

PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS) FORM

(To be completed by the Air Operator /Private Operator or Approved Maintenance Organization)

Section 1A. To be completed by all applicants		
<p>1. Name and mailing address of Company (include business name if different from company name):</p>	<p>2. Address of the principal (main base where operations will be conducted, include address of secondary base of operation, if appropriate (do not use a post office box):</p>	
<p>3. Proposed Start-up Date:</p>	<p>4. Requested company identifier in order of preference:</p> <ol style="list-style-type: none"> 1. 2. 3. 	
5. Management and Key Staff Personnel KCASR 25		
Name (Surname) (First Name/s)	Title	Telephone & address if different from company (Include country code)
Section 1B. To be completed by Air Operator/Private Operator or Approved Maintenance Organization		
<p>6. <input type="checkbox"/> Air Operator or Private Operator intends to perform its maintenance as an AMO (Complete Block 7 & 8)</p> <p><input type="checkbox"/> Air Operator or Private Operator intends to arrange for maintenance and inspections or aircraft and associated equipment to be performed by other (complete Blocks 7 & 11)</p> <p><input type="checkbox"/> Air Operator or Private Operator intends to perform maintenance under an equivalent system (Complete Blocks 7 & 11)</p> <p><input type="checkbox"/> Approved Maintenance organization (Complete Block 8)</p>		

<p>7. Proposed type of operation (Check as many as applicable)</p> <p>Air Operator/Private Operator Certificate</p> <p><input type="checkbox"/> Passengers and Cargo</p> <p><input type="checkbox"/> Cargo Only</p> <p><input type="checkbox"/> Scheduled Operations</p> <p><input type="checkbox"/> Charter Flight Operations</p>	<p>8. Proposed type of Approved Maintenance Organization Rating(s)</p> <p>Approved Maintenance Organization</p> <table border="0"> <tr> <td><input type="checkbox"/> Airframe</td> <td><input type="checkbox"/> Computers</td> </tr> <tr> <td><input type="checkbox"/> Powerplant</td> <td><input type="checkbox"/> Instrument</td> </tr> <tr> <td><input type="checkbox"/> Propeller</td> <td><input type="checkbox"/> Accessory</td> </tr> <tr> <td><input type="checkbox"/> Avionics</td> <td><input type="checkbox"/> Specialized Service</td> </tr> </table>	<input type="checkbox"/> Airframe	<input type="checkbox"/> Computers	<input type="checkbox"/> Powerplant	<input type="checkbox"/> Instrument	<input type="checkbox"/> Propeller	<input type="checkbox"/> Accessory	<input type="checkbox"/> Avionics	<input type="checkbox"/> Specialized Service
<input type="checkbox"/> Airframe	<input type="checkbox"/> Computers								
<input type="checkbox"/> Powerplant	<input type="checkbox"/> Instrument								
<input type="checkbox"/> Propeller	<input type="checkbox"/> Accessory								
<input type="checkbox"/> Avionics	<input type="checkbox"/> Specialized Service								

Section 1C. Blocks 9 and 10 to be completed by Air Operator/Private Operator

<p>9. Aircraft Data (For foreign registered Aircraft, please provide a copy of the lease agreement)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Numbers and types of aircraft (By make, model, and series):</td> <td style="width: 50%;">Number of Passengers seats or cargo payload capacity:</td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	Numbers and types of aircraft (By make, model, and series):	Number of Passengers seats or cargo payload capacity:			<p>10. Geographic areas of intended operations and proposed route structure:</p>
Numbers and types of aircraft (By make, model, and series):	Number of Passengers seats or cargo payload capacity:				

Section 1D. To be completed by all applicants

11. Additional information that provides a better understanding of the proposed operations or business plan including financial data. (Attach additional sheets, if necessary)

12. Proposed Training (Aircraft and/or simulator) for flight crew and cabin crew/ ground personnel eg. Flight dispatcher.

13. Special authorization request. eg low weather operation, RVSM, PBN, DG, EDTO, MNPS, EFB, SVS ETC.

14. The statement and information contained on this form denotes an intent to apply for a DGCA Certificate as an Air Operator/Private Operator or approved maintenance organization as applicable.

