

## PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS) (To be completed by Air Operator or Approved Maintenance Organisation)

SECTION 1A. TO BE COMPLETED BY ALL APPLICANTS								
Name and mailing address of company (include business natifierent from company name)			ame if	2. Address of the principal (main) base where operations will be conducted, include address of secondary base of operation, if appropriate (do not use a post office box).				
3. Proposed Start-up Date: 4. Reque		4. Requested co	company identifier in order of preference					
·		1.		2. 3.				
5. Management and Key Staff Perso	onnel							
Name (Surname) (First Name/s)	Title			Telephone & address if different from company (Include country code)				
			D AND /					
SECTION 1B. TO BE COMPLETED BY AIR OPERATOR AND/OR APPROVED MAINTENANCE ORGANISATION								
6. Air Operator intends to perform its maintenance as an AMO (Complete Block 7 & 8)  Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (Complete Blocks 7 & 11)  Air Operator intends to perform maintenance under an equivalent system (Complete Blocks 7 & 11)  Approved Maintenance Organisation (Complete Block 8)								
7. Proposed type of operation (Check as many as applicable)		8. Proposed type of Approved Maintenance Organisation Rating(s)						
Air Operator Certificate – Part 8/9  Passengers and Cargo  Cargo Only Scheduled Operations Charter Flight Operations		Approved Maintenance C		Part 6 Computers Instrument Accessory Specialised Service				
SECTION 1C. BLOCKS 9 AND 10 TO BE COMPLETED BY AIR OPERATOR.								
9. Aircraft Data (For foreign registered aircraft, please provide a copy of the lease agreement)		10. Geographic areas of intended operations and proposed route structure						
Numbers and types of aircraft (By make, model, and series)  Number of passengers seats or cargo payload capacity								

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SECTION 1D. TO BE COMPLETED BY ALL APPLICANTS									
11. Additional information that provides a better u (Attach additional sheets, if necessary)	nderstanding of	the proposed op	erati	on or business					
12. Proposed Training (Aircraft and/or Simulator)									
13. The statement and information contained on the	nis form denotes	an intent to app	oly fo	r a CASAS certificate.					
Type of Organisation:									
Signature	Date (day/mon	ith/year)		Name and Title					
SECTION 2. TO BE COMPLETED BY CASAS	OFFICIAL								
Received by (Name and Office):	OFFICIAL	Date received							
Received by (Name and Office).			(day/month/year)						
Date forwarded to Director of the Civil Aviation Sa (day/month/year):	fety Authority	For: Action Information only							
Remarks:									
SECTION 3. TO BE COMPLETED BY THE DIRECTOR OF THE CIVIL AVIATION SAFETY AUTHORITY SURINAME									
Assigned as PM:	Pre-application Number:								
Date (day/month/year):	Assigned Certification Number:								
Remarks:									

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