

# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| General information about applicant                                                   |         |
|---------------------------------------------------------------------------------------|---------|
| Applicant's company name:                                                             |         |
| Trade name, if different:                                                             |         |
| Main base address:                                                                    |         |
| Telephone :                                                                           |         |
| Email :                                                                               |         |
| Contact details allowing operational management to be contacted without undue delay : |         |
| Telephone :                                                                           | Email : |
| Pre-certification number :                                                            |         |

| I. PRE-APPLICATION PHASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/ Accomplished | Date Returned for Changes | CAA Remarks |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|--------------------|-----------------------------|---------------------------|-------------|--|-------|-------|--|-------|-------|--|-------|-------|--|-------|-------|--|-------|-------|--|-------|-------|--|--|--|--|--|--|
| <b>A. Initial orientation:</b> Inspector _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| 1. Provide Circular on Air Operator Certification to applicant                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| 2. Provide other applicable publications and documents to applicant                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| 3. Provide overview of certification process and scheduling information for pre-application meeting                                                                                                                                                                                                                                                                                                                                                                                         |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| <b>B. Designate certification team</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Speciality</th> </tr> </thead> <tbody> <tr> <td>PM</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> |                               | Name         | Speciality         | PM                          | _____                     | _____       |  | _____ | _____ |  | _____ | _____ |  | _____ | _____ |  | _____ | _____ |  | _____ | _____ |  | _____ | _____ |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                          | Speciality   |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                         | _____        |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| <b>C. Conduct pre-application meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |
| Remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |              |                    |                             |                           |             |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |       |       |  |  |  |  |  |  |



# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| II. FORMAL APPLICATION PHASE                          | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|-------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| A. Review applicant's submission                      |                               |              |                    |                            |                           |             |
| B. Evaluate CAA resources based on Schedule of Events |                               |              |                    |                            |                           |             |
| C. Conduct formal application meeting                 |                               |              |                    |                            |                           |             |
| D. Issue letter accepting/rejecting application       |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                       |                               |              |                    |                            |                           |             |

| III. DOCUMENT EVALUATION PHASE                    | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|---------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| <b>A. Evaluate applicable training programmes</b> |                               |              |                    |                            |                           |             |
| 1. Training curricula                             |                               |              |                    |                            |                           |             |
| a. Company procedures indoctrination              |                               |              |                    |                            |                           |             |
| b. Emergency equipment drills training            |                               |              |                    |                            |                           |             |
| c. Ground training (handling/servicing/de-icing)  |                               |              |                    |                            |                           |             |
| d. Flight training                                |                               |              |                    |                            |                           |             |
| i. Initial training                               |                               |              |                    |                            |                           |             |
| ii. Recurrent training                            |                               |              |                    |                            |                           |             |
| iii. Transition/upgrade training                  |                               |              |                    |                            |                           |             |
| iv. Differences training                          |                               |              |                    |                            |                           |             |
| e. Check Personnel/Flight Instructor              |                               |              |                    |                            |                           |             |
| f. Cabin crew member training                     |                               |              |                    |                            |                           |             |
| i. Initial training                               |                               |              |                    |                            |                           |             |



# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| III. DOCUMENT EVALUATION PHASE                          | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|---------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| ii. Recurrent training                                  |                               |              |                    |                            |                           |             |
| g. Cabin crew member check personnel/cabin instructor   |                               |              |                    |                            |                           |             |
| h. Flight Operations Officer training                   |                               |              |                    |                            |                           |             |
| i. Initial training                                     |                               |              |                    |                            |                           |             |
| ii. Recurrent training                                  |                               |              |                    |                            |                           |             |
| i. Check Personnel/Instructor Flight Operations Officer |                               |              |                    |                            |                           |             |
| j. Crew resource management                             |                               |              |                    |                            |                           |             |
| k. Security                                             |                               |              |                    |                            |                           |             |
| l. Dangerous goods                                      |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                         |                               |              |                    |                            |                           |             |
| <b>B. Evaluate management qualifications</b>            |                               |              |                    |                            |                           |             |
| 1. Accountable Manager                                  |                               |              |                    |                            |                           |             |
| 2. Nominated Person Flight Operations                   |                               |              |                    |                            |                           |             |
| 3. Nominated Person Crew Training                       |                               |              |                    |                            |                           |             |
| 4. Nominated Person Ground Operations                   |                               |              |                    |                            |                           |             |
| 5. Nominated Person Continuing Airworthiness            |                               |              |                    |                            |                           |             |
| 6. Compliance Monitoring Manager(s), as applicable      |                               |              |                    |                            |                           |             |
| a. Compliance Monitoring Manager for operations         |                               |              |                    |                            |                           |             |
| b. Compliance Monitoring Manager for maintenance        |                               |              |                    |                            |                           |             |
| 7. Security Manager                                     |                               |              |                    |                            |                           |             |



# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| III. DOCUMENT EVALUATION PHASE                                 | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|----------------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| 8. Safety Manager(s), as applicable                            |                               |              |                    |                            |                           |             |
| a. Safety Manager for operations                               |                               |              |                    |                            |                           |             |
| b. Safety Manager for maintenance                              |                               |              |                    |                            |                           |             |
| 9. Other, as applicable                                        |                               |              |                    |                            |                           |             |
| 10. Request for changes in management personnel, as applicable |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                                |                               |              |                    |                            |                           |             |
| <b>C. Evaluate operator's manual system</b>                    |                               |              |                    |                            |                           |             |
| 1. Completed Operations Manual                                 |                               |              |                    |                            |                           |             |
| a. Emergency exit plan                                         |                               |              |                    |                            |                           |             |
| b. Carry-on baggage plan                                       |                               |              |                    |                            |                           |             |
| 2. Completed Maintenance Control Manual                        |                               |              |                    |                            |                           |             |
| 3. CAA-approved Aircraft Flight Manual                         |                               |              |                    |                            |                           |             |
| 4. Aircraft checklists                                         |                               |              |                    |                            |                           |             |
| a. Normal                                                      |                               |              |                    |                            |                           |             |
| b. Abnormal                                                    |                               |              |                    |                            |                           |             |
| c. Emergency                                                   |                               |              |                    |                            |                           |             |
| 5. Cabin Crew Manual                                           |                               |              |                    |                            |                           |             |
| 6. Flight supervision and monitoring/flight following          |                               |              |                    |                            |                           |             |
| 7. Station/facility operations                                 |                               |              |                    |                            |                           |             |
| 8. Company Emergency Manual                                    |                               |              |                    |                            |                           |             |
| 9. Aerodrome Data and Route Guide Manual (charts and plates)   |                               |              |                    |                            |                           |             |



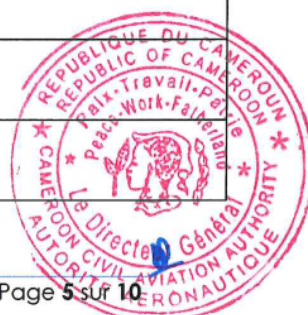


# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| III. DOCUMENT EVALUATION PHASE                               | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|--------------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| 10. Aerodrome/runway analysis (performance)                  |                               |              |                    |                            |                           |             |
| 11. Minimum Equipment List (MEL)                             |                               |              |                    |                            |                           |             |
| a. MEL management programme                                  |                               |              |                    |                            |                           |             |
| 12. Configuration Deviation List                             |                               |              |                    |                            |                           |             |
| 13. Maintenance Technical Manuals                            |                               |              |                    |                            |                           |             |
| 14. Fuelling/refuelling/defuelling                           |                               |              |                    |                            |                           |             |
| 15. Ground Servicing Manual                                  |                               |              |                    |                            |                           |             |
| 16. Mass and balance control programme                       |                               |              |                    |                            |                           |             |
| 17. Dangerous goods                                          |                               |              |                    |                            |                           |             |
| 18. Security                                                 |                               |              |                    |                            |                           |             |
| 19. Reliability programme                                    |                               |              |                    |                            |                           |             |
| 20. Completed continuous airworthiness maintenance programme |                               |              |                    |                            |                           |             |
| 21. Emergency plan/notification                              |                               |              |                    |                            |                           |             |
| 22. Passenger briefing cards                                 |                               |              |                    |                            |                           |             |
| 23. Quality Manual                                           |                               |              |                    |                            |                           |             |
| 24. Safety Management System Manual                          |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                              |                               |              |                    |                            |                           |             |
| <b>D. Conduct other evaluations</b>                          |                               |              |                    |                            |                           |             |
| 1. Aircraft lease                                            |                               |              |                    |                            |                           |             |
| 2. Maintenance contracts/agreements                          |                               |              |                    |                            |                           |             |
| 3. Servicing contracts/agreements                            |                               |              |                    |                            |                           |             |
| 4. Exemption requests/justification                          |                               |              |                    |                            |                           |             |



# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| III. DOCUMENT EVALUATION PHASE                 | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| 5. Plan for emergency evacuation demonstration |                               |              |                    |                            |                           |             |
| 6. Plan for demonstration flight               |                               |              |                    |                            |                           |             |
| 7. Final Statement of Compliance               |                               |              |                    |                            |                           |             |
| 8. Training contracts                          |                               |              |                    |                            |                           |             |
| 9. De-icing/anti-icing contracts               |                               |              |                    |                            |                           |             |
| 10. Exit row seating                           |                               |              |                    |                            |                           |             |
| 11. Dispatch/flight following contracts        |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                |                               |              |                    |                            |                           |             |

| IV. DEMONSTRATION AND INSPECTION PHASE          | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|-------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| <b>A. Evaluate operator conducting training</b> |                               |              |                    |                            |                           |             |
| 1. Training facilities                          |                               |              |                    |                            |                           |             |
| 2. Training schedules                           |                               |              |                    |                            |                           |             |
| 3. Flight crew member training                  |                               |              |                    |                            |                           |             |
| a. Company procedures indoctrination            |                               |              |                    |                            |                           |             |
| b. Emergency equipment drills training          |                               |              |                    |                            |                           |             |
| c. Ground training                              |                               |              |                    |                            |                           |             |
| d. Flight training                              |                               |              |                    |                            |                           |             |
| 4. Check Personnel/Instructor                   |                               |              |                    |                            |                           |             |



# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| IV. DEMONSTRATION AND INSPECTION PHASE                   | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|----------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| 5. Cabin crew member training                            |                               |              |                    |                            |                           |             |
| a. Company procedures indoctrination                     |                               |              |                    |                            |                           |             |
| b. Emergency equipment drills training                   |                               |              |                    |                            |                           |             |
| c. Ground training                                       |                               |              |                    |                            |                           |             |
| d. Flight training                                       |                               |              |                    |                            |                           |             |
| 6. Cabin crew member check personnel/instructor          |                               |              |                    |                            |                           |             |
| 7. Crew resource management                              |                               |              |                    |                            |                           |             |
| 8. Flight Operations Officers personnel training         |                               |              |                    |                            |                           |             |
| 9. Flight Operations Officers Check Personnel/Instructor |                               |              |                    |                            |                           |             |
| 10. Dangerous goods training                             |                               |              |                    |                            |                           |             |
| a. Crew members                                          |                               |              |                    |                            |                           |             |
| b. Ground personnel                                      |                               |              |                    |                            |                           |             |
| 11. Security training                                    |                               |              |                    |                            |                           |             |
| 12. Maintenance training                                 |                               |              |                    |                            |                           |             |
| a. Nominated Person Continuing Airworthiness             |                               |              |                    |                            |                           |             |
| b. Compliance Monitoring Manager(s)                      |                               |              |                    |                            |                           |             |
| c. Compliance Monitoring personnel                       |                               |              |                    |                            |                           |             |
| d. Safety Manager(s)                                     |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                          |                               |              |                    |                            |                           |             |



# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| IV. DEMONSTRATION AND INSPECTION PHASE                                                      | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|---------------------------------------------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| <b>B. Evaluate operator conducting testing/certification</b>                                |                               |              |                    |                            |                           |             |
| 1. Flight crew members                                                                      |                               |              |                    |                            |                           |             |
| 2. Flight Operations Officers                                                               |                               |              |                    |                            |                           |             |
| 3. Cabin crew members                                                                       |                               |              |                    |                            |                           |             |
| <b>C. Conduct Aircraft make/model conformity inspection</b>                                 |                               |              |                    |                            |                           |             |
| <b>D. Conduct Main operations base inspection</b>                                           |                               |              |                    |                            |                           |             |
| <b>E. Conduct Main maintenance base inspection</b>                                          |                               |              |                    |                            |                           |             |
| <b>F. Conduct Station/facilities inspection (operations)</b>                                |                               |              |                    |                            |                           |             |
| <b>G. Conduct Station/facilities inspection (maintenance)</b>                               |                               |              |                    |                            |                           |             |
| <b>H. Conduct operator flight supervision and monitoring/flight following demonstration</b> |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                                                             |                               |              |                    |                            |                           |             |
| <b>I. Record keeping locations</b>                                                          |                               |              |                    |                            |                           |             |
| 1. Crew member                                                                              |                               |              |                    |                            |                           |             |
| a. Training                                                                                 |                               |              |                    |                            |                           |             |
| b. Flight and rest times                                                                    |                               |              |                    |                            |                           |             |
| c. Qualification                                                                            |                               |              |                    |                            |                           |             |
| 2. Maintenance                                                                              |                               |              |                    |                            |                           |             |
| a. Aircraft records                                                                         |                               |              |                    |                            |                           |             |
| b. Maintenance personnel training                                                           |                               |              |                    |                            |                           |             |





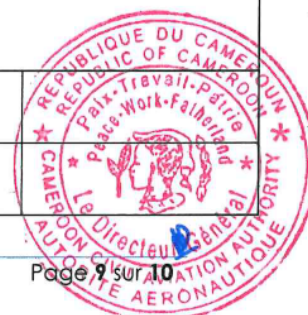
# AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS

## CMR.OPS.FORM.103



| IV. DEMONSTRATION AND INSPECTION PHASE       | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|----------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| i. Nominated Person Continuing Airworthiness |                               |              |                    |                            |                           |             |
| ii. Compliance Monitoring Manager and staff  |                               |              |                    |                            |                           |             |
| iii. Contract employees                      |                               |              |                    |                            |                           |             |
| Remarks:                                     |                               |              |                    |                            |                           |             |
| J. Flight/trip records                       |                               |              |                    |                            |                           |             |
| K. Emergency evacuation demonstration        |                               |              |                    |                            |                           |             |
| L. Ditching demonstration                    |                               |              |                    |                            |                           |             |
| M. Demonstration flight evaluation           |                               |              |                    |                            |                           |             |
| N. Issue of Air Carrier Licence              |                               |              |                    |                            |                           |             |
| Remarks:                                     |                               |              |                    |                            |                           |             |

| V. CERTIFICATION PHASE                              | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|-----------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| A. Prepare Certificate and Operation Specifications |                               |              |                    |                            |                           |             |
| B. Issue Certificate and Operation Specifications   |                               |              |                    |                            |                           |             |
| Remarks:                                            |                               |              |                    |                            |                           |             |
| C. Prepare certification report                     |                               |              |                    |                            |                           |             |
| 1. Assemble report                                  |                               |              |                    |                            |                           |             |



**AIR OPERATOR CERTIFICATION (AOC) SCHEDULE OF EVENTS**  
**CMR.OPS.FORM.103**



| V. CERTIFICATION PHASE                                      | Date proposed by the Operator | Revised Date | Inspector Initials | Date Received/Accomplished | Date Returned for Changes | CAA Remarks |
|-------------------------------------------------------------|-------------------------------|--------------|--------------------|----------------------------|---------------------------|-------------|
| a. Formal application letter                                |                               |              |                    |                            |                           |             |
| b. Final Statement of Compliance                            |                               |              |                    |                            |                           |             |
| c. Copy of OpSpecs                                          |                               |              |                    |                            |                           |             |
| d. Copy of certificate                                      |                               |              |                    |                            |                           |             |
| e. Summary of difficulties                                  |                               |              |                    |                            |                           |             |
| 2. Distribute report                                        |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                             |                               |              |                    |                            |                           |             |
| <br><br><br>                                                |                               |              |                    |                            |                           |             |
| <b>D. Develop post-certification surveillance programme</b> |                               |              |                    |                            |                           |             |
| 1. Within geographic area                                   |                               |              |                    |                            |                           |             |
| 2. Outside geographic area                                  |                               |              |                    |                            |                           |             |
| <b>Remarks:</b>                                             |                               |              |                    |                            |                           |             |
| <br><br><br>                                                |                               |              |                    |                            |                           |             |

