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| **A. Introduction** |
| The AOC Applicant /Operator’s Quality Manual (QM) approval is a key document and shall be submitted to the Authority together with this completed Statement of Compliance Checklist during the initial certification and subsequent amendments of the Quality Manual (QM) requirements/approvals whenever there is a change, in States Laws and Regulations, management, operations specific approvals, change in facilities, Airworthiness Directives (AD), services or equipment, technology or procedures of an Operator in compliance with the requirements.  The statement is in a form of a complete listing of all parts of the Civil Aviation Authority applicable CAR OPS, CAR M regulations and any other CAA directives. In the case of new Applicant for a Quality Manual (QM) Approval, the Statement of Compliance Checklist shall be completed and submitted together with the formal application for operators’ manual approvals. The Statement of Compliance Checklist completed by the operator shall indicate in the Manuals how the relevant applicable Regulations to the proposed operations have been addressed. All supporting documents related to Application for statement of compliance with CAR OPS, shall be submitted to CAA Flight Safety Department/ Airworthiness Section.  The operator in compliance with other provisions promulgated in the regulations may require additional compliance with other regulations or specific approvals (e.g. ETOPS/EDTO, RVSM, CAR-100 Safety Management System, Quality Management System etc.). It is therefore the CAA requirement for an applicant of an AOC or AOC holders to complete and sign the relevant comprehensive sets of compliance checklists and forms.  All supporting documents related to Application for statement of compliance with CAR OPS and CAR-M shall be submitted to CAA Flight Safety Department/ Airworthiness Section including a copy of the latest versions of the applicable documents and manuals. |
| **B. Filling Instructions:** |
| 1. Operator (Accountable Manager) is required to fill the following:    1. Column **C.** Organization Details.    2. Column Operator's Manual Ref No.    3. Sign and date column **G,** this is to certify that the Operation Manuals are incompliance with Civil Aviation   laws and Regulations (CARs).   * 1. Tick in the box **☐** provided.  1. Operations Inspector(S) to fill column (**S - Satisfactory; US - \*Unsatisfactory; N/A-Not applicable**). 2. Airworthiness Inspector (if applicable) to fill column (**S - Satisfactory; US -\*Unsatisfactory; N/A-Not applicable**) for CAR OPS   ***\*Note: 1.***  *If unsatisfactory, Inspector(s) shall mark the box* ***D,*** *if**Not approved, fill and sign the Deficiency Trackingand Review Checklist (AOC-109), and to send to the operator for corrective action. A signed copy must be retained in Flight Safety for the record with the review number/Version.*  ***\*Note 2****: For reference and guidance Refer to CAR OPS-1Commercial Air Transportation (Aeroplanes) and CAR OPS 3 Helicopters* |
| **APPROVAL FOR  INITIAL ISSUE\* /  AMENDMENT\* OF MANUALS** |

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| 1. **Organisation/Operator’s Details** | |
| **Organization / Operator’s & Trading Name (If any):** |  |
| **AOC Number:** |  |
| **Accountable Manager:** |  |
| **Address:** |  |
| **Tel.:** | **+968** |
| **Contact person:** |  |
| **Email:** |  |
| **Date:** |  |

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| **S/No:** | **Reference** |  | | |  | **CAA USE ONLY** | | |
| **Subject** | | | **Manual Ref No** | **FOI S/US/NA** | **Required Corrective Action** | **Comments** |
|  | **AMC OPS 1.035 Quality System** | **Quality policy – Quality objectives** | | |  |  |  |  |
|  | **Terminology** | | |  |  |  |  |
|  | **Set of references** | | |  |  |  |  |
|  | **Quality organization** | | |  |  |  |  |
|  | **5. The allocation of duties and responsibilities** | 1. CEO | |  |  |  |  |
| 1. Quality manager | |  |  |  |  |
| 1. Quality assurance Operations | |  |  |  |  |
| 1. Quality assurance Airworthiness | |  |  |  |  |
| 1. Auditors | |  |  |  |  |
|  | 1. **Quality procedures** | ***6. Auditor procedure*** | 1. Selection |  |  |  |  |
| 1. Initial training |  |  |  |  |
| 1. Approval |  |  |  |  |
| 1. Recurrent training |  |  |  |  |
| **7.** | 1. Audit procedure | |  |  |  |  |
| 1. Audit scope | |  |  |  |  |
| 1. Audit check list template | |  |  |  |  |
| 1. Audit check lists | |  |  |  |  |
| 1. Yearly audit programme template | |  |  |  |  |
| 1. Yearly audit programme | |  |  |  |  |
| 1. Follow up and corrective actions | |  |  |  |  |
| 1. Feedback system | |  |  |  |  |
| 1. Recording system | |  |  |  |  |
|  | **8. Training syllabus** | | |  |  |  |  |
| **8. Document control** | 1. Quality manual | |  |  |  |  |
| 1. Quality policy | |  |  |  |  |
| 1. Quality objectives | |  |  |  |  |
| 1. Audit reports | |  |  |  |  |

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| **This is to certify that the company manual(s) have addressed all Sultanate of Oman relevant applicable Regulations (CARs) to the proposed operations.** | | |
| **Postholder Quality Assurance Name:** | **Signature:** | **Date:** |
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| **CAA Use Only** | | | |
| **Title** | **Name of CAA Inspector** | **Signature** | **Date:** |
| **FOI** |  |  |  |

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| **Review No:** | **Results** | ☐ **Approved** | ☐ **Not Approved** |

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| **Chief Operations Section (COS) Name** | **Signature** | **Date:** |
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