



**Flight Operations Standards Directorate**  
**Commercial Air Transport Section - Special Approvals - ETOPS Approval**  
**ETOPS Approval Application Form**

Application for the variation of an AOC - Submit at least 30 days before the intended date of operations  
A variation or amendment of an AOC shall be valid for 90 calendar days starting from the date of application

**Section A - Organization**

**1. Organization Details.**

<b>a</b>	<b>Company Details</b>		
(1)	Registered name		
(2)	Trading name if different		
(3)	Mailing address		
(4)	Telephone		
(5)	Fax		
(6)	E-mail		
<b>b</b>	<b>Principal Place of Business</b>		
(1)	Mailing address		
(2)	Telephone		
(3)	Fax		
(4)	E-mail		
<b>c</b>	<b>Proposed Start Date</b>		
<b>d</b>	<b>AOC Variation Focal Point</b>		
<b>Name</b>		<b>Phone NO.</b>	<b>E-Mail</b>

**2. Approved Management Details.**

NO	Title	Name	Phone NO.	E-mail
a	Flight operations post holder			
b	Crew training post holder			
c	Ground operations post holder			
d	Maintenance system post holder			
e	Security manager			
f	Safety management system manager			
g	Quality manger			

**Section B - Operations**

**3. Approved Type of Operations.**

<input type="checkbox"/> Schedule	<input type="checkbox"/> Non Schedule	<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo
<input type="checkbox"/> Passenger & Cargo – Passenger airplane		<input type="checkbox"/> Passenger & Cargo – Cargo airplane	

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**4. Approved Airplane Type.**

No	Aircraft Type	Model	Registration Mark	Build Date	Passengers Seats	Cargo Payload
a						
b						
c						
d						
e						
f						
g						
h						
i						
j						

**5. Approved Area of Operations.**(Enter coordinate of the area or national/FIR boundaries)

a	Geographic area	
b	Proposed/approved route(s)	• Attach a list

**6. Approved Special Authorization.**

a	<input type="checkbox"/> Minimum navigation performance specification (MNPS)
b	<input type="checkbox"/> Performance based navigation (PBN)
c	<input type="checkbox"/> Reduced vertical separation minimum (RVSM)
d	<input type="checkbox"/> Electronic Flight Bag (EFB)
e	<input type="checkbox"/> Dangerous goods transport by air (DGs)
f	<input type="checkbox"/> Initial safety training
g	<input type="checkbox"/> Low visibility take-off (LVTO)
h	<input type="checkbox"/> Standard CAT II operations
i	<input type="checkbox"/> Standard CAT III A operations
j	<input type="checkbox"/> Standard CAT III B operations
k	<input type="checkbox"/> Extended range operation twin engine airplanes (ETOPS)

**7. Approved Airplane Navigation Capabilities.**

No	Aircraft Type	PBN	RVSM	MNPS
a				
b				
c				
d				
e				

**8. Approved Low Visibility Operations.** (Enter aircraft type and DH/RVR in appropriate column)

No	Aircraft Type	LVTO	CAT II	CAT III A	CAT III B
a					
b					
c					
d					
e					



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**9. Approved ETOPS Operations.**

No	Aircraft Type	Engine Type	Threshold Distance	Diversion Time
a				
b				
c				
d				
e				

**Section C - ETOPS Approval Details**

**10. ETOPS Approval.**

a	<input type="checkbox"/> ETOPS Initial Approval
b	<input type="checkbox"/> ETOPS Additional Approval
c	<input type="checkbox"/> Normal ETOPS Approval
d	<input type="checkbox"/> Accelerated ETOPS Approval
e	<input type="checkbox"/> 90 minutes or less
f	<input type="checkbox"/> 120 minutes or less
g	<input type="checkbox"/> 180 minutes or less
h	<input type="checkbox"/> Above 180 minutes

**11. Designated ETOPS routes, ETOPS diversion time necessary to support those routes and the minimum altitudes to be flown.**

a	Attach a list
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**12. Approval Application Attachments.**

a	Flight Operations Standards Directorate Formal Application Attachments - Refer to ETOPS approval process form
b	Airworthiness Standards Directorate Formal Application Attachments - Refer to CARC Form 18-0319

**Section D - Accountable Manager Declaration.**

The undersigned certify that statements and answers provided in this application form and attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance of ETOPS approval in accordance with JCAR OPS 1.

Name	Signature	Date

**Section E - For CARC use only**

• Date received by flight operations standards directorate	
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