



## 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. a. Proposed type of operation  
(check as many as applicable)

- Air Transport       Aerial Work       Approved Training Organization       VFR       IFR  
 Domestic       International       Scheduled Operations       Non-scheduled Operations  
 Passengers Only       Cargo Only       Passengers and Cargo       Single Pilot Operation  
 Other (Provide details in Section 10)       Heliport       **Private use only**

6. b. Additional Authorities Requested:

- RVSM       RVR 1200       RVR 600  
 CAT II Approach       CAT III Approach       GPS Approach       MNPS       RNAV (Provide details in Section 10)  
 ETOPS       PRM       VFR OTT       PPL       CPL       Ground School Only

#### Section 1C. To Be Completed By Maintenance Organizations

7. Proposed Type of agency and rating(s)

- Approved Maintenance Organization       Maintenance Technical School
- Domestic       Airframe  
 Overseas       Powerplant  
 Satellite       Avionics

Ratings:  Airframe       Instrument       Powerplant       Accessory

Propeller       Specialized Service       Radio      *Provide details in Section 10 -*

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