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Instructions for Use:

1. Check **YES** column if you reviewed the record or procedure to requirements and have no comment.
2. Check **NO** column if you reviewed the record, procedure or event and have a comment.
4. Enter the letter "**N/A**" in the column, if the line item is not required in this particular situation.
5. Enter any notes in remarks column regarding any **FINDING** that affects processing of the AOC
6. For later reference, proceed any notes with the appropriate question number.
7. For further guidance refer to Inspector Handbook Volume 4

AIR OPERATOR CERTIFICATE (AOC) APPLICATION ISSUE / RENEWAL / AMENDMENT FINAL REVIEW FSS-OPS-GEN FORM 002			
Operator File Reference	Inspector's Name	Date Application Submitted	Date of Evaluation
Name of Operator or Applicant	Type of Application	Expiry Date (if applicable)	Contact Person and Phone No.

S/N	The following documents must be part of the application if required.	Regulatory Requirement	Assessment
1.	Application Form Completed		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Fees Paid (Receipt No:.....)		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	POPS form completed and evaluated (if required)		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	Revision Status of Operations Manuals/Foreign Operator Permit		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	Operations Specifications (OPSPECS)		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Current Air Service License (ASL)		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	Current Air Operator Certificate and Crew Licenses		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	Valid Insurance		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
9.	Valid Certificate of Airworthiness		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

10.	Certificate of Registration		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
11.	Weight and Balance		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
12.	Maintenance Arrangements		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
13.	Recent CAA Base Inspection Report (before AOC Renewal)		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
14.	Latest Company Financial Audit Report		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
15.	Current Air Operator Certificate and OPSPECS reviewed		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
16.	A Letter authorising the Person/Company in Namibia to submit the application (if applicable)		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

