



# APPLICATION FOR FOREIGN AOC OPERATIONS SPECIFICATIONS

**INSTRUCTIONS**  
Print or type. Do not write in shaded areas, these are for BCAA use only. Submit original only to the **Safe Oversight Department** or a BCAA Authorized Person. If additional space is required, use an attachment

A. APPLICANT INFORMATION:	
1. COMPANY REGISTERED (AND TRADING) NAME	4. PERMANENT ADDRESS: PRINCIPAL PLACE OF BUSINESS ( <i>Street or Postal Number</i> )
2. CENTRAL TELEPHONE & FAX NUMBERS	5. CITY                      STATE/PROVINCE                      MAIL CODE                      COUNTRY
3. ICAO 3-LETTER DESIGNATOR	6. PROPOSED START DATE & FIRST AERODROME OF ENTRY

B. MANAGEMENT CONTACTS:		
1. NAME & TITLE OF OPERATIONS DIRECTOR	PHONE #	E-MAIL
2. NAME & TITLE OF MAINTENANCE DIRECTOR	PHONE #	E-MAIL
3. NAME & TITLE OF BAHAMAS-BASED OPERATOR REPRESENTATIVE	PHONE #	E-MAIL

C. APPROVALS REQUESTED:			
YES?	APPROVALS	YES?	APPROVALS
<input type="checkbox"/>	1. Over-Flights & Technical Stops (1 <sup>st</sup> & 2 <sup>nd</sup> Freedom)	<input type="checkbox"/>	6. Passengers & Cargo
<input type="checkbox"/>	2. Commercial Landing & Departure (3 <sup>rd</sup> & 4 <sup>th</sup> Freedom)	<input type="checkbox"/>	7. Cargo Only
<input type="checkbox"/>	3. Commercial Co-Terminalization (3 <sup>rd</sup> & 4 <sup>th</sup> Freedom)	<input type="checkbox"/>	8. Scheduled Operations
<input type="checkbox"/>	4. Commercial Landing & Departure (5 <sup>th</sup> Freedom)	<input type="checkbox"/>	9. Charter Operations
<input type="checkbox"/>	5. Cabotage (Attach Explanation Letter)	<input type="checkbox"/>	10. Dangerous Goods

D. AERODROME APPROVALS REQUESTED: <small>(Additional aerodromes may be listed on a separate attachment)</small>					
AERODROME NAME	ICAO	IATA	AERODROME NAME	ICAO	IATA
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

E. ADDITIONAL APPLICATION ATTACHMENTS: <small>(Additional application documents may be listed on a separate attachment)</small>		
<input type="checkbox"/> 1. Air Operator Certificate (copy)	<input type="checkbox"/> 5. Aircraft Insurance Certificate	<input type="checkbox"/> 9. Ground Handling Arrangements
<input type="checkbox"/> 2. Operations Specifications (copy)	<input type="checkbox"/> 6. Leasing Arrangements	<input type="checkbox"/> 10. Flight Dispatch Arrangements
<input type="checkbox"/> 3. Bahamas Traffic Rights	<input type="checkbox"/> 7. Bahamas Maintenance Arrangements	<input type="checkbox"/> 11. Dangerous Goods Handling
<input type="checkbox"/> 4. Aircraft Registration Certificates	<input type="checkbox"/> 8. MEL (Approval Page)	<input type="checkbox"/> 12. Other (See Reverse)

F. STATE OF OPERATOR INFORMATION:	
1. STATE OF OPERATOR	2. DIRECTOR-GENERAL
2. NAME OF CIVIL AVIATION AUTHORITY	4. CAA PERMANENT ADDRESS ( <i>Street or Postal Number</i> )
5. CENTRAL TELEPHONE & FAX NUMBERS	6. CITY                      STATE/PROVINCE                      MAIL CODE                      COUNTRY
7. CAA OPERATIONS CONTACT	8. CAA AIRWORTHINESS CONTACT

G. AIRCRAFT TO BE OPERATED: <small>(Additional aircraft may be listed on a separate attachment)</small>							
#	AIRCRAFT MAKE/MODEL/SERIES	AIRCRAFT REGISTRATION#	AIRCRAFT SERIAL NUMBER	RVSM	ETOPS	Noise	STATE OF REGISTRY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

H. STATE OF REGISTRY INFORMATION: <small>(If more than 1 State of Registry, additional SORs may be listed on a separate attachment)</small>			
1. STATE OF REGISTRY		2. DIRECTOR-GENERAL	
2. NAME OF CIVIL AVIATION AUTHORITY		4. CAA PERMANENT ADDRESS <i>(Street or Postal Number)</i>	
5. CENTRAL TELEPHONE & FAX NUMBERS		6. CITY	STATE/PROVINCE      MAIL CODE      COUNTRY
7. CAA PERSONNEL LICENSING CONTACT		8. CAA AIRWORTHINESS CONTACT	

**I. ADDITIONAL INFORMATION PERTINENT TO THIS APPLICATION:**  
This space is provided for inclusion of information could not be inserted in the available category and spaces provided on front of form.

J. APPLICANT'S CERTIFICATION— The undersigned certify that all statements and answers provided on this application form and as attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance operations specifications.		
<i>A person shall not with intent to deceive or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such approval.</i>	DATE	OPERATIONS DIRECTOR SIGNATURE:
	DATE#	MAINTENANCE DIRECTOR SIGNATURE
	DATE:	BAHAMAS-BASED OPERATOR REPRESENTATIVE:

K. BCAA-FSI CERTIFICATION:		
1. <input type="checkbox"/> APPROVED (See Operations Specifications for Particulars).		2. <input type="checkbox"/> DISAPPROVED
3. Signature	4. Title	5. Date