



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

AIR OPERATOR CERTIFICATE (AOC)
Application / Personnel

1. Name of Air Operator		Address		
		Telephone No.		
2. Supervisory Personnel Attach resume giving position title, name, qualification, licenses, certificates, endorsements, and experience for:				
(a) Operations Manager		(b) Chief Pilot		
Name	License No.	Name	License No.	
(c) Person Responsible for MX Control System		(d) Flight Engineer – Second Officer		
Name		Name	License No.	
(e) Flight Dispatcher				
Name				
3. Operating Personnel (Trained and Qualified in Accordance with Applicable Subpart VII of the LARs):				
Number				
Pilot-in-command	Second-in-command	Cabin Attendant	Flight Dispatcher	Flight Engineer/ Second Officer
4. I hereby certify that the qualifications of the foregoing personnel meet the requirements and/or the applicable LARs for operating the proposed service.				
_____ 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. Comments				
17. I hereby certify that the person responsible for the maintenance control system meets the requirements of the LARs.				
_____ Date DD/MM/YR	_____ Signature	_____ Title	DGCA / Chief of Flight Safety	
18. I hereby certify that the operations personnel records have been checked and PPCs completed satisfactorily.				
_____ Date DD/MM/YR	_____ Signature	_____ Title	DGCA / Chief of Flight Safety	