

**APPLICATION FOR AN AIR OPERATOR CERTIFICATE
ACCORDING TO OTAR PART 119**

Initial Issue
 Variation/Amendment
 Renewal

- Management Personnel/Organization (Part A)
- Aircraft Fleet (Part B)
- Special Authorities (Part B)
- Maintenance System (Part C)

Applicant

AOC No. Operator

Place Date

Signature of Accountable Manager

This form is used for initial issue, variation/amendment, and renewal of the AOC. For initial issue and renewal, please complete the whole form. For variation, only complete the cover page and the parts relevant to the variation. **Incomplete forms will be returned and not processed.**

The form includes:

- Page 1: Cover Page
- Page 2: Part A – Management Information
- Page 3 + 4: Part B – Aircraft Type Information (complete separate Part B for each type)
- Page 5: Part C – Maintenance System (complete separate Part C for each type)

This Form 9001 shall be submitted with all supporting appendices and documents to:

Bermuda Civil Aviation Authority,
Attn: Director of Operations, P.O. Box GE218,
St. George's GE BX

Examples:

- | | |
|-----------------------------|--|
| <i>New Aircraft (Type)</i> | <i>Form 9001: cover page and Part B/C, OM revision incl. Revision List, MEL, OTAR 91,119 & 121 Compliance checklist (If applicable), Passenger Liability Insurance, all appendices concerning Maintenance System, Lease Agreement (if applicable), Airport utilization rights.</i> |
| <i>Deletion of Aircraft</i> | <i>Form 9001: cover page and Part B, Passenger Liability Insurance, relevant AOC extract</i> |

Appendices

- BCAA Form 9001A for Accountable Manager/Postholder(s)/Deputy (obligatory for initial issue)
- Application for Authorization of Foreign Ownership of A/C
- Lease Agreement (A/C Management Contract)
- Operating Licence
- Proof of Insurance
- OM Revision (including OM compliance revision list)
- MEL
- Application for Special Authorities/Approvals
- OTAR 91,119 & 121 Compliance checklist
- Maintenance System Appendices (See Part C)

Part A – Management Information

Operator's Name _____

Business Address _____

Phone Number _____

Fax Number _____

E-Mail _____

Management Personnel

<i>Function</i>	<i>Name</i>	<i>Phone No.</i>	<i>E-Mail</i>
Accountable Manager	_____	_____	_____
Accountable Manager (BDA)	_____	_____	_____
Quality Manager	_____	_____	_____
Safety Manager (SMS)	_____	_____	_____
Postholder Flight Operations	_____	_____	_____
Postholder Ground Operations	_____	_____	_____
Postholder Crew training	_____	_____	_____
Postholder Maintenance System	_____	_____	_____

Part B – Aircraft Type Information

Operator's Name: _____

Aircraft Type	Make-Model-Series		Serial Number
A/C Registration Marks	Pax Seats	MTOM	Main Base

Dry Lease- In (if applicable) Lease From/To

Delivery Date Commercial Operation Date

Deletion Date

Aircraft Owner's name:

Address and Nationality: _____

Operational Lease (*Please submit copy of leasing contract*)

Financial Lease

Types of Operation

Passengers Only
Scheduled

Passengers and Cargo

Cargo Only
Non-Scheduled

Area(s) of Operation

Define by Lat/Long:

Special Limitations

VFR Day Only

VFR Day/Night Only

Other:

Requested Special Authorizations/Approvals

- | | | | |
|--------------------------|---------------------------|--------------|--------------|
| <input type="checkbox"/> | CAT II | RVR_____ (m) | DH_____ (ft) |
| <input type="checkbox"/> | CAT IIIA | RVR_____ (m) | DH_____ (ft) |
| <input type="checkbox"/> | CAT IIIB | RVR_____ (m) | DH_____ (ft) |
| <input type="checkbox"/> | CAT IIIC | RVR_____ (m) | DH_____ (ft) |
| <input type="checkbox"/> | LOWER THAN STANDARD CAT I | RVR_____ (m) | DH_____ (ft) |
| <input type="checkbox"/> | EVS | RVR_____ (m) | DH_____ (ft) |
| <input type="checkbox"/> | LVTO | RVR_____ (m) | |
| | | | |
| <input type="checkbox"/> | MNPS | | |
| <input type="checkbox"/> | ADS-C/CPDLC | | |
| <input type="checkbox"/> | ADS-B | | |
| <input type="checkbox"/> | RVSM | | |
| <input type="checkbox"/> | RNP 10 (RNAV 10) | | |
| <input type="checkbox"/> | BRNAV (RNP5) | | |
| <input type="checkbox"/> | RNP4 | | |
| <input type="checkbox"/> | P-RNAV (RNP1) | | |
| <input type="checkbox"/> | RNP APCH | | |
| <input type="checkbox"/> | RNP AR APCH | | |
| <input type="checkbox"/> | ETOPS Min_____ NM _____ | | |
| <input type="checkbox"/> | EDTO Min _____ | | |
| <input type="checkbox"/> | DG | | |
| <input type="checkbox"/> | USE OF EFB | | |
-

Part C – Maintenance System

Operator's Name: _____

Maintenance Arrangements

Contracted Maintenance (*)
Name of Contracted EASA-145 organization: _____

CAMO
Name of Contracted OTAR 39 organization: _____

Contracted Maintenance Support Services
Name of Contracted Maintenance Support Organization _____

- MME or MOE/MME
- Maintenance Contract (*)
- Maintenance Support (*)
- CAMO
- Aircraft Maintenance Programme (*)
- Reliability programme (*) (*if applicable*)
- Aircraft tech Log System

() for each aircraft type*

FOR BCAA INTERNAL USE ONLY

AW OPS/SPEC

- | | | |
|---|--------------|--------------|
| <input type="checkbox"/> CAT II | RVR _____(m) | DH _____(ft) |
| <input type="checkbox"/> CAT IIIA | RVR _____(m) | DH _____(ft) |
| <input type="checkbox"/> CAT IIIB | RVR _____(m) | DH _____(ft) |
| <input type="checkbox"/> CAT IIIC | RVR _____(m) | DH _____(ft) |
| <input type="checkbox"/> LOWER THAN CAT I | RVR _____(m) | DH _____(ft) |
| <input type="checkbox"/> EVS | RVR _____(m) | DH _____(ft) |
| <input type="checkbox"/> LVTO | RVR _____(m) | |

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- MNPS
- ADS-C/CPDLC
- ADS-B
- RVSM
- RNP 10 (RNAV 10)
- BRNAV (RNP5)
- RNP4
- P-RNAV (RNP1)
- RNP APCH
- RNP AR APCH
- ETOPS Min ___NM ____
- EDTO Min ____
- DG
- USE OF EFB

	Date of Issue	Name & Signature
Maintenance System Approval Statement		
AOC		
Operating License		
Invoice Number		