



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

AIR OPERATOR CERTIFICATE (AOC)
Application / Private Operator

1. Name of Air Operator			Address		
			Telephone No.		
2. Airport (Name and Identifier)		Main Base:		Sub-Bases:	
3. Type of Aircraft		Registration	Serial Number	Flight Instruments IAW LARs 605.18	
				YES	NO
4. Operations Manager		Chief Pilot		Person Responsible – Mx Control System	
Name:		Name:		Name:	
License:		License:		License:	
5. Name, Address, Approval No. of Approved Maintenance Organization or Copy of an Authorization Under the Terms of a Written Maintenance Agreement.					
6. The Operations Manual has been Submitted for Approval: <input type="checkbox"/> yes <input type="checkbox"/> no				Date:	
7. Safety Features Card: <input type="checkbox"/> yes <input type="checkbox"/> no				8. Nomination for CCP: <input type="checkbox"/> yes <input type="checkbox"/> no	
9. Minimum Equipment List (MEL): <input type="checkbox"/> yes <input type="checkbox"/> no				10. Airplane Crash Chart: <input type="checkbox"/> yes <input type="checkbox"/> no	
11. Request for Special Authorizations CAT II <input type="checkbox"/> RNP <input type="checkbox"/> MNPS <input type="checkbox"/> RVSM <input type="checkbox"/> None <input type="checkbox"/>					
12. 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					
13. Comments					
14. I hereby certify that the maintenance control system meets the requirements of LARs Section 604.48.					
_____ Date DD/MM/YR		_____ Signature		_____ DGCA / Chief of Flight Safety Title	
15. I hereby certify that the facilities, equipment, personal qualifications, and operations manual have been inspected and approved and are adequate for the proposed operations.					
_____ Date DD/MM/YR		_____ Signature		_____ DGCA / Chief of Flight Safety Title	



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