

**DGCAR Air Navigation Safety Department (ANSD)**

**Form 173-0**

**Application for Instrument Flight Procedure Design**

**Service Provider Certificate**

|  |  |  |
| --- | --- | --- |
| **Date (yyyy/mm/dd) →** | |  |
| **Indicate if you are applying for Initial or Renewal Certificate** | | |
| **Initial:** | **Renewal:** | **If renewal, previous**  **expire date (yyyy/mm/dd):** |
| **List units and/or facilities to be included on certificate**  **(if needed for additional units/facilities, attach a continuation sheet)** | | |
| **Unit/Facility Name and Type** | | **Unit/Facility Location** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

|  |  |
| --- | --- |
| **Checklist of Required Documentation for Initial Certificate** | |
| Form 173-0 |  |
| Proof of application fee payment\* |  |
| Letter of Request from the service provider's Chief Executive to DGCAR |  |
| Applicant's exposition |  |
| Safety Management System (SMS) manual |  |
| Operations Manual |  |
| Other documents as may be requested by DGCAR |  |
| **Checklist of Required Documentation for Renewal Certificate** | |
| Form 173-0 |  |
| Letter of Request from the service provider's Chief Executive to DGCAR |  |
| Other documents as may be requested by DGCAR |  |
| **Applicant Remarks and/or Questions** | |
|  | |

\* Application fee is non-refundable. Certification fee will be billed upon approval of application and prior to certificate issuance.

This form created June 2017 and is located on the ANSD shared computer drive.

It may only be modified with the expressed consent of the ANSD Director.