



# Dept. of Transportation, Communications & Infrastructure: Civil Aviation Division

P. O. Box PS 2, Palikir, Pohnpei, FM 96941  
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## APPLICATION FOR AIR OPERATOR CERTIFICATE

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

C.E.O.: \_\_\_\_\_

Company Full Address: \_\_\_\_\_

Company State of Registry: \_\_\_\_\_

Submit Copy of Foreign Investment Permit Enclosed

Submit Copy of Insurance Policy Enclosed

Submit Copy of Company Operations Manual Enclosed

Submit Copy of Company Security Program Enclosed

Submit Copy of Maintenance Control Manual Enclosed

Submit Copy of Aircraft Registration & State of Registry Enclosed

Submit Copy of Certificate of Airworthiness (C of A) for each Aircraft to be used. Enclosed

Aircraft Type:

Number of Aircraft:

Aircraft Type:

Number of Aircraft:

Aircraft Type:

Number of Aircraft:

Aircraft will be used for:  Domestic  International  Both

Type of Service:  Passenger  Cargo  Both

Number of Flights per week into the Federated States of Micronesia: \_\_\_\_\_

**BY YOUR SIGNATURE ON THIS APPLICATION THE COMPANY AGREES  
TO ABIDE BY ALL LAWS, RULES AND REGULATIONS OF THE  
FEDERATED STATES OF MICRONESIA  
CIVIL AVIATION REGULATION AND AERONAUTICS CODE TITLE 20**

**Signed** \_\_\_\_\_

**This** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_

**Title** \_\_\_\_\_