# 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 |  |

# 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 |       |
| If yes, is the airline group owner of any of the Accredited Audit Organizations? | Check box: Yes or No and if yes, please specify      |

# 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 [x]  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

|  |  |
| --- | --- |
| Scope and office | Specify venue and city for Audit  |
| Has the Operator undergone an IOSA audit before?  | [ ]  Yes [ ]  No |
| Was the operator ever IOSA registered | [ ]  Yes [ ]  No |
| If yes, please specify when and which IATA Accredited Audit Organization(s) was/were contracted |       |
|  Please specify reason of registry removal and/or incomplete IOSA audit |       |
| Has the operator received consulting services and/or training from any of the IATA Accredited Audit Organizations in the last 2 years? | [ ]  Yes [ ]  No |
| If yes, which Audit Organization(s)  |       |

# 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.*

*Application Prepared by:*

*Date:*

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

# 9-Terms

* Affiliated audits of IOSA Registered operators is excluded from Audit Allocation.
* Operator understands and agrees that the information contained in this form can be shared with Audit Organizations
* 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 shall be terminated. In such case a new application must be sent if the Operator decide to undergo an IOSA audit.
* Audit allocation shall only be performed by IATA once payment of the application fee has been received.
* This application is not transferable.
* Should the application process be cancelled by the Operator, it will only be permitted to send a new application three (3) months after the day of cancellation.
* Once an Audit Organization (AO) has been allocated:
	+ If the allocation is accepted by the Operator, they will be put it touch with the selected Audit Organizations so the preparations for the audit, including the signature of the audit agreement, can begin.
	+ The Operator will be afforded the possibility to reject the allocated AO for any reason and ask IATA for a different AO (to be chosen by IATA) to be selected.
	+ The Operator will not be allowed to reject the second allocated AO without a justified reason. IATA reserves the right to decide whether those reasons provider by the Operator are indeed justified.