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

PREAPPLICATION STATEMENT OF INTENT (PASI)
Air Operator / Air Agency

Section 1a. To Be Completed By All Applicants

1. Name and Mailing Address	**2. Address of principal base where operations will be conducted** Telephone No.
3. Proposed Startup Date	**4. Requested three-letter company identifier in order of preference** 1. 2. 3.

5. Management Personnel

Name (Last, first, middle)	Title	Telephone

Section 1b. To Be Completed By Air Operators

6 Proposed type of operation (check as many as applicable)

- ☐ **LARs Part VII Airline Operations**
- ☐ **LARs Part VII Commuter Operations**
- ☐ **LARs Part VII Air Taxi Operations**
- ☐ **LARs Part VII Aerial Work Operations**
- ☐ **LARs Part VII Foreign Air Operations**
- ☐ **LARs Part VI Private Operator Passenger Transportation Operations**
- ☐ **Other (Explain in Remarks)**

Section 1c. To Be Completed By Air Agencies

Section 1d. To Be Completed By Air Operators

8. Aircraft Data		**9. Geographic Area of Intended Operations**
Number and types of aircraft (by make, model, and series)	Number of passenger seats or cargo payload capacity	

Section 1e. To Completed By All Applicants

10. Additional information that provides a better understanding of the proposed operation or business

11. The statements and information contained on this form denote an intent to apply for DGCA certification.

Signature	Date	Name and Title

Section 2. To Be Completed By DGCA

Receive By Chief of Flight Safety:	**Date Forwarded to Director General**
Date:	**For:** ☐ Action ☐ Information only

Has this operator ever been assigned any 7 digit designator ☐ ***yes*** ☐ ***no*** ☐ ***unknown Designator Code:***

Remarks:

PRECERTIFICATION NO.: _____ DATE: _____ FINAL NO.: _____ DATE.: _____