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APPLICATION FOR ALL WEATHER OPERATIONS APPROVAL (GENERAL AVIATION)

| LVTO | | Requested minimum | | RVR | m | etres | | |
|----------------------------------|-----|-------------------|---|---------|------|-------|-------|--|
| LOWER THAN STANDARD CAT I | | Requested DH | | ft | RVR | m | etres | |
| ☐ CAT II | | Requested DH | | ft | RVR | m | etres | |
| OTHER THAN STANDARD CAT II | | Requ | ested DH | ft | RVR | m | etres | |
| ☐ CAT III A ☐ B ☐ C ☐ | | Requested DH | | ft | RVR | m | etres | |
| | | <u> </u> | | | | | | |
| 1. AIRCRAFT DETAILS | | | | | | | | |
| Registration Mark: | T7- | | | | | | | |
| Type Designation: | | | | | | | | |
| Serial Number: | | | | | | | | |
| 2. APPLICANT DETAILS | | | | | | | | |
| Operator: | | | | | | | | |
| Nominated Coordinator: | | | | | | | | |
| Telephone No.: | | | | Email: | | | | |
| 3. SUPPORTING DOCUMENTATION | | | | | | | | |
| Proof of required equipment | | | Letter(s) from manufacturer attesting compliance OR | | | | | |
| | | | Type Certificate | I I / A | ENA\ | | | |
| | | | Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC) | | | | | |
| MMEL/MEL | | | Reference or proposed MEL amendment | | | | | |
| Previous AWO approval | | | (submit with application if available) | | | | | |
| Operations Manual | | | Procedures and training section for AWO applied for | | | | | |
| 4. DECLARATION OF COMPLIANCE | | | | | | | tick | |
| Required Instruments & equipment | | | Installed | | | | | |
| Operations Manual (SOPs) | | | Procedures included | | | | | |
| Aircraft checklists (e.g. QRH) | | | Checklists adequ | uate | | | | |
| Adequacy of maintenance | | | Determined to be acceptable | | | | | |
| Training - Pilot | | | Conducted to formal syllabus for initial/recurrent | | | | | |
| Provision of information | | | Charts, publications & NOTAMs etc. are adequate | | | | | |

| 5. APPLICANTS DECLARATION The undersigned certifies that the above items ticked indicate that the aeroplane systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 2. | | | | | | |
|--|--|--|--|--|--|--|
| Date: | | | | | | |
| Name of Flight Operations Manager: | | Signature of Flight Operations Manager: | | | | |