



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

AIR OPERATOR CERTIFICATE (AOC)
Application / Airport

1. Name of Air Operator		Address	
		Telephone No.	
2. Airport (Name and Geographic Coordinates)		(Identifier)	
Airport Registered <input type="checkbox"/> yes <input type="checkbox"/> no Reg. No. Date:	Airport Cert. No. Date:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> Land <input type="checkbox"/> Water <input type="checkbox"/> Ice <input type="checkbox"/> Heliport	
3. Name of Airport Operator		(Telephone Number)	
4. Air Operator Telephone, Radio or other Means of Communication		6. Air Traffic Control <input type="checkbox"/> yes <input type="checkbox"/> no	
5. Navigational and Landing Aids <input type="checkbox"/> ILS <input type="checkbox"/> NDB <input type="checkbox"/> VOR <input type="checkbox"/> PAR <input type="checkbox"/> ASR <input type="checkbox"/> MLS		Hours of Operation:	
7. Airport Emergency Services			
8. Give Runway Details			
9. Facilities Available at Airport			
(a) Communications (d) First Aid	(b) Meteorological 1) Forecast <input type="checkbox"/> yes <input type="checkbox"/> no 2) Weather Report – Bulletin <input type="checkbox"/> yes <input type="checkbox"/> no (e) Passenger Accommodation	(c) Weather Report Contains all Essential Information Normally Found in Weather Sequence <input type="checkbox"/> yes <input type="checkbox"/> no (f) Hanger	
(g) Refuelling Facilities		(h) Available Surface Transportation	
10. Base <input type="checkbox"/> main <input type="checkbox"/> sub		11. Type of Operation <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> VFR <input type="checkbox"/> IFR	
12. Aircraft Types		13. Aircraft of 65,000 lbs and over	
		14. Pavement Evaluation Required <input type="checkbox"/> yes <input type="checkbox"/> no	
15. I hereby certify that the above information is correct.			
_____	_____	_____	
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			
16. Airport Safety Comments/Observations			
17. I hereby certify that the above information is correct.			
_____	_____	_____	
Date DD/MM/YR	Signature	DGCA / Chief of Flight Safety Title	
18. I hereby certify that the facilities listed in section 9 are satisfactory for the types of aircraft and operations listed above.			
_____	_____	_____	
Date DD/MM/YR	Signature	DGCA / Chief of Flight Safety Title	