



Luftfahrt-Bundesamt

Bundesoberbehörde im Geschäftsbereich des
 Bundesministeriums für Verkehr, Bau- und Stadtentwicklung (BMVBS)
Luftverkehrssicherheit / Aviation Safety
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OPERATING PERMIT QUESTIONNAIRE

Please fill in this questionnaire in German or English.
 The items under 2, 3 and 4 should be filled in for the types of aircraft which are intended to be involved into the operations to Germany. Use additional pages if necessary.
 If there are any essential changes during the validation of this declaration, the airline must inform the Luftfahrt-Bundesamt.

1.1 Name and address of your company:		ICAO CODE:	1.1.1 Telephone number:
			1.1.2 Fax number:
			1.1.3 E-Mail:
1.2 Name and address of your German representative:		1.2.1 Telephone number:	
TW International Fly Services Terminal Ring 1, Z.G. 1.667 40474 Düsseldorf		+49 211 421 60132	
		1.2.2 Fax number:	
		+49 211 917 36399	
		1.2.3 E-Mail:	
		permission@fly-services.de	
1.3 Air Operators Certificate (AOC) issued by: (please attach a copy of AOC)	1.3.1 AOC number:	1.3.2 Valid until:	
1.3.3 Limitations in AOC: (please provide copies of authorised operations specifications as required with ICAO Annex 6-Part I-Chapter 4)			
1.4 State the total number of employees in your company: (maintenance and flight department)			
1.5 State the total number of flight hours per year and aeroplane type operated in your company:			
1.6 State the total number of aircraft per type operated in your company: (example: 3 - A319, 2 - B737 and 5 – TU204)			
1.7 Does your company perform flights to or out of Germany through:			
• NAT - airspace	<input type="checkbox"/> yes	<input type="checkbox"/> no	
• POL- airspace	<input type="checkbox"/> yes	<input type="checkbox"/> no	
1.8 Does your company have permission to perform following type of operations?			
• RVSM (Reduced Vertical Separation Minimum) – flights	<input type="checkbox"/> yes	<input type="checkbox"/> no	
• ETOPS (extended twin operations) – flights	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes please state the time: <input type="checkbox"/> 60 min. <input type="checkbox"/> 90 min. <input type="checkbox"/> 120 min. <input type="checkbox"/> 180 min., type of a/c: _____			

OPERATING PERMIT QUESTIONNAIRE

2. Equipment of aircraft und documents carried on board

2.1 Are your aircraft equipped with

GPWS _____
aircraft type

TAWS* _____
aircraft type

* GPWS with a forward looking terrain avoidance function (EGPWS / SRPBZ)

BRNAV: yes no

TCAS Vers.: _____ yes no

ACAS Vers.: _____ yes no

Mode S Transponder yes no

please mark:

2.2 Mark the emergency/survival equipment of your aircraft:

harness for crew seats

passenger oxygen

Number of ELT (emergency locator transmitter) per aircraft:

crew oxygen

first aid kit

automatic

other type

life jackets / life vests

medical- / doctor's kit

polar equipment

torches/flash lights for each crew member

smoke goggles / hood

other: _____

fire extinguishers in each a/c compartment

dinghies / life rafts

protective gloves

crash axes and crow bar

megaphone

2.3 Documents carried on board (document's name, revision number and revision date):

Rules of max. flight-, flight duty and min. rest time:	
Emergency and safety equipment on board of the a/c:	
Minimum Equipment List (MEL):	
Master Minimum Equipment List (MEL):	
Instructions for computation of fuel- and oil-quantities:	
Operational flight plan specifications:	
Mass and balance control instructions:	
Abnormal and emergency procedures:	
Aviation charts provider (en-route and instrument: area, dep., appr. and land.):	
Update cycle:	
<ul style="list-style-type: none"> for aviation charts for electronic navigation data 	<input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 28 days <input type="checkbox"/> _____ (other) <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 28 days <input type="checkbox"/> _____ (other)
Weather minima for take off, landing and alternate:	
Dangerous goods carriage instructions:	
Cabin preparation checklist and emergency evacuation procedures:	
Fuelling with passengers on board:	

