INSTITUTO DA AVIAÇÃO CIVIL DE MOÇAMBIQUE

Airworthiness Department

Telephone number:	**258 21 465 416**	*Fax Number:*	**258 21 465 415**
Physical address:	Alameda do Aeroporto, Maputo		
Postal address:	Caixa Postal 227, Maputo	E-mail	iacm@tvcabo.co.mz

Prospective Operator's Pre-assessment Statement (POPS)
(To be completed by Air Operator or Approved Maintenance Organisation)

Section 1A. To be completed by all applicants

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, include address of secondary base of operation, if appropriate (do not use a post office box).
3. Proposed Start-up Date:	4. Requested company identifier in order of preference 1. 2. 3.

5. Management and Key Staff Personnel

Name (Surname) (First Name/s)	Title	Identity Number	Nationality	Telephone & address if different from company (Include country code)

Section 1B. To be completed by Air Operator and/or Approved Maintenance Organisation

6.
- ☐ Air Operator intends to perform its maintenance as an AMO (Complete Block 7 & 8)
- ☐ Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (Complete Blocks 7 & 11)
- ☐ Air Operator intends to perform maintenance under an equivalent system (Complete Blocks 7 & 11)
- ☐ Approved Maintenance Organisation (Complete Block 8)

7. Proposed type of operation (Check as many as applicable)	8. Proposed type of Approved Maintenance Organisation Rating(s)	
Air Operator Certificate – Part 8/9	Approved Maintenance Organisation	Part 145
☐ Passengers and Cargo	☐ Airframe	☐ Computers
☐ Cargo Only	☐ Powerplant	☐ Instrument
☐ Scheduled Operations	☐ Propeller	☐ Accessory
☐ Charter Flight Operations	☐ Avionics	☐ Specialised Service

Section 1C. Blocks 9 and 10 to be completed by Air Operator.

9. Aircraft Data (For foreign registered aircraft, please provide a copy of the lease agreement)		10. Geographic areas of intended operations and proposed route structure
Numbers and types of aircraft (By make, , and series)	Number of passengers seats or cargo payload capacity	

Section 1D. To be completed by all applicants		
11. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary)		
12. Proposed Training (Aircraft and/or Simulator)		
13. The statement and information contained on this form denotes an intent to apply for a IACM certificate.		
Type of Organisation:		
Signature	Date (day/month/year)	Name and Title

Section 2. To be completed by the IACM Official	
Received by (Name and Office):	Date received (day/month/year)
Date forwarded to Director General (DG) (day/month/year):	For: ☐ Action ☐ Information only
Remarks:	

Section 3. To be completed by IACM	
Received by:	Pre-application Number:
Date (day/month/year):	Assigned Certification Number:
Local office assigned responsibility:	Date forwarded to local office: (day/month/year)
Remarks:	