

Form No.: 9000 Last Updated: 11 Feb 2019

PRELIMINARY INFORMATION RELATED TO AN APPLICATION FOR AN AIR OPERATOR'S CERTIFICATE ISSUED IN ACCORDANCE WITH OTAR PART 119 & 121

Prospective Operator's Pre-assessment Statement (POPS) (To be completed by Air Operators or Approved Maintenance Organisation)								
Section 1A. To be completed by all applicants								
Name and mailing address of company (include business name if different from company name)		2. Address of the principal (main) base where operations will be conducted, include address of secondary base of operation, if appropriate (do not use a post office box)						
3. Proposed Start-up Date: 4. Requested company identifier in order of preference 1. 2. 3.								
5. Management and Key Sta								
Name (Surname) (First Name/s)	Title		Telephone & address if different from company (include country code)					
Section 1B. To be completed by Air Op	perator and/or Appro	ved Mainte	enance Organisation					
 Air Operator intends to perform its maintenance as a AMO (Complete Block 7 & 8) Air Operator intends to seek approval as a Continued Airworthiness Maintenance Organisation (CAMO) Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (Complete Blocks 7 & 11) Air Operator intends to perform maintenance under an equivalent system (Complete Blocks 7 & 11) Approved Maintenance Organisation (Complete Block 8) 								
7. Proposed type of operation (Check as many as applicable) 8. Proposed type of Approved Maintenance Organisation Rating(s)								
Passengers and Cargo Airfra		ame erplant eller	ance Organisation	Computers Instrument Accessory Specialised Service				



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Costian 1C. Blacks 0 and 10 to be completed by Air Operator						
Section 1C. Blocks 9 and 10 to be completed by Air Operato						
9. Aircraft Data (For foreign registered		10. Geographic areas of intended operations and				
aircraft, please provide a	copy of the lease	pro	posed	route structure		
agreement)						
Numbers and types of aircraft	Number of					
(by make, model, and series)	passengers' seats					
(b) make, model, and series)	or cargo payload					
	capacity					
	Сарасіту					
Section 1D. To be completed by all						
11. Additional information th	nat provides a bett	er under	stand	ing of the proposed operation or		
business (Attach addition	ial sheets, if neces	sary)				
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12. Proposed Training (Aircr	aft and/or Simulat	or Grou	nd Tra	aining)		
12. Proposed Training (Airci	art ariu/or Sirriulat	oi, Giou	nu m	anning)		
12 The statement and infer		+l-:- f-	ام مددد			
				enotes an intent to apply for a		
Bermuda Civil Aviation A	Authority (BCAA) c	ertificate	· .			
Type of Organisation:						
Ci t	D-1- /	/ t /-		Name and Title		
Signature	Date (day,	/montn/	/ear)	Name and Title		
Section 2. To be completed by the	BCAA Official					
			Date	received (day/menth/year).		
Received by (Name and Office	ce):		Date	received (day/month/year):		
Date forwarded to BCAA (da	v/month/vear)		For:			
Date for warded to bear (da	y/inditin/year/		101.	Action Information only		
				☐ Action ☐ Information only		
Remarks:						
Section 3. To be completed by the Office of the Director of BCAA						
Received by: Pre-application Number:			cation Number:			
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Date (day/month/year):		Assigned Certification Number:		Certification Number:		
Date (day/month/year).		Assigned Certification Number:				
Local office assigned respons	sibility:	Da	te for	warded to local office:		
		(day/month/year)				
Remarks:						