



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

AIR OPERATOR CERTIFICATE (AOC)
Application / Aircraft

1. Name of Air Operator		Address	
		Telephone No.	
2. Aircraft Type	Marks:	Serial No.:	Certificate of Airworthiness Date:
3. Engine Type	<input type="checkbox"/> Turbine <input type="checkbox"/> Piston		Certificate of Airworthiness Date:
4. Maximum Certificated Takeoff Weight	<input type="checkbox"/> Wheels <input type="checkbox"/> Skis <input type="checkbox"/> Float <input type="checkbox"/> Amphibious <input type="checkbox"/> Skids		
5. Maximum Number of Passengers	FDR <input type="checkbox"/> yes <input type="checkbox"/> no Number of Parameters: _____ CVR <input type="checkbox"/> yes <input type="checkbox"/> no		
6. Flight Instruments In Accordance With:	IFR <input type="checkbox"/> LARs 605.18 VFR – OTT <input type="checkbox"/> LARS 605.15 VFR – Night <input type="checkbox"/> LARs 605.16		
7. Auto Pilot <input type="checkbox"/> yes <input type="checkbox"/> no	Type:	Number of Axis:	
8. Radio Equipment, Navigation & Communication (if insufficient space, attach list)		<input type="checkbox"/> ELT Type: _____	
Communications Equipment <input type="checkbox"/> VHF <input type="checkbox"/> HF	Navigation and Approach Aids	<input type="checkbox"/> ILS <input type="checkbox"/> DME <input type="checkbox"/> MLS <input type="checkbox"/> ADF <input type="checkbox"/> VOR <input type="checkbox"/> Other: _____	
9. Safety Features Cards Comply With:	<input type="checkbox"/> 704.35 <input type="checkbox"/> 705.44 Visible Placards <input type="checkbox"/> 703.39(3)		
10. Oxygen Equipment Comply With:	<input type="checkbox"/> 605.31 <input type="checkbox"/> 703.67 <input type="checkbox"/> 704.66 <input type="checkbox"/> 705.71 <input type="checkbox"/> 605.32 <input type="checkbox"/> 703.68 <input type="checkbox"/> 704.67 <input type="checkbox"/> 705.72		
11. Life Saving Equipment Comply With:	<input type="checkbox"/> 602.61 <input type="checkbox"/> 602.62 <input type="checkbox"/> 602.63		
12. Survival Equipment Comply With:	<input type="checkbox"/> 602.61 <input type="checkbox"/> 602.62 <input type="checkbox"/> 602.63		
13. First Aid Equipment Comply With:	<input type="checkbox"/> 602.59 <input type="checkbox"/> 703.82 <input type="checkbox"/> 704.84 <input type="checkbox"/> 705.90		
14. Applicable Maintenance Schedule			
15. I hereby certify that the above information is correct.			
_____	_____	_____	
Date DD/MM/YR	Signature (of person duly authorized to execute this application on behalf of the air operator)	Title	
FOR DGCA USE			
16. Comments/Observations			
17. I hereby certify that the maintenance schedule is acceptable for the aircraft indicated.			
_____	_____	_____	
Date DD/MM/YR	Signature	DGCA / Chief of Flight Safety Title	
18. I hereby certify that the aircraft and equipment are adequate for the operations covered by this application.			
_____	_____	_____	
Date DD/MM/YR	Signature	DGCA / Chief of Flight Safety Title	