




FS-OPS-FRM-048		FOIM (Flight Operations Inspector Manual)	 سازمان هواپیمایی کشوری معاونت استاندارد پرواز - دفتر عملیات پرواز
AOC format			
Revision 01	August 2018		

In the name of God Authorisation of High Risk Commercial Specialised Operations		
	Islamic Republic of Iran	
	Civil Aviation Organization	
Authorisation number:	Operator Name:	Aircraft Model: Registration Marks:
	Operator address:	
	Telephone:	
	Fax:	
	E-mail:	
Authorised specialised operation:		
Authorised area or site of operation:		
Special limitations:		
This is to confirm that -----is authorised to perform high risk commercial specialised operation(s) in accordance with this authorisation, operator's Standard Operating Procedures and), Civil Aviation Regulation of IR Iran dated 19 August 1939 and CAO.I.R.I Air Ops.		
Issue Number: Date of issue: Date of expiry:	Name: Title: President of the Civil Aviation Organization Signature Stamp	

CAO.I.R.I Form 151, 2017

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AOC format			
Revision 01	August 2018		

Revision status of Operations Specification	 Civil Aviation Organization
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Issuing Authority Contact Details		
Telephone: (+9821) 66025230	Fax: (+9821) 44659348	E-mail: office@cao.ir


Operator Name:
AWOC No.:


Signature	President of the Civil Aviation Organization	Stamp
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Operations Specification			Aircraft Model	Remarks
No	Revision	Date		


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OPERATIONS SPECIFICATION (Subject to the approved CONDITIONS in the Operations Manual)		 Civil Aviation Organization		
Issuing Authority Contact Details Telephone: (+9821) 66025230 Fax: (+9821) 44659348 E-mail: office@cao.ir				
AWOC No.:	Operator Name:	Operation specification revision No.:		
		Date of issue:		
		Date of expiry:		
Signature	President of the Civil Aviation Organization	Stamp		
Aircraft Model:	Registration Marks:			
Commercial operations: <input type="checkbox"/> Photography; <input type="checkbox"/> Agriculture; <input type="checkbox"/> Other:				
Area of operation:				
Special Limitations:				
Specific Approvals:	Yes	No	Specification	Remarks
Dangerous Goods	<input type="checkbox"/>	<input type="checkbox"/>		
Low Visibility Operations (LVO) Approach and Landing Take-off	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
AR Navigation specifications for PBN operations	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum Navigation Performance Specification (MNPS)	<input type="checkbox"/>	<input type="checkbox"/>		
Cabin crew training <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Issue of CC attestation <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	IR.MG.----- according to CAO IRI Part-M Subpart G	
Others	<input type="checkbox"/>	<input type="checkbox"/>		


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Attachment A			 Civil Aviation Organization
Operational Management Contact Details			
Issuing Authority Contact Details			
Telephone: (+9821) 66025230 office@cao.ir		Fax: (+9821) 44659348	E-mail:
Operator Name:			
AOC No.:			
Signature	President of the Civil Aviation Organization		Stamp
No	Department	Contact No.	Email
1	Accountable Manager		
2	Flight Operations		
3	Maintenance		
4	Security		
5	Ground Operations		
6	Crew Training		
7	Quality Assurance		
8	Safety		

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<h2 style="margin: 0;">DECLARATION</h2> <p style="margin: 0;">in accordance with CAOIRI Air Ops Regulation</p>
<p>Operator</p> <p>Name:</p> <p>Place in which the operator is established or residing and place from which the operations are directed:</p> <p>Name and contact details of the accountable manager:</p>
<p>Continuing airworthiness management organization in accordance with CAOIRI Part-M</p> <p>Name and address of the organization and approval reference:</p>
<p>Aircraft operation</p> <p>Starting date of operation: -----</p> <p>Type of operation: -----</p> <p>Types of aircraft, registrations and main base: -----</p> <p>-----</p> <p>Details of approvals held (attach list of specific approvals to the declaration): -----</p> <p>Details of specialized operations authorization held (attach authorizations, if applicable): -----</p> <p>List of alternative means of compliance with references to the AMCs they replace: -----</p>
<p>Statements</p> <p><input checked="" type="checkbox"/> The management system documentation including the operations manual reflect the applicable requirements set out in Part-ORO, Part-NCC and Part-SPA. All flights will be carried out in accordance with the procedures and instructions specified in the operations manual.</p> <p><input checked="" type="checkbox"/> All aircraft operated hold a valid certificate of airworthiness and comply with CAOIRI Part-21</p> <p><input checked="" type="checkbox"/> All flight crew members and cabin crew members as applicable, are trained in accordance with the applicable requirements.</p> <p><input checked="" type="checkbox"/> Any change in the operation that affects the information disclosed in this declaration will be notified to the CAOIRI.</p> <p><input checked="" type="checkbox"/> The operator confirms that the information disclosed in this declaration is correct.</p>
<p>Date, name and signature of the accountable manager</p>

The CAOIRI verifies that, the declaration is formally correct and contains required information			
Name:	Title:	signature	stamp


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Revision status of Operations Specification			 Civil Aviation Organization	
Issuing Authority Contact Details				
Telephone: (+9821) 66025230		Fax: (+9821) 44659348		E-mail: office@Cao.ir
Operator Name:				
Signature		President of the Civil Aviation Organization		Stamp
Operations Specification			Aircraft Model	Remarks
No.	Revision	Date		
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List of specific Approvals Non-Commercial Operations		 Civil Aviation Organization
Issuing Authority Contact Details Telephone: (+9821) 66025230 Fax: (+9821) 44659348 E-mail: office@cao.ir		
Approval Number:	Operator Name:	SPA revision No.: Date of issue:
Signature	President of the Civil Aviation Organization	Stamp
Aircraft Model:	Registration Marks:	
Types of Specialised Operation (SPO), if Applicable:		
Area of operation:		
Special Limitations:		
Specific Approvals	Specification	Remarks
RVSM		
AR Navigation specifications for PBN operations		
Minimum Navigation Performance Specification (MNPS)		
EFB		

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Attachment A		 Civil Aviation Organization	
Operational Management Contact Details			
Issuing Authority Contact Details		Telephone: (+9821) 66025230	
		Fax: (+9821) 44659348	
		E-mail: office@cao.ir	
Operator Name:			
Signature	President of the Civil Aviation Organization		Stamp
No	Department	Contact No.	Email
1	Accountable Manager		
2	Flight Operation		
3	Training		
4	Quality Assurance		
5	Ground Operations		
6	Maintenance		
7	Security		
8	Safety		
9	Cabin Crew		

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