



PRE-APPLICATION STATEMENT OF INTENT Jamaican Civil Aviation Authority

Section 1A. To Be Completed By All Applicants

1. Name and mailing address of company	2. Address of principal base where operations will be conducted (do not use post office box)	
3. Proposed Start-up date	4. Requested three-letter company designation in order of preference: 1. 2. 3.	
5. Management Personnel:		
Name (Last, first, middle)	Title	Telephone (incl. area code)

Section 1B. To Be Completed By Air Operators

6. Proposed type of operation
(check as many as applicable)

<input type="checkbox"/> Aerial Work	<input type="checkbox"/> Domestic	<input type="checkbox"/> Passengers and Cargo	<input type="checkbox"/> Single Pilot Operator
<input type="checkbox"/> Transport		<input type="checkbox"/> Cargo Only	
<input type="checkbox"/> Flight School	<input type="checkbox"/> International	<input type="checkbox"/> Scheduled Operations	<input type="checkbox"/> Multi-crew
		<input type="checkbox"/> Nonscheduled Operations	
		<input type="checkbox"/> Photography/Broadcast	
		<input type="checkbox"/> Agriculture	

Section 1C. To Be Completed By Maintenance Organisations

7. Proposed Type of agency and rating(s)

<input type="checkbox"/> Aircraft Maintenance Organisation	<input type="checkbox"/> Maintenance Technical School
<input type="checkbox"/> Domestic	<input type="checkbox"/> Airframe
<input type="checkbox"/> Overseas	<input type="checkbox"/> Powerplant
<input type="checkbox"/> Satellite	<input type="checkbox"/> Avionics
Ratings: <input type="checkbox"/> Airframe	<input type="checkbox"/> Instrument
<input type="checkbox"/> Powerplant	<input type="checkbox"/> Accessory
<input type="checkbox"/> Propeller	<input type="checkbox"/> Specialized Service
<input type="checkbox"/> Radio	

- Provide details in Section 10 -

Section 1D. To Be Completed By Air Operators		
<p>8. Aircraft Data</p> <p>Numbers and types of aircraft (by make, model, and series)</p> <p>Number of passenger seats or cargo payload capacity</p>	<p>9. Geographic area of intended operations:</p>	
<p>10. Additional information that provides a better understanding of the proposed operation of business (attach additional sheets, if necessary)</p>		
<p>11. The statements and information contained on this form denote an intent to apply for JCAA certification</p>		
<p>_____ Signature</p>	<p>_____ Date</p>	<p>_____ Name and Title</p>
Section 2. To be Completed By Authority		
<p>Confirmation of receipt by DFS:</p>	<p>Date:</p>	
<p>Pre-application Number Assigned</p>	<p>For: <input type="checkbox"/> Action <input type="checkbox"/> Information only</p>	
<p>Certification Project Manager Assigned:</p>	<p>Date set for Pre-Application Meeting:</p>	
<p>Remarks</p>		