



Application for Certification and/or Designation as an Air Navigation Service Provider

Submitting this form fulfils the requirement of submitting CAA/CNS/0, with reference to Paragraph 2.2 of MCAR-171 and CAA/ATS/03, with reference to Paragraph 1.4 of MCAR-172.

1. Your Reference	Please provide a brief, unique identifier that we will use to refer to your application
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2. Applicant Data		
2.1 Name and Address (Registered (business) name and address/legal seat of the company)	(Company) Name	
	Street Address	
	Post Code	
	City	
	Country	
2.2 Contact Person (responsible for this application)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Full Name	
	Job Title	
	Phone / Fax	
	Email	
2.3 Details of Principal Location	<input type="checkbox"/> Same as 2.1 Applicant Data (Leave 2.3 Blank) <input type="checkbox"/> Different to 2.1 Data (Fill in 2.3)	
	(Company) Name	
	Street Address	
	Post Code	
	City	
	Country	

2.4 Additional Locations	<input type="checkbox"/> Yes <input type="checkbox"/> No (Use Additional Sheets, if needed)	
2.4.1 Location Address	(Company) Name	
	Street Address	
	Post Code	
	City	
	Country	

3. Identification of Activity**3.1 Activity**

- ☐ 3.1.1 Application for Initial Approval
- ☐ 3.1.2 Application for Change

3.2 Original Approval Ref.

Please complete in case of 3.1.2

4. Scope of Services

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> Air Traffic Services (ATS)	<input type="checkbox"/> Air Traffic Control (ATC)	<input type="checkbox"/> Area Control Service
		<input type="checkbox"/> Approach Control Service
		<input type="checkbox"/> Aerodrome Control Service
	<input type="checkbox"/> Flight Information Service (FIS)	<input type="checkbox"/> Aerodrome Flight Information Service (AFIS)
		<input type="checkbox"/> En-route Flight Information Service (En-route FIS)
<input type="checkbox"/> Advisory Service	N/A	
<input type="checkbox"/> Air Traffic Flow Management (ATFM)	<input type="checkbox"/> ATFM	<input type="checkbox"/> Provision of the local ATFM
<input type="checkbox"/> Airspace Management (ASM)	<input type="checkbox"/> ASM	<input type="checkbox"/> Provision of the local ASM (tactical/ASM Level 3) service
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> Communication, navigation or surveillance services (CNS)	<input type="checkbox"/> Communications (C)	<input type="checkbox"/> Aeronautical Mobile Service (air-ground communication)
		<input type="checkbox"/> Aeronautical Fixed Service (ground-ground communications)
		<input type="checkbox"/> Aeronautical Mobile Satellite Service (AMSS)
	<input type="checkbox"/> Navigation (N)	<input type="checkbox"/> Provision of NDB signal-in-space
		<input type="checkbox"/> Provision of VOR signal-in-space
		<input type="checkbox"/> Provision of DME signal-in-space
		<input type="checkbox"/> Provision of ILS signal-in-space
		<input type="checkbox"/> Provision of MLS signal-in-space
		<input type="checkbox"/> Provision of GNSS signal-in-space
	<input type="checkbox"/> Surveillance (S)	<input type="checkbox"/> Provision of data from Primary Surveillance (PS)
		<input type="checkbox"/> Provision of data from Secondary Surveillance (SS)
		<input type="checkbox"/> Provision of Automatic Dependent Surveillance (ADS) Data
	<input type="checkbox"/> Other Facilities	<input type="checkbox"/> Supporting Air Traffic Services (ATS) provided under MCAR-11
		<input type="checkbox"/> Supporting Aeronautical Meteorological (A-MET) services provided under MCAR-3

		<input type="checkbox"/> Supporting Aeronautical Information Services (AIS) provided under MCAR-15
		<input type="checkbox"/> Supporting Search and Rescue (SAR) services provided under MCAR-12
		<input type="checkbox"/> Supporting PANS-OPS services provided under MCAR-173
	<input type="checkbox"/> Other Services	<input type="checkbox"/> Provide flight inspection services
		<input type="checkbox"/> Provide calibration services
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> Aeronautical Information Services (AIS)	<input type="checkbox"/> Aeronautical information products (including distribution services)	<input type="checkbox"/> Aeronautical information publication (AIP)
		<input type="checkbox"/> Aeronautical information circular (AIC)
		<input type="checkbox"/> NOTAM
		<input type="checkbox"/> AIP data set
		<input type="checkbox"/> Obstacle data sets
		<input type="checkbox"/> Aerodrome mapping data sets
		<input type="checkbox"/> Instrument flight procedure data sets
	<input type="checkbox"/> Preflight information services	n/a
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> Data Services (DAT)	<input type="checkbox"/> Type 1	Provision of Type 1 DAT authorizes the supply of aeronautical databases in the following format: [List of the generic data format] Provision of Type 1 DAT authorizes the supply of aeronautical databases to Type 2 DAT providers.
	<input type="checkbox"/> Type 2	Provision of Type 2 DAT authorizes the supply of aeronautical databases to end-users/aircraft operators for the following airborne application/equipment for which compatibility has been demonstrated: [Manufacturer] Certified Application/Equipment model [XXX], Part No [YYY]
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> Meteorological Services (MET)	<input type="checkbox"/> MET	<input type="checkbox"/> Meteorological Watch Office
		<input type="checkbox"/> Aerodrome Meteorological Offices
		<input type="checkbox"/> Meteorological Stations
		<input type="checkbox"/> Volcanic Ash Advisory Centre (VAAC)
		<input type="checkbox"/> World Area Forecast Centre (WAFC)
		<input type="checkbox"/> Tropical Cyclone Advisory Centre (TCAC)
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> Flight Procedure Design (FDP)	<input type="checkbox"/> Design, documentation and validation of flight procedures	n/a
Conditions/ limitations identified		

