocks 11 and 12 to be completed by Air Operator.11. Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement).12. Geographic areas of intended operations and proposed route structure.								
Numbers and types of aircraft (By make, model, and series).		of passenger seats or yload capacity.						
(By make, model, and series).	Cango pa	yrodd capacity.						

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Section 1E Additional Information							
13. Any Special Authorizations Requested (RVSM, PBN, EDTO, CAT II/III, Dangerous Goods, Single Engine							
Turbine Powered Operations etc.)							
	1 1 0.1						
14. Additional information that provides a bette	er understanding of the	e propo	sed operation or business				
(Attach additional sheets, if necessary).							
15 Proposed Training (Aircraft and/or Simulator)							
15. Proposed Training (Aircraft and/or Simulator).							
16. Air Service Licence expiry date accompani	ed with financial data	(Provid	le copies of the ASL and latest audited				
financial statements or business plan)	ou will illument data	(110,11	to copies of the fibb and fatest addited				
17. The statement and information contained or	n this form denotes an	intenti	on to apply for the Authority				
Certificate.							
Type of Organisation:							
Signature.	Date (day/month/yea	ar).	Name and Title (Block Letters).				
Section 2. To be completed by the Authority	•		1				
Received by (Name and Office):			Date received (day/month/year).				
10 10 10							
Assigned Certification Project Manager:  Date forwarded to the Certification Project Manager (CPM)  For: Action Information only.							
Date forwarded to the Certification Project Manager (CPM)			Action Information only.				
(day/month/year):  Remarks:							
Remarks:							
Section 3. To be completed by the Manager Flight Operations.							
Received by:		ite (day/month/year):					
•			•				
Pre-application Number:	Assigne	d Certi	fication Number:				
Assigned FOI:	Date:						
Remarks:							
1							