Type of Organization:

Name and Title:	Signature:	Date (dd/mm/yyyy):

For official use only (DGCA/ASD)
Section 2. To be completed by DGCA Project Manager (PM)

Received by (Name and Office):	Date received:
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Date forwarded to Directorate General of Civil Aviation (DGCA) :

Remarks:

Section 3. To be completed by the Aviation Safety Director

Received by:	Pre-application Number:
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Date:	Assigned Certification Number:
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Remarks:

Application	Accepted: <input type="checkbox"/>	Rejected: <input type="checkbox"/>	Pending: <input type="checkbox"/>	Approved: <input type="checkbox"/>
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Name, Signature & Stamp of DGCA Aviation Safety Director:	Date:
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GUIDELINES FOR DGCA FORM 1105 - PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS)

1. **GENERAL** This guideline is to assist the completion of DGCA Form 1105 by an Air Operator/Private Operator or maintenance organization applicant.
2. **SECTION 1A.** All applicants shall complete this section.

Block 1: Enter the company's official name and mailing address. Include any other business name (if different from the company name).

Block 2: This address shall be the physical location where primary operating activities are based. It is where the offices of management required by regulation are located. If the address is the same as item 1, enter "same." Include secondary business addresses of operation and identify the type of operation conducted.

Block 3: Enter the estimated date when operations or services will begin.

Block 4: This information will be used to assign a company identification number. You may indicate up to three, three-letter identifiers, such as IAL, ABC, XYZ, etc. If all choices have been assigned to other operators or maintenance organizations, a randomly selected number will be assigned.

Block 5: Enter the names, titles, and telephone numbers of key management personnel as per KCASR 25 Item 6.6.

Note: Management personnel qualification requirements are specified in KCASR 25 Appendix A
3. **SECTION 1B.** All applicants shall complete this section, as appropriate.

Block 6: Indicate if the Air Operator/Private Operator intends to perform maintenance as an Approved Maintenance Organization (AMO) or intends to contract out all or part of its maintenance, or perform its own maintenance using an equivalent system.

Block 7: The proposed type of operation shall be indicated. Check as many boxes as apply.

Block 8: The proposed type of maintenance organization and ratings shall be indicated. Check as many boxes as apply.
4. **SECTION 1C.** Air Operator/Private Operator shall complete Blocks 9, 10.

Block 9: Aircraft Data is to be provided here. Indicate number and types of aircraft by make, model, series, and number of passenger seats or cargo payload capacity. For foreign registered aircraft, provide a copy of the lease agreement

Block 10: Indicate geographic areas of intended operation and proposed route structure.
5. **SECTION 1D.** All applicants shall complete this section.

Block 11: Show any information that would assist DGCA personnel in understanding the type and scope of operation or services to be performed by the applicant. The financial, economic and legal status of the applicant and viability of the proposed operations shall be presented for assessment. If an air operator/private operator intends to arrange for maintenance and inspections of its aircraft and/or associated equipment identify the approved maintenance organization selected and a list of the maintenance or inspections it proposes to perform. Also provide all written contracts with this form, if applicable.

Block 12: Identify the proposed training, including the type of aircraft and/or simulators for flight crew and cabin crew as applicable.

For AOC's/POC's identify the type of aircraft and/or simulators intended to be used. For ground personnel identify the type of training arrangements as applicable.

For AMO's, identify the type of aircraft by make and model. In addition identify the type of training that the Quality Assurance staff, certifying staff and maintenance personnel will receive based on the ratings requested.

Block 13: The applicant shall submit the information on the special authorization as requested.

Block 14: The Prospective Operator Pre-assessment Statement (POPS) denotes an intent to seek DGCA certification as an Air Operator/Private Operator or approved maintenance organization. It must be signed.

The Accountable Manager must sign the POPS DGCA Form 1105. If another individual who is not the Accountable Manager signs the POPS Form the Accountable Manager must submit with the POPS Form a letter addressing his/her authority to do so.
6. **SECTION 2. & SECTION 3.** For DGCA/ASD Use only.