



**Application for Issue, Renewal or Amendment of a Foreign Air
Operator Certificate under Civil Aviation Rule (CAR) Part 129**

Notes for completing this form and costs involved:

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|------------------------|---|
| For Application | Complete all Sections and provide a current copy of the Exposition and evidence required by Sections 6 (a), 7 and 10 of this Form. <i>If CAA requires sending a Flight Operations Inspector and an Airworthiness Inspector to visit the airline and the Civil Aviation Authority of the country of domicile prior to certification, the total estimated cost of the visit shall be paid in advance with the application.</i> |
| For Renewal | Complete Sections 1, 2, 3, 4, 5, 6(a)(i); 6(a)(ii) if you have changed aircraft type; 6(b) & (c), 7, 9 if you have changed aircraft type or equipment; 9 if you are requesting this as a new approval; 10, and 11 as appropriate. Provide an updated copy of the Exposition. |
| For Amendment | Complete Section 1, 2 and 3 and any parts appropriate to the amendment request. In addition, if appropriate, add plain text explaining the need for the amendment. If the amendment affects the Exposition, provide an updated copy showing the amendments. |

This form and supporting documentation with the fee of K 5,000 should be submitted to:

Chief Executive Officer
Civil Aviation Safety Authority
P O Box 1941
BOROKO N C D
Papua New Guinea
Phone + 675 325 7320 Fax: + 675 3251789 Email: flyingops@casapng.gov.pg

1. Declaration

This application is made for and on behalf of the organisation identified in Section 2 below.

I have obtained copies of Civil Aviation Rule Parts 12 Accidents & Incidents, 108 Security Programme and 129 Foreign air Operator Certificate. I have read and understood these Rules as they apply to this application.

I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements of the PNG Civil Aviation Act 2000.

I further certify that a copy of current parts of the Exposition and Operation Specifications will be held at each major location specified in the exposition; and

- (a) Relevant parts of the exposition and Operations Specifications will be made available to those personnel who require them to carry out their duties; and
- (b) Staff will comply with the procedures contained in the exposition.

Full name of Senior Person:

Signature:.....

Title of Senior Person: Date of application:.....

Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 304 of the Civil Aviation Act 2000 and is subject to a maximum fine of K100,000.

2. Organisation Details

| | | | | |
|--|---|------|--|---------|
| (a) Legal name of organisation: | | | | |
| | <i>The certificate will be issued in this name</i> | | | |
| (b) Trading name(s) under which the certificate holder may operate: | | | | |
| Client No. (if known) | | | | |
| (c) Address for Service in Country of domicile: | | | | |
| | | | | |
| | | | | |
| Tele: | | Fax: | | E-Mail: |
| (d) Name, title and service address of the applicants representative in Papua New Guinea | | | | |
| | | | | |
| | | | | |
| Tele: | | Fax: | | E-Mail: |
| Your reference: | | | | |
| | <i>(Order number/contact person or other reference)</i> | | | |

3. Reason for Application – (Please tick as appropriate)

| | | |
|--|----------------------------------|------------------------------------|
| Initial Issue <input type="checkbox"/> | Renewal <input type="checkbox"/> | Amendment <input type="checkbox"/> |
|--|----------------------------------|------------------------------------|

4. Proposed Services

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|--|--|
| (a) Kinds of operation proposed: | |
| <input type="checkbox"/> Scheduled Passenger | <input type="checkbox"/> Scheduled Cargo |
| <input type="checkbox"/> Non Scheduled Passenger | <input type="checkbox"/> Non Scheduled Cargo |
| <input type="checkbox"/> Scheduled Passenger and Cargo | |
| <input type="checkbox"/> Non Scheduled Passenger and Cargo | |
| Proposed commencement date: | |
| (b) Destination aerodrome <i>(Applicant will only use this port as per CAA ACT)</i> | <input type="checkbox"/> Port Moresby |
| (c) Alternate aerodromes in Papua New Guinea | |
| | |

5. Aircraft types to be used

| Aircraft registered in the country of the applicant: | | | | | | |
|---|------|-------|------------|-------------------|--------------------------|---------|
| <i>If the aircraft to be used are not registered in the country of the applicant, submit registration and ownership details on a separate sheet, together with a copy of the aircraft lease or charter agreement between the applicant and the lessor</i> | | | | | | |
| Name of Manufacturer | Type | Model | Serial No. | Registration Mark | Max certificated weights | |
| | | | | | Take-off | Landing |
| | | | | | | |
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6. Operating Certificate

(a) Provide evidence that the Aviation Authority of the applicant's country of domicile has:

