# 1-General Information

|  |  |
| --- | --- |
| Operator’s Legal Name |        |
| Trade Name (If any) |  |
| ICAO Code |  |
| IATA Code |  |
| Official Address |  |
| Main Operating Base (Airport Code) |  |
| IATA region  | Choose an item. |
| Reason for undergoing IOSA Audit |  |
| Desired timeframe to conduct the IOSA audit |  |
| Will your initial audit be affiliated with any other airline? Please provide name(s) and ICAO code(s).  |  |

# 2-Contact Information

|  |  |
| --- | --- |
| Primary: Contact Name |       |
|  Designation | Choose an item.. |
| Job Title |       |
|  Phone Number |       |
|  Email |       |
| Secondary: Contact Name |       |
|  Designation |  Choose an item. |
| Job Title |       |
|  Phone Number |       |
|  Email |       |

# 3- Certificate/Authorizations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Certificate | Country of Issue | Number | Expiry Date(or no expiry) | Restrictions, if any |
| AOC  |       |       |       |       |
| Ops Specs |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

# 4-Ownership / Alliances

|  |  |
| --- | --- |
| Is the operator | [ ]  An Independent Entity [ ]  Part of an airline group |
| If part of airline group, please specify which one |       |

# 5-Type of Operation

|  |  |
| --- | --- |
| Type of Operation | [ ]  International [ ]  Domestic[ ]  Passenger with cabin crew [ ]  Passenger without cabin crew [ ]  Cargo [ ]  All-cargo |
| Operations Specifications’ approvals | [ ]  ETOPS/EDTO [ ]  RNAV/RNP [ ]  RNP-AR [ ]  RVSM [ ]  MNPS [ ]  NAT-HLA[ ]  RLat.SM [ ]  Areas of Magnetic Unreliability |
| Inactive Approved Function | [ ]  Yes [ ]  No |
| If ‘Yes’, to the above, please describe the Inactive Approved Operational Function |       |
| Dormant Approved Function (an approved function that has not commenced as yet) | [ ]  Yes [ ]  No |
| If ‘Yes’, to the above, please describe the Dormant Approved Function |       |
| Transportation of Dangerous Goods | [ ]  Yes [ ]  No |
| Outsourcing of Operational Function (OOF) | [ ]  ORG [ ]  FLT [ ]  DSP [ ]  MNT[ ]  CAB [ ]  GRH [ ]  CGO [ ]  SEC |
| EASA Third Country Operator (TCO) authorization | [ ]  Yes [ ]  No [ ]  Planning to apply |

# 6-Fleet(s) on Current AOC

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Manufacturer | Type | Variant | Configuration  | Number of Airplanes | Notes |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |
|       |       |       | Choose an item. |       |       |

# 7-IOSA History

|  |  |
| --- | --- |
| Has the Operator undergone an IOSA audit before?  | [ ]  Yes [ ]  No |
| Was the operator ever IOSA registered | [ ]  Yes [ ]  No |
| Please specify reason of registry removal and/or incomplete IOSA audit |       |
| Has the operator had IOSA consulting services in the past? | [ ]  Yes [ ]  No |
| If yes to the above question, please specify who provided the consulting service.  |       |

# 8- Airline Billing Details

The Airline shall complete and provide IATA the following billing information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Details** |  | **Contact Person** |  |
| Title | Click here to enter text. | Title | Click here to enter text. |
| Customer Name (Company Name) | Click here to enter text. | Name (First + Last) | Click here to enter text. |
| Address Line 1  | Click here to enter text. | Function | Click here to enter text. |
| Address Line 2 | Click here to enter text. | Department | Click here to enter text. |
| Address Line 3 | Click here to enter text. | Telephone | Click here to enter text. |
| PO Box | Click here to enter text. | Fax | Click here to enter text. |
| Postal Code | Click here to enter text. | Email | Click here to enter text. |
| City | Click here to enter text. |  |  |
| Region/ Province/ State | Click here to enter text. |  |  |
| Tax Jurisdiction Code (Canadian airline only) | Click here to enter text. |  |  |
| Country | Click here to enter text. |  |  |
| Telephone (not contact specific) | Click here to enter text. |  |  |
| Fax (not contact specific) | Click here to enter text. |  |  |
| Email (not contact specific) | Click here to enter text. |  |  |
| **Other Information (Mandatory if active ICH member)** | **Remarks** | Click here to enter text. |
| ICH Code | Click here to enter text. |
| ICH Currency Zone | Click here to enter text. |
| ICH Status | Click here to enter text. |
| SIS - Country Location Code | Click here to enter text. |
| SIS - Location Code | Click here to enter text. |
| VAT Exempt | Click here to enter text. |
| VAT Number (European based airline only) | Click here to enter text. |

# 9- Application Preparer

*I declare that I am authorized by the Operator to prepare and submit this application to IATA.*

*\*A USD 1,000 non-refundable application fee will be charged by IATA to process this Application.*

Application Prepared by:

Date:

# 9-Terms

* Payment for the application fee must be received by IATA no later than 30 days after the issue date of the invoice.
* Should payment not be received within 30 days from the issue date of the invoice, the application process may be terminated. In such case a new application must be sent if the Operator decide to undergo an IOSA audit.
* Upon payment, this application is valid for 1 calendar year.
* Audit Agreement processing and audit planning shall only be performed by IATA once payment of the application fee has been received.
* This application is not transferable.