PASI FORM EVALUATION CHECKLIST

Number	Activity	S	U/S	Remarks
1.	Name and mailing address of company (include business name if different from company name).			
2	Address of the principal (main) base where operations will be conducted.			
3.	Proposed Start-up Date:			
4	Requested company (3 letters ICAO) identifier in order of preference.			
5	Management and Key Staff Personnel.			
6	☐ Air Operator intends to perform maintenance as an AMO. ☐ Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others. ☐ Air Operator intends to perform maintenance under an equivalent system. ☐ Approved Maintenance Organisation. ☐ Approved Training Organisation			
7	Proposed type of operation (Tick as many as applicable).			
8	Proposed type of Approved Maintenance Organization Rating(s).			
9	Proposed courses to be conducted by ATO (Tick as applicable)			
10	Training Aircraft Data.			
11	Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement).			
12	Geographic areas of intended operations and proposed route structure.			
13	Any Special Authorizations Requested (RVSM, PBN, EDTO, CAT II/III, Dangerous Goods, Single Engine Turbine Powered Operations etc.)			
14	Additional information that provides a better understanding of the proposed			

	operation or business (Attach additional sheets, if necessary).			
15	Proposed Training (Aircraft and/or Simulator).			
16	Confirm the i. ASL is valid and is attached - √ ii. Audited financial statements or business plan is attached - √			
17	The statement and information contained on this form denotes an intention to apply for the Authority Certificate. (Type of Organization)			
18	Signature. …Date…… Name and Title (Block Letters).			
Inspector`s Remarks				
Inspector's Name :		Signature:		Date: