



APPLICATION FOR SPECIAL OPERATIONS

Form No.: GTF-SOS-001

INITIAL ISSUE/ AMENDMENT

<input type="checkbox"/> AWO (All Weather operations) <input type="checkbox"/> RVSM (Reduced Vertical Separation Minima) <input type="checkbox"/> MNPS (Minimum Navigation Performance Specification) <input type="checkbox"/> ETOPS (Extended Range Operations) <input type="checkbox"/> ULR (Ultra Long Range Operations) <i>(*Use one sheet for initial or individual application)</i>	<input type="checkbox"/> EFB (Electronic Flight Bag) and Software Data <input type="checkbox"/> HGS/HUD (Head Up Guidance System) <input type="checkbox"/> FANS (Future Air Navigation Systems) <input type="checkbox"/> PBN (Performance Based Navigation) <input type="checkbox"/> PRM (Precision Runway Monitoring)
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A. APPLICANT DETAILS (OPERATOR / ORGANISATION)

Operator's Name:		AOC NO/ ATO NO	-
PH (Post Holder) Operation:		Phone and Email:	and
PH Maintenance:		Phone and Email:	and
PH Training:		Phone and Email:	and
PH Quality:		Phone and Email:	and

B. OPERATIONS (Operating Procedures / Training)

1. Initial/Recurrent training syllabus (*/**)	
2. Crew Qualification*	
3. Flight Planning*	
4. FCOM/Checklist / SOP * (**)	
5. Post flight procedures*	
6. Monitoring/reporting procedures*	
7. MEL reference related to operations	

C. AIRWORTHINESS ASPECTS

1. Equipment related Type Design Approval reflected in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Others: Fill C.3.
	AFM	TCDS	STC	
2. AFM/applicable section of AFM* (**)				
3. Equipment systems installation approval based on*	<input type="checkbox"/> TC <input type="checkbox"/> STC <input type="checkbox"/> SB			
4. Equipment Maintenance program?* (**)				
5. MEL*: section of MEL State ref doc (**)				
6. Maintenance Procedures /continuing airworthiness*				



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7. Downgrading/deferred, tech log entries, release to service, repetitive defects, CAMA reporting proc*		
8. Maintenance training (initial and recurrent staff and sub contractor's training syllabus and qualification, etc.) *ref doc		
9. Maintenance practices and procedures (MOE/MME, maintenance program, stand-alone document) **		
D. SUPPORTING EVIDENCE/Remarks		
E. COMPLIANCE STATEMENT		
I confirm that information in this application complies with the applicable regulations		
PH MAINTENANCE	PH OPERATIONS	PH TRAINING
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date: / /	Date: / /	Date: / /
F. FOR CAMA USE ONLY		
CAMA inspector have evaluate the applicant details and confirm that the application meet the minimum requirement as reflected with mark in the <input type="checkbox"/> below:		
<input type="checkbox"/> C1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> 8, <input type="checkbox"/> 9 Airworthiness Inspector: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> B1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7 Flight Operations Inspector: <input type="checkbox"/> Approve <input type="checkbox"/> Not Approved	
Name:	Name:	
Signature:	Signature:	
Date: / /	Date: / /	

Note: * Fill applicable section of referenced document,

****:** For initial approval Submit relevant section of the document

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Note: This guide is for operator guide not part of application to be submitted

APPLICATION GUIDE AND REQUIREMENT

Section A. APPLICANT DETAILS (Submit application form with cover letter)

Fill operator name, Post Holder: Operations, Maintenance and Training name and details or their delegates (supporting delegation appointment required)

Scope of Application (tick applicable item)

Section B. OPERATIONS/TRAINING (Operating Procedures/Training)

Describes reference document adjacent to the application column and attach document for initial application

1. Initial/Recurrent training: reference for training and its syllabus
2. Crew Qualification: Crew qualification
3. Flight Planning: Procedures for flight planning
4. FCOM/Checklist/SOP; Standard Procedures: describes standard operating procedures for the approval sought
5. Post flight procedures: reporting deviation, filling forms
6. Monitoring/reporting procedures particularly for temporary application for upgrade or permanent purposes
7. MEL reference related to operations

Section C. AIRWORTHINESS

1. Aircraft Type Design Approval reflected in:
AFM: Aircraft Flight Manual
TCDS: Type Certificate Data Sheet
STC: Supplemental Type Certificate
2. AFM/Supplement indicates the Equipment related to the above application.
3. The approval of the equipment related to the systems installation based on: Supplemental Type Certificate (STC) or additional SB installation, attach the evidence.
4. Maintenance program related to the above approval seek exist? Supply Ref doc.
5. MEL: section of MEL reference in the paragraph or separate section.
6. Maintenance Procedures/continuing airworthiness.
7. Downgrading/deferred, tech log entries, release to service, repetitive defects, reliability, reporting to the CAMA procedures.
8. Maintenance training (initial and recurrent staff and sub contractor's training syllabus and qualification, etc.).
9. Maintenance practices and procedures (MOE/MME, maintenance program, stand-alone document)**.
10. If required: Test equipment (procedures, handling, calibration, etc.).

Section D. SUPPORTING EVIDENCE

1. Attach AFM/Supplements related to the application/equipment operational approval.
2. State the Flight crew training and syllabus reference.
3. Operation manuals, checklists, operating procedures* (OM-A, B, C, D)
4. MEL reference related to the above equipment.
5. Maintenance program or revision related to above equipment*.
6. Maintenance practices and procedures (MOE/MME, maintenance program, stand-alone document) (*).
7. SB, STC or Modification Approval*.

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Section E. COMPLIANCE STATEMENT

To be signed by applicable post holder or delegated personnel (supporting delegation letter required).

This compliance statement is to assure that the relevant application has been completed and complied with the applicable regulations; that the aeroplane systems installation including continuing airworthiness of AWO systems, minimum equipment for dispatch procedures, standard operating procedures and flight crew training comply with the requirements of Yemen Civil Aviation Regulations.

Section F. FOR CAMA USE ONLY

1. CAMA Administration shall submit the application to the Flight Operations then Airworthiness.
2. CAMA FOI shall review initial process (Follow up with the applicant, should additional documents are required). Once completed, sign and hand over to AWI for AW approval.
3. Once completed, AWI shall hand over to FOI.
4. FOI shall summarize and include in the Operations Specifications/Technical. Notify FO Administration to amend OPSPEC. If rejected or other supporting documents are required, FOI shall notify the Operator/ATO/Tech. Spec.