



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

**AIR OPERATOR CERTIFICATE (AOC)**  
**Application / Passenger Carrying Authority – Cabin Safety**

<b>Name of Air Operator</b>		<b>Address</b>		
		Telephone No.		
<b>APPLICANT'S USE</b>		<b>FOR DGCA USE ONLY</b>		
		Date Submitted DD/MM/YR	Meets Stds DD/MM/YR	Approved DD/MM/YR
<b>ALL OPERATIONS</b>				
Safety Features Cards for These Aircraft Types:				
1.	2.	3.		
Passenger and Cabin Safety Procedures	Ref:			
Briefing of Passengers	Ref:			
Aircraft Inspection				
<b>OPERATIONS WITH CABIN ATTENDANTS</b>				
Cabin Attendant Manager Qualifications	Ref:			
Cabin Attendant Training Program	Ref:			
Cabin Attendant Training Syllabus	Ref:			
Line Indoctrination Training	Ref:			
Recordkeeping System /Training & Qualification	Ref:			
Instructor Qualifications	Ref:			
Training Facilities	Ref:			
Cabin Emergency Evacuation Trainer	Ref:			
Cabin Attendant Manual	Ref:			
Cabin Attendant Stations	Ref:			
Minimum Number of C/A per Aircraft Type	Ref:			
Carry-on Baggage Control Program	Ref:			
<b>I hereby certify that the above information is correct.</b>				
_____	_____	_____		
Date DD/MM/YR	Signature <small>(of person duly authorized to execute this application on behalf of the air operator)</small>	Title		
<b>FOR DGCA USE</b>				
<b>Comments</b>				
<b>I hereby certify that the operator's cabin safety program meets the requirements of the LARs.</b>				
_____	_____	DGCA / Chief of Flight Safety		
Date DD/MM/YR	Signature	Title		