|  |  |  |  |
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| **Name of Applicant** |  | **Date:** |  |
| **Address** |  | **Contact No.:** |  |
| **Email:** |  |

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| **Appendix B**  | **Schedule of Events** | **In charge** |
| ***Phase*** | ***Task No.*** | **Tasks/Events** | ***DGCAR*** | ***Operator*** | **Planned** | **Initiated** | **Completed** |
| **1.Pre-application phase** | **1** | To apply for Initial inquiry by letter, telephone call or personal visit to DGCAR. |  |  |  |  |  |
| **2** | To provide the standard information package. |  |  |  |  |  |
| **3** | To give the prospective operator’s pre-assessment statement to the applicant. |  |  |  |  |  |
| **4** | To send the prospective operator’s pre- assessment to DGCAR. |  |  |  |  |  |
| **5** | To appoint a project manager and certification team. |  |  |  |  |  |
| **6** | To review the prospective operator’s pre-assessment. |  |  |  |  |  |
| **7** | To schedule a pre-application meeting with the applicant. |  |  |  |  |  |
| **8** | To manage the pre-application meeting. |  |  |  |  |  |
| **9** | To prepare the standard information package. |  |  |  |  |  |
| **10** | To evaluate the results of the meeting. |  |  |  |  |  |
| **Advise prospective operator to obtain 3 Letter Designator codes from ICAO** |
| **2. Formal Application** | **11** | To send the application form |  |  |  |  |  |
| **12** | To review the formal application package |  |  |  |  |  |
| **13** | To manage the application meeting |  |  |  |  |  |
| **14** | To accept the formal application |  |  |  |  |  |
| **3. Documents evaluation** | **15** | To review the Ops Specs |  |  |  |  |  |
| **16** | To review the statement of compliance |  |  |  |  |  |
| **17** | To review the AFM |  |  |  |  |  |
| **18** | To review the CV of the key post holders |  |  |  |  |  |
| **19** | To arrange the interviews of the key post holders |  |  |  |  |  |
| **20** | To accept the key post holders |  |  |  |  |  |
| **21** | To review the OM A |  |  |  |  |  |
|  | **22** | To review the OM B |  |  |  |  |  |

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| **Appendix B**  | **Schedule of Events** | **In charge** |
| ***Phase*** | ***Task No.*** | **Tasks/Events** | ***DGCAR*** | ***Operator*** | **Planned** | **Initiated** | **Completed** |
|  | **23** | To review the OM C |  |  |  |  |  |
|  | **24** | To review the OM D |  |  |  |  |  |
|  | **25** | To review the GOM  |  |  |  |  |  |
|  | **26** | To review the Cabin Crew Manual (as applicable) |  |  |  |  |  |
| **3. Documents evaluation (Contd.)**  | **27** | To review the SMS manual |  |  |  |  |  |
| **28** | To review the Quality manual |  |  |  |  |  |
| **29** | To review the MEL |  |  |  |  |  |
| **30** | To review the MMC |  |  |  |  |  |
| **31** | To evaluate the organization and administration |  |  |  |  |  |
| **32** | To determine the suitability of fixed facilities |  |  |  |  |  |
| **33** | To determine the suitability of mobile equipment |  |  |  |  |  |
| **34** | To evaluate the effectiveness of operational control |  |  |  |  |  |
| **35** | To evaluate the flight crew qualifications, licensing and training |  |  |  |  |  |
| **36** | To evaluate the cabin crew competency |  |  |  |  |  |
| **37** | To review the records keeping |  |  |  |  |  |
| **38** | To evaluate the fuel computation procedure |  |  |  |  |  |
| **39** | To evaluate the Aircraft weight and balance procedure |  |  |  |  |  |
| **40** | To evaluate the emergency evacuation procedure |  |  |  |  |  |
| **41** | To evaluate the ditching procedure (as appropriate) |  |  |  |  |  |
| **42** | To carry out in flight inspection(s) |  |  |  |  |  |
| **43** | Proving Flight |  |  |  |  |  |
| **44** | To evaluate the suitability of continuing airworthiness |  |  |  |  |  |
| **45** | To manage certification team meeting |  |  |  |  |  |
| **46** | To notify all discrepancies to be resolved |  |  |  |  |  |
| **47** | To provide appropriate recommendation to Director |  |  |  |  |  |
| **48** | To prepare the AOC |  |  |  |  |  |
| **49** | To get the AOC signed off |  |  |  |  |  |
| **50** | To send the AOC to the applicant |  |  |  |  |  |

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| **Remarks*:*** |
| **CAA Use Only** |
| **Designation** | **Name** | **Signature** | **Date** |
| **Project Manager:** |  |  |  |
| **FOI Inspector:** |  |  |  |
| **AWI Inspector:** |  |  |  |
| **GOI/ DGR Inspector:** |  |  |  |
| **CSI Inspector:** |  |  |  |
| **PEL Inspector:** |  |  |  |