

MUST BE SUBMITTED WITH RESPONSE

**APPENDIX B - CONFIRMATION OF MANDATORY MINIMUM
AIRCRAFT AND EQUIPMENT APPROVALS AND CERTIFICATIONS**

DESCRIPTION	Confirmation of Certification or Approvals
1. All aircraft are equipped with narrow banded VHF-FM avionics for all radio frequencies	<input type="checkbox"/>
2. All aircraft are equipped with a handheld, programmable, portable VHF-FM radio	<input type="checkbox"/>
3. All aircraft are equipped with a mode C transponder	<input type="checkbox"/>
4. All aircraft are equipped with a tracking device that meets the AFF specifications	<input type="checkbox"/>
5. All aircraft are equipped with Transport Canada approved shoulder harnesses for all passenger seats of light, intermediate and medium helicopters	<input type="checkbox"/>
6. All aircraft are equipped with a Global Positioning System (GPS)	<input type="checkbox"/>
7. All aircraft are equipped with refuelling gear	<input type="checkbox"/>
8. Transport Canada Operating Certificate	<input type="checkbox"/>
9. Transport Canada amendments and approvals for embarking and disembarking rotary wing while in a hover	<input type="checkbox"/>
10. Transport Canada amendments and approvals for transportation of dangerous goods	<input type="checkbox"/>
11. The Certificate of Airworthiness for each aircraft	<input type="checkbox"/>
12. Confirmation of Licenses Canadian Transportation Agency Number(s)	<input type="checkbox"/>
13. Current Flight Operations Manual, date approved by Transport Canada	Date: _____
14. Date of Transport Canada Inspection of Company	Date: _____

As at the date of execution of this document, you represent and warrant to the Province, except to the extent you have previously disclosed otherwise in writing to us, all information (including as part of any competitive process resulting in this information being entered into) are in all material respects true and correct. Falsification or misrepresentation will result in removal from the Select List.

SIGNED by an authorized signatory of the Respondent	
_____ (RESPONDENT SIGNATORY)	_____ (PRINTED NAME OF RESPONDENT)
Date: _____	