2.4 Mark the methods of calculating

manually

computerised

Fuel quantity:

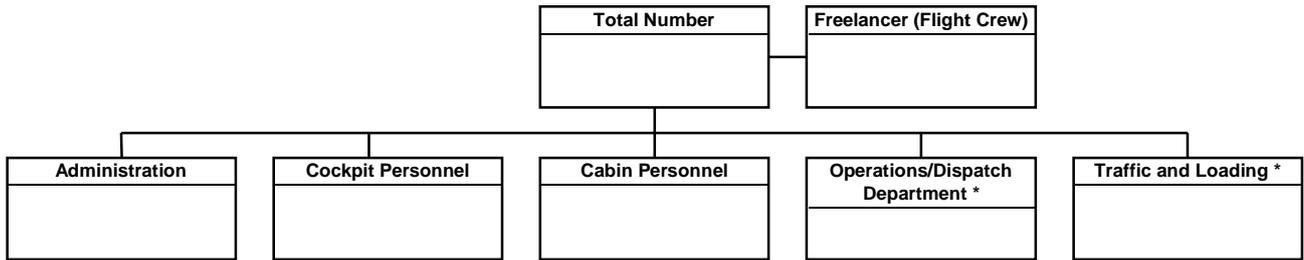
Operational flight plan (OFP):

Weight and Balance (incl. max. allowable TOM & LAM)

OPERATING PERMIT QUESTIONNAIRE

3. Flight operations department

3.1 Number of personnel in the flight department



* If responsibilities transferred to a contractor, please enter the contractor's data

Operations / Dispatch Department: _____
contractor

Traffic and Loading: _____
contractor

3.2 State the crew-factor (sets of crew) employed for each type of aircraft in your company (B737: cockpit - 5 / cabin - 7):

3.3 What is the minimum quantity of theory lessons for a captain's type rating in your company?

3.4 What is the minimum quantity of simulator hours for a captain's type rating in your company?

3.5 Which kind of simulators is your company using for pilots training and where are these simulators located?

- Sim-level I acc. ICAO-DOC. 9625-AN /938 Sim-level II acc. ICAO-DOC. 9625-AN /938
- type of aircraft: _____ type of aircraft: _____
- company/location: _____ company/location: _____
- others (give details): _____

3.6 Which is the minimum quantity of landings on the aeroplane for a captain's type rating in your company?

3.7 Which is the minimum quantity of supervision flight time for a captain's type rating in your company?

3.8 How many checks per year do your pilots have to pass?

- proficiency checks line checks recurrent training

3.9 Fatigue management

Describe your company's regulation for flight crews and cabin crew (if different) concerning flight time, flight duty period, rest period limitation and cumulative duty hours (during any 7 or 14 days or during 1 Month duty period):

OPERATING PERMIT QUESTIONNAIRE

4. Maintenance department

4.1 Approved Maintenance Organisations (please attach a copy of certificate for your organisation and / or contractors):	4.2 Approval granted and inspected by (Name of the Authority):
	4.3 Regulatory basis (EU, FAR or other):
	4.4 Date of last inspection from the National Aviation Authority:

4.5 Does your organisation describe the maintenance procedures in a handbook like MOE, QSH, QMH or equivalent?

4.6 Number of personnel in the maintenance organisation:

Total Number	Freelancer

Administration

Engineering Department

Material Department

Planning Department

Production

Certifying Staff

4.7 Certifying staff licensed by: _____

4.8 Maintenance program (manufacturer or customised):	4.9 Approved by:
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4.10 Aircraft operated to Germany: Fill in extra page attached

4.11 Do you have a handling procedure for deferred open items and where is this described?

4.12 Do your pilots have a technical assistance at German airports and which persons are authorised from your company to sign the „Release to Service“ in case of technical problems?

4.13 Name the instructed technical/ground handling agents for the German airports:

Name and position in the company: _____

CERTIFICATION: I certify that I have read and understood all the questions and statements on this form.
 The answers I have furnished are true and correct to the best of my knowledge and belief.

Place: _____ **Date:** _____ **Signature:** _____

