



**Application For Issue, Renewal, Or Amendment Of An  
Air Operator Certificate Under Civil Aviation Rule Part 119**

**Notes for completing this form:**

<b>For Issue, or Re-entry</b> after 5 years	<b>Complete all Sections</b>
<b>For any Renewal</b> occurring before re-entry is due	<p><b>Complete all Sections, and in Section 13:</b></p> <p><b>If any senior persons have changed:</b> CV must be provided.</p> <p><b>If the senior persons are unchanged:</b> Their names should be confirmed in the right hand box and each will be required to provide a completed form CAA FPP (to update their fit and proper person statements).</p>
<b>For Amendment</b>	Complete Sections 1 and 2 and any parts appropriate to the amendment request. In addition, add plain text explaining the need for the amendment, if appropriate, and <b>provide amended exposition pages.</b>

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 organisation:** 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 K5,000 and supporting documentation to:

**Chief Executive Officer/Director**  
Civil Aviation Safety Authority of PNG  
P O Box 1941  
**BOROKO**, National Capital District  
Papua New Guinea

**1. Questionnaire and Declaration**

The following questions must be answered for initial issue and for renewal	Yes*	No
(a) Has the organisation been convicted for any transport safety offence in the last five years or is the organisation 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.		

I have obtained a current copy of CAR Part 119 and have read and understood its contents as it applies to this application for an Air Operator Certificate. I also have a current copy of CAR Parts 1, 12, 43, 91, 92, 108, 119, 121, 125, 135, 139, 141 as applicable.

This application is made for and on behalf of the organisation identified below. 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 Civil Aviation Act 2000 (Section 48)

Full name of Senior Person: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of application: \_\_\_\_\_ Senior Person's Client No. (if known) \_\_\_\_\_

**2. Organisation Details**

Legal name of organisation:					
<i>The certificate will be issued in this name</i>					
Trading name(s) under which the certificate holder may operate:					
Client No: (if known)					
Postal Address:					
(Address for service)					
Ref Civil Aviation Act Section 48)					
Tel:		Fax:		Mobile:	Email:
Principal base of operations: (refer CAR 119.13(b)(1))					
Tel:		Fax:		Mobile:	Email:
Contact person:					

**3. Air Operation Types - tick appropriate boxes for services applied for**

Part 121 <input type="checkbox"/>	Part 125 <input type="checkbox"/>	Part 135 <input type="checkbox"/>
	SEIFR <input type="checkbox"/>	Part 136 <input type="checkbox"/>
ETOPS <input type="checkbox"/>	Initial Issue <input type="checkbox"/>	Renewal <input type="checkbox"/>
IFR <input checked="" type="checkbox"/>	Passenger: regular <input type="checkbox"/>	Passenger non regular <input type="checkbox"/>
	RVSM <input type="checkbox"/>	RNP <input type="checkbox"/>
	VFR <input type="checkbox"/>	Amendment <input type="checkbox"/>
		Cargo: regular <input type="checkbox"/>
		Cargo: non regular <input type="checkbox"/>
		ILS Cat II or III <input type="checkbox"/>
	<u>International</u> <input type="checkbox"/>	<u>Domestic</u> <input type="checkbox"/>

**4. Bases (Name them)**

1. _____	2. _____	3. _____
----------	----------	----------

**5. Proposed Geographical Area of Operation and Routes (where scheduled)**


## 6. Crew Training and Competency Assessment

(a) Name and address of any contracted training organisations you intend to use:	CAA Client ID (if known)

**Note: Confirm with the Contractor that their CAR Part 141 Certificate authorises them to conduct the courses or assessments you require.**

(b) Summary of Training Courses and Assessments requiring approval if exercised under your CAR part 119 Certificate.

### Approvals applied for – mark appropriate box

Courses		Assessments	
P1	<input type="checkbox"/> Pilot type rating – specific to type	A3	<input type="checkbox"/> ATPL Flight test
P5	<input type="checkbox"/> Basic gas turbine knowledge	A5	<input type="checkbox"/> <b>Instrument rating</b> <input type="checkbox"/> Additional aid <input type="checkbox"/> Continued competency <input type="checkbox"/> Multi-engine
P6	<input type="checkbox"/> Synthetic flight trainers – specific to type <input type="checkbox"/> Simulator <input type="checkbox"/> Flight procedure trainer <input type="checkbox"/> Basic flight instrument trainer		
P7	<input type="checkbox"/> Cat II & III approaches		
M1	<input type="checkbox"/> Dangerous goods	A6	<input type="checkbox"/> <b>Instructor rating currency test</b>
M6	<input type="checkbox"/> Crew training 121, 125, 135 <input type="checkbox"/> AQP	A8	<input type="checkbox"/> <b>Operational competency</b> <input type="checkbox"/> Part 121 operations <input type="checkbox"/> Part 125 operations <input type="checkbox"/> Part 135 operations
M7	<input type="checkbox"/> Cabin crew training		
		A11	<input type="checkbox"/> Helicopter winching rappelling and human sling load

## 7. Documentation

The exposition required by CAR Part 119.7(3) is contained in the manuals submitted herewith and listed below. (If applying for a renewal, list the publications already held by CAA and their latest amendment status.	<b>Amendment No. and Date</b>

## 8. Aircraft to be used

Add	Delete	Registration	Manufacturer:	Model:	Are you the registered owner?

--	--	--	--	--	--

**9. Maintenance**

Registration	Name and address of Maintenance Organisation you intend to use	CAA Client ID

**10. Maintenance Program**

Registration	Document title	CAA approved – yes/no

**11. Exemptions**

If you hold any exemptions, please list the exemption number(s) below:

--

**12. Aviation Security**

The holder of an air operator certificate for operations in accordance with Parts 121 or 125 requires a Security Programme if carrying passengers. (CAR Part 119.69). Is the CAA holding a copy that has been approved?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
---	--

**13. Senior Persons**

*For initial issue, or for a change of Senior Persons, please list the names in the table below:*

Chief Executive	Name: _____ Company title: _____
Person responsible for flight operations	Name: _____ Company title: _____
Person responsible for crew training	Name: _____ Company title: _____
Person responsible for crew assessment if different from training	Name: _____ Company title: _____

	<b>Name</b>
Please remove this Senior Person from those currently listed with the CAA:	
Please remove this Senior Person from those currently listed with the CAA:	

Person responsible for operational ground activities which directly support air operations	Name: _____ Company title: _____
Person responsible for aircraft airworthiness and the control and scheduling of maintenance	Name: _____ Company title: _____
Person responsible for safety management system	Name: _____ Company title: _____
Person responsible for quality management system	Name: _____ Company title: _____
Person responsible for Security	Name: _____ Company title: _____
Any other nominee (not required by Part 119.51)	Name: _____ Company title: _____