



Instructions for Use:

1. Check **YES** column if you determine the document or individual item conforms.
2. Check **NO** column if you determine that the document or individual line item does not conform (put a marker tab in the manual with a short note opposite the non-conforming item).
3. Check **N/A** column if it is not applicable or you do not have adequate information to make a valid comment.
4. Coordination is required between FOPS and AIR. The respective inspector shall sign on the last column after reviewing the item.
5. If deviation request has been received use
6. Use the remarks column at the end for overall remarks or observations. For detailed findings inspectors may also use the FSS-GEN-FORM 39: Audit Inspection Report Form. Attach to this checklist.

Operator File Reference	Certification Project Manager Name	Date Received	Date Completed or Returned
Name of Operator/Applicant	Contact Person and Phone No.	Regulatory Reference	Inspector Document Ref.
Aircraft Make/Model/Series	Base of Operations		

REVIEWING AN APPLICANT'S PLAN FOR DEMONSTRATION FLIGHTS		
CHECKLIST/JOB AID		
FSS-OPS-FORM 012		
A	Application Review	
1.	Did the applicant submit the demonstration test plan at least 21 days in advance of proposed in-flight demonstrations (including training or ferry flights)?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Does the applicant's plan include the identification of the operator co-ordinator that will serve as the primary demonstration test spokesperson?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Does the applicant's plan include a detailed schedule of all proposed flights, including dates, times, and aerodromes to be used?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	Does the applicant's plan differentiate which flights will be conducted for training, ferry, or representative en-route flights?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	Do the applicant's representative flights include destinations to aerodromes that he is likely to use?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Do the applicant's representative flights include each type of instrument approach procedure requested?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

7.	Does the applicant's plan contain at least 2 instrument approaches under actual or simulated weather conditions if IFR is requested?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	Does the applicant's plan contain at least 4 route representative sectors?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
9.	Does the applicant's plan contain a representative number of night-time if night operations are requested?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
10.	Do the applicant's representative flights include flights through designated special areas?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
11.	Do the applicant's representative flights include application for special approvals e.g. ETOPS, RNAV/RNP, MNPS systems?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
12.	Does the applicant's plan list the names and the positions of the crew members that will be participating on each flight?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
13.	Does the applicant's plan contain a list of names, titles, and operator affiliations of non-crew member personnel whom the applicant intends to have onboard each flight?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
14.	If the applicant's plan includes carriage of revenue cargo or passengers, does he hold appropriate certificates/licenses and clearances?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

REMARKS AND OBSERVATIONS

CERTIFICATION PROJECT MANAGER SIGNATURE:

B Reviewing an Applicant's Request for a Deviation from the required Demonstration Flight Hours or Flight Sectors		
15.	Does the applicant's request for deviation include the total number of hours or flight sectors it proposes to fly in the reduced program?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
16.	If the applicant has requested for the flights to be conducted on commercial flights has he provided current certificates/licenses and adequate justification for this request?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
17.	Does the applicant's request for deviation include a flight experience resume for each flight crewmember that it intends to use during the demonstration flight program?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
18.	Does the applicant's request for deviation include any other documentation of flightcrew licenses, total flight time, previous experience with the aircraft being tested, years of experience with the applicant being tested and any other experience in commercial air transportation operations under an AOC?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
19.	Does the applicant's request for deviation include documentation of any other flightcrew experience in transport operations?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
20.	Does the applicant's request for deviation include a statement of company experience with operations as an AOC?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
21.	Does the applicant's request for deviation include a statement of company experience with aircraft of the same group or type?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
22.	Does the applicant's request for deviation include a statement of company experience with the aerodromes and areas of enroute operations into which the proposed aircraft will operate?	N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
C Deviation Request Evaluation Considerations		Remarks
23.	To what extent has an AOC holder certificated in Namibia used this aircraft previously in commercial air transportation?	
24.	To what extent have foreign AOC holders operated this aircraft?	
25.	How familiar is the DCA test team with this aircraft?	
26.	For aircraft that have been demonstrated previously under NAM-CARS operations, to what extent does the new aircraft affect the applicant's operation?	
27.	To what extent is the applicant's route structure affected by the new aircraft?	
28.	What is the experience level of the flight and cabin crew in the operation of this type of aircraft under an AOC?	
29.	What is the experience level of the flight and cabin personnel in the operation of similar types of aircraft under an AOC?	
30.	How does the applicant propose to conduct the demonstration flights, i.e. a few long-range flights or several short-range flights?	
31.	What level of management experience exists in the company with this type or similar types of aircraft operated under an AOC	

RECOMMENDATIONS

PROVIDE JUSTIFICATION FOR PERCENT OF REDUCTION

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AIR INSPECTOR SIGN, STAMP & DATE

CPM SIGN, STAMP & DATE

CHIEF OF SECTION REMARKS:

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CHIEF OF SECTION SIGNATURE & DATE: