



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC WORKS AND TRANSPORT
DIRECTORATE GENERAL OF CIVIL AVIATION

AIR OPERATOR CERTIFICATE (AOC)
Application / Maintenance

1. Name of Air Operator		Address	
		Telephone No.	
2. Make and Model of Aircraft Operated		Number	
3. Location of Main Maintenance Base		4. Location of Maintenance Sub-bases (as applicable)	
5. Air Operator Maintenance Control Manual		Latest Revision:	
Date Submitted	Date Approved	Date Submitted	Date Approved
6. Air Operator AMO <input type="checkbox"/> yes <input type="checkbox"/> no		Approval No. / Categories / Ratings	
7. Maintenance Contract with AMO <input type="checkbox"/> yes <input type="checkbox"/> no			
Name and Address		Approval No. / Categories / Ratings	
(1)			
(2)			
(3)			
8. I hereby certify that the statements contained herein are true and complete to the best of my knowledge in accordance with the requirements of the LARs.			
_____ Date DD/MM/YR	_____ Signature <small>(of person duly authorized to execute this application on behalf of the air operator)</small>	_____ Title	
FOR DGCA USE			
9. Comments			
10. I hereby certify that the maintenance arrangements in sections 6 and 7 are satisfactory for the aircraft types operated.			
_____ Date DD/MM/YR	_____ Signature	_____ DGCA / Chief of Flight Safety Title	