Services/Functions	Type of Service/Functions	Scope of Service/Functions
<input type="checkbox"/> ATM network functions	<input type="checkbox"/> Design of ERN	n/a
	<input type="checkbox"/> Scarce resources	<input type="checkbox"/> Radio frequency
		<input type="checkbox"/> Transponder code
	<input type="checkbox"/> ATFM	<input type="checkbox"/> Provision of the central ATFM
Conditions/ limitations identified		

5. Description of changes applied for under existing Approval

<input type="checkbox"/> 5.1 Changes to the Organisation	Please describe
<input type="checkbox"/> 5.2 Changes to the Services	Please describe

5. Other

6.1. Number of Staff involved in the activities under the Scope of Services	No. of Staff
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6.2 Name and Signature of the Chief Executive Officer (or equivalent position within the Organisation)

enter name	enter position	
Name of CEO (or equivalent position)	Position	Signature

6.3 List of documentation to be provided with the application

- ☐ Organisation Exposition
- ☐ A copy of the national Companies register / Certificate of Incorporation or in the case of an individual Service Provider proof of self-employment status

7. Applicant's declaration and acceptance of the General Conditions**7.1 Applicant's Declaration**

I declare that I have the legal capacity to submit this application to the CAA and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by the CAA in accordance with MCAR-187, as last amended and available from <https://www.caa.gov.mv/>.

I declare to be aware that fees or charges must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.

Date & Location	Name of Accountable Manager	Signature

Important Note: The CAA cannot accept applications without signature. Please make sure that you sign the application.

7.2 Submission Instruction

This application should be sent to ans@caa.gov.mv (preferred) or regular mail to the CAA. Contact details of the CAA can be found on the CAA website <https://caa.gov.mv/contact>.

Payments shall be made via Bandeyri Portal or a purchase order shall be attached.

Review and Approval (CAA Use Only)

Inspector Check Items	<input type="checkbox"/> Payment Received <input type="checkbox"/> Technical Review Conducted <input type="checkbox"/> Approval of Expositions <input type="checkbox"/> On-site Audit Completed
The Organization is:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Approval Ref:	
Remarks (if any):	

Date	Name of the Inspector	Signature/Stamp of the Inspector

Form Completion Instructions

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for Service Provider of ATM/ANS and other ATM network functions Organisation Approval. It is strongly recommended to use the English language in completing the form. Please complete the form in a **clearly legible** way.

# - Field Name	Completion Instructions
1. Your Reference	Please provide a unique internal reference to this application. This reference will be used as an identifier of your application in all communication, e.g. invoice/s, acceptance letter, by CAA.
2.1 Applicant data	ANS provider' means any legal or natural person providing any of the ATM/ANS as defined in Maldives CAA Regulations.
2.1 Name and Address	Please enter the full name of the company / individual service provider as it appears on the Business Registration or similar legal document stating name and seat of the company / individual service provider. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. Please enter the address of the registered office as it appears on the Business Registration or similar legal document. First time applicants need to submit a copy of the company's Business Registration or similar legal document stating name and seat of the company / individual service provider together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.
2.2 Contact Person	The name and contact details specified in this section are those of the person responsible for the application.
2.3 Details of Principal Location	The (company) name and address of the principal location. The name and address detailed specified in this section will be printed onto the CAA certificate.
2.4 Additional Locations	The address of any additional location. In case of several locations, you may duplicate table to add further locations.
3.1 Activity	Tick the appropriate box to indicate whether this is an application for initial approval or change to existing approval
3.2 Original Approval Ref.	Indicate the reference of the existing Approval Certificate (e.g. CAA approval number)
4. Scope of Services	<p>a) Tick the service/functions, types of service/function, scope of service/function as they appear to describe the scope of activities for which certification can be requested/granted.</p> <p>b) The "conditions/limitations" proposed by the applicant should include all those operational conditions/limitations identified by the organisation in relation to the services/functions for which certification is requested. The operational conditions proposed should be clearly formulated and fall under the categories of possible conditions to be attached to certificates in accordance with CAA Regulations</p> <p>c) Wherever necessary, the operational conditions can be described by means of references to documents attached to this application form or other relevant documentation.</p>
5. Description of changes applied for under existing Approval	Please provide a short summary of the changes applied for in accordance with applicable Regulation
6.1. Number of staff	The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the approval and therefore must include also any associated administrative staff. Staff not working full time should be counted, with appropriate ratio.
6.2 Name and Signature of the Chief Executive Officer (or equivalent position within the Organisation)	State the position and name and provide signature of the accountable manager (Chief Executive Officer or equivalent position within the Organisation).
6.3 List of documentation to be	<p>Please provide together with this application form the requested documentation.</p> <p>The Exposition should include as a minimum the following information:</p>

provided with the application	<ol style="list-style-type: none">1. a statement signed by the accountable manager confirming that the exposition and any associated manuals which define the organisation's compliance with the requirements will be complied with at all times;2. the duties and responsibilities of the manager(s) including matters on which they may deal directly with the competent authority on behalf of the organisation;3. an organisational chart showing lines of responsibility and accountability throughout the Organisation;4. a general description of manpower resources;5. a general description of the facilities of the Organisation;6. a general description of the activities for which the Service Provider's certificate is requested;7. the procedure for the notification of organisational changes to the competent authority;8. a description of the management system and the procedures;9. a list of organisations of partners, subcontractors or contracted organisations, if any.
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