(i) **Authorised the airline to fly to Papua New Guinea** and

(ii) **Authorised the use of the proposed aircraft type and model, to operate to Papua New Guinea**

This may be done by submitting a copy of the applicant's **Air Operator Certificate** and appropriate parts of **Operations Specifications** or an equivalent document. Copies attached

| | | | |
|---|--|------|--|
| (b) Address of the Authority which issued the operating certificate | | | |
| | | | |
| Tele: | | Fax: | |

(c) Name and address of the persons within that Authority who are responsible for the operational and airworthiness surveillance of the certificate holder

| Operations | Airworthiness | | |
|------------|---------------|-------|------|
| | | | |
| | | | |
| | | | |
| Tele: | Fax: | Tele: | Fax: |

(d) **Regulatory Authority of the State of Licensing** (if different from Aircraft Operating Certificate)

Name of the Authority:

Address:

.....

.....

.....

Postcode/Zipcode: **Country:**

Officer Responsible for Licensing:

| | |
|-----------------------|-------------------|
| Name: | Position: |
| Telephone: | Facsimile: |
| Email Address: | |

7. Operational Approvals (RNP10/ RNP4, RVSM and Stage 3 Noise Level)

The Port Moresby FIR is designated **RVSM** and **RNP4/10** airspace. Provide documentary evidence (Photocopy of Ops Specs pages) verifying that:

(a) the aircraft are appropriately equipped and aircrew are trained in RVSM and RNP10 operational procedures and

(b) the aircraft are **Stage 3** noise compliant.

Ops Specs Evidence attached

| | | |
|--------------|------------------------------|-----------------------------|
| RNAV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RNP4 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RNP10 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RVSM | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ETOPS*/EROPS/EDOP Yes No

* If "Yes" what is the approved ETOPS time interval? minutes.

Mandatory Aircraft Equipment for Operations in Papua New Guinea:

Is this aircraft fitted with TAWS-A equipment? (e.g. EGPWS) Yes No

If yes:

Manufactured by: **Model:**

Is this aircraft type fitted with ACAS II or TCAS II Change 7.0 equipment? Yes No

If yes:

Manufactured by: **Model number:**

8. Special Limitation

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9. Aircraft Equipment

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|---|-----------------------|------|-----------------------|------|
| (a) Number and type of radio communication equipment installed in each aircraft type: | | | | |
| | AIRCRAFT TYPE: | | AIRCRAFT TYPE: | |
| | Number | Type | Number | Type |
| <input type="checkbox"/> VHF | | | | |
| <input type="checkbox"/> H/F | | | | |
| | | | | |
| (b) Number and type of radio navigation equipment installed in each aircraft type: | | | | |
| | Number | Type | Number | Type |
| <input type="checkbox"/> ADF | | | | |
| <input type="checkbox"/> VOR | | | | |
| <input type="checkbox"/> DME | | | | |
| <input type="checkbox"/> ILS | | | | |
| Transponder Mode S or Mode C | | | Mode S or Mode C: | |
| | | | | |
| (c) Number and type of long range navigation systems installed in each aircraft type: | | | | |
| | Number | Type | Number | Type |
| <input type="checkbox"/> INS | | | | |
| <input type="checkbox"/> IRS | | | | |
| <input type="checkbox"/> GPS | | | | |
| | | | | |
| (d) Emergency radio equipment carried and/or installed in each aircraft type: | | | | |
| | | | | |
| | | | | |

10. Aerodrome Meteorological Minima

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| <p>If requesting approval for take-offs in zero ceiling conditions and visibility less than 800 m, or Category II / III approaches, submit copies of the applicant's approval granted by the Aviation Authority of the country of domicile.</p> <p style="text-align: right;">Approval attached <input type="checkbox"/></p> |
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11. Flight Crew

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| <p>(a) Have pilots received training in the use of navigational facilities and communications facilities for instrument flight within Papua New Guinea?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) Are pilots been made familiar with air traffic control procedures and the applicable regulations prescribed for the areas to be traversed within Papua New Guinea?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|---|

12. Air Operator Security Programme

For initial issue of a certificate, submit your company's Air Operator Security Programme to conform with the requirements of Papua New Guinea Civil Aviation Rules Part 108.

A programme is not required if:

- a) Your aircraft is freight only, or
- b) It is configured to seat less than ten passengers (excluding crew member seats); or
- c) You make only three landings anywhere in Papua New Guinea in any consecutive 28 days.

Security manual is already lodged with CASA PNG

Security Manual and/or amendments attached

Security manual not required for the operation

CAA USE ONLY

1. Received by:..... 2. Fees Received by:.....

3. Receipt No. 4. Receipt Date:.....

5. Remarks:.....

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