



## APPLICATION FOR AERIAL WORK OPERATING CERTIFICATE

### INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment.

#### A. APPLICATION IS HEREBY MADE FOR THE FOLLOWING AERIAL WORK OPERATION:

- |   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> SIGHT-SEEING FLIGHTS    | 4. <input type="checkbox"/> FISH SPOTING FLIGHTS | 7. <input type="checkbox"/> PARACHUTE DROPPING FLIGHTS |
| 2. <input type="checkbox"/> AGRICULTURAL APPLICATOR | 5. <input type="checkbox"/> AERIAL PHOTOGRAPHY   | 8. <input type="checkbox"/> AERIAL SURVEY OPERATIONS   |
| 3. <input type="checkbox"/> EXTERNAL LOAD OPERATOR  | 6. <input type="checkbox"/> MOVIE/TV OPERATIONS  | 9. <input type="checkbox"/> OTHER ( <i>Specify</i> ):  |

#### B. COMPANY INFORMATION:

1. APPLYING COMPANY NAME:	2. PROPOSED START FLYING DATE:
3. CORPORATION NUMBER	4. CAAV ECONOMIC AUTHORITY APPROVED (Date & Number)
5. MAILING ADDRESS: ----- -----	6. PHYSICAL ADDRESS OF PRINCIPAL BASE OF OPERATIONS: ----- -----
7. TELEPHONE & FAX INFORMATION:	8. OPERATOR INTERNET & E-MAIL ADDRESS:

#### C. INSUROR INFORMATION:

1. INSUROR'S NAME & ADDRESS: :	2. INSUROR INTERNET & E-MAIL ADDRESS:
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#### D. AIRCRAFT TO BE OPERATED:

1. REGISTRATION MARK	2. AIRCRAFT TYPE	3. AIRCRAFT MMS	4. SERIAL NUMBER	5. PASSENGER SEATS

#### E. AIRMAN TO BE USED IN OPERATION:

1. PRINTED NAME	2. CERTIFICATE NUMBER	3. STATE OF ISSUE	4. DATE ISSUED	5. NATIONALITY

#### F. INCLUDED WITH APPLICATION:

1. Aircraft Condensed Normal Checklist	8. Maintenance Control Manual
2. Aircraft Condensed Emergency Checklist	9. Aircraft Maintenance Program
3. Operations Regulations Manual	10. Aircraft Technical Logbook Page & Instructions
4. Passenger Briefing Card	11. Deferred Defects Log Page & Instructions
5. Load Manifest and Performance Log	12. Aircraft Maintenance Condition Summary
6. Pilot Qualifications Records	13. Status of Time Controlled Components
7. Insurance Documents	14. List of Survival and Emergency Equipment

#### G. CERTIFICATIONS:

*I certify that I am authorized to submit this application on behalf of the applicant and that all required documents and manuals are included or otherwise identified. I further certify that this company is committed to fulfill all specified requirements for this certification.*

Signature	Date	Name & Title
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**H. SPECIFIC OPERATIONS TO BE CONDUCTED:**

**i. PROPOSED AREA OF OPERATIONS:**

**J. LOCATION OF ANY ANTICIPATED SUB-BASE OF OPERATION & CONTACT NUMBER:**

**K. LOCATION OF MAINTENANCE RECORDS, TRUSTEE & CONTACT NUMBER:**

**L. MAINTENANCE CONTRACTORS TO BE USED, LOCATION & CONTACT NUMBERS:**

<b>M. CERTIFYING INSPECTION:</b>			
1. Inspection Date	2. Inspector Specialty	3. Inspectors Printed Name	4. Inspector Signature
	Operations		
	Maintenance		
	Avionics		

**O. INSPECTOR FINDINGS & RECOMMENDATIONS:**

1.  Aerial Work applicant was found to comply with requirements of Schedule 5, 6, 10, & 11.
2.  Aerial Work applicant was found to comply with requirements of Schedule 5, 6, 10, & 11, except for listed deficiencies.
3.  Recommend Aerial Work Certificate with rating(s) applied for on application be issued.
4.  Recommend Aerial Work Certificate with rating(s) applied for on application (EXCEPT those listed below) be issued

**P. INSPECTOR RECOMMENDATIONS:**

<b>Q. SUPERVISING OR ASSIGNED INSPECTOR:</b>			
1. Action Taken	2. Certificate Number	3. Inspector Printed Name	4. Inspector Signature
<input type="checkbox"/> APPROVED			
<input type="checkbox"/> DISAPPROVED			