



Prospective Operator’s Pre-assessment Statement (POPS)

(To be completed by Air Operator or Approved Maintenance Organisation)

Section 1A. To be completed by all applicants

1. Name and mailing address of company (include business name if different from company name)	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).
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3. Proposed Start-up Date:	4. Requested company identifier in order of preference 1. 2. 3.
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5. Management and Key Staff Personnel

Name (Surname then First Name/s)	Title	Telephone & email if different from company (Include country code)

Section 1B. To be completed by Air Operator and/or Approved Maintenance Organisation

6. Air Operator intends to perform its maintenance as an AMO
 Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others
 Air Operator intends to perform maintenance under an equivalent system
 Approved Maintenance Organisation

7. Proposed type of operation (Check as many as applicable)	8. Proposed type of Approved Maintenance Organisation Rating(s)
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Air Operator Certificate – Part 8/9 <input type="checkbox"/> Passengers and Cargo <input type="checkbox"/> Cargo Only <input type="checkbox"/> Scheduled Operations <input type="checkbox"/> Charter Flight Operations	Approved Maintenance Organisation Part 6 <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"/> Specialised Service
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Section 1C. Blocks 9 and 10 to be completed by Air Operator.

9. Aircraft Data (For foreign registered aircraft, please provide a copy of the lease agreement)	10. Geographic areas of intended operations and proposed route structure				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Numbers and types of aircraft (By make, model, and series)</td> <td style="width: 50%; padding: 5px;">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			
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Section 1D. To be completed by all applicants

**11. Additional information that provides a better understanding of the proposed operation or business
(Attach additional sheets, if necessary)**

12. Proposed Training (Aircraft and/or Simulator)

13. Financial and Business Plan (give brief description and attach B.P)

14. The statement and information contained on this form denotes an intent to apply for a GCAA certificate.

Type of Organisation:

Signature	Date (day/month/year)	Name	Title

Section 2. For Official Use Only

ASI Name & Number:	Date (day/month/year):
Pre-application Number:	Assigned Certification Number:

Remarks: