



**References:**

Rule Part 129

**Instructions:**

- **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. 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.
- **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 Sections 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.
- *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, in the case of a person other than an individual, to a maximum fine of K100,000.*
- **Legal name of organization:** A certificate will be issued only to a legal entity, i.e., a registered company, a partnership, a sole trader, or an incorporated society. For a registered company, **submit a copy of the Investment Promotion Authority Certificate of Incorporation.**
- Send this application together with the fee of **K40,000 for initial** and **K5,000 for renewal** and supporting documentation to:

Director of Civil Aviation, Papua New Guinea  
P O Box 1941  
BOROKO N C D  
Papua New Guinea

**1. Questionnaire and Declaration**

The following questions must be answered for initial issue and for renewal	<b>Yes*</b>	<b>No</b>
(a) Has the organisation been convicted for any transport safety offence in the last five years or is the organization presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has the organisation previously had an application for an aviation document rejected or has an Aviation document held by the organisation been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>

\*If answering "Yes", please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Deputy Director – Aviation Safety Regulation (as appropriate) Civil Aviation Authority". Include the organisation's name, client number (if known) and the type of certificate applied for.

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 Certificates. 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 Applications: \_\_\_\_\_



**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)							
Postal Address:							
(c) Address for Service in Country of domicile:							
Tel:		Fax:		Mobile:		Email:	
(d) Name, title and service address of the applicants representative in Papua New Guinea							
Tel:		Fax:		Mobile:		Email:	
Contact person:							

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

Initial Issue <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>
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**4. Proposed Services**

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

**5. Aircraft types to be used**

<b>Aircraft registered in the country of the applicant:</b>						
<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



**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

Tel: \_\_\_\_\_ 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	
Tel: _____	email : _____	Tel: _____	email: _____

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

Name of the Authority: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode/Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Officer Responsible for Licensing:

Name: _____	Position: _____
Tel: _____	Email: _____
Mobile: _____	Fax: _____

**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 is appropriately equipped, and aircrew are trained in RVSM and RNP10 operational procedures and Evidence attached

(b) the aircraft are Stage 3 noise compliant. Evidence attached

**OPS SPECS:** Evidence attached:

Specific Approval	YES	NO	Description
RNAV	<input type="checkbox"/>	<input type="checkbox"/>	
RNP4	<input type="checkbox"/>	<input type="checkbox"/>	
RNP10	<input type="checkbox"/>	<input type="checkbox"/>	
RVSM	<input type="checkbox"/>	<input type="checkbox"/>	
ETOPS*/EROPS/EDOP	<input type="checkbox"/>	<input type="checkbox"/>	* 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)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Manufactured by: Model:
Is this aircraft type fitted with ACAS II or TCAS II Change 7.0 equipment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes: Manufactured by: Model number:

**8. Special Limitation**


**9. Aircraft Equipment**

(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

If requesting approval for take-offs in zero ceiling conditions and visibility less than 800m, submit copies of the applicant's approval granted by the Aviation Authority of the country of domicile	Approval attached <input type="checkbox"/>
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### 11. Flight Crew

(a) Have pilots received training in the use of navigational facilities and communications facilities for instrument flight within Papua New Guinea?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 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	<input type="checkbox"/>
Security Manual and/or amendments attached	<input type="checkbox"/>
Security manual not required for the operation	<input type="checkbox"/>