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|  | SIERRA LEONE CIVIL AVIATION AUTHORITY FLIGHT OPERATIONS AIR OPERATORS CERTIFICATE (AOC) RECOMMENDATIONS | Reference | FORM:O-OPS001-4 |
| | | Revision | 01 |
| | | Date | |
| | | | |

REF: FOPS/3010/ AOC Number: Date:

Air Operator: Base:

PART I PAYMENT

Applicable Fee:

Date Paid: Receipt Number:

PART II INSPECTION DETAILS

Type of Inspection:

Date of Inspection:

Inspectors:

1. FOPS: Sign:

2. FOPS: Sign:

3. AIR/W: Sign:

Comments after Inspection:

PART III DECLARATON BY INSPECTOR/S.

Aircraft type/s:

I have prepared the Air operator's Certificate No:

Serial No:which is attached for approval and further action.

Name: Designation:

Signature: Date:

PART IV HEAD OF SECTION.

TO: Director Flight Ops

Forwarding Remarks:

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Name: Designation:

Signature: Date:

PART V Director Aviation Safety Standards and Regulations

Remarks/Approval:

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Signature: Date: