

MUST BE SUBMITTED WITH RESPONSE

APPENDIX A – COMMERCIAL AIR CARRIER DATA

A. HEAD OFFICE

Company Name:			
Address:			City:
Province:	Postal Code:	Fax Number:	
Phone Number:		Alternate Number:	
Email Address:		Website URL:	
Authorized Maintenance Facility:			

B. MANDATORY APPROVALS AND CERTIFICATIONS (CHECK ALL THAT APPLY)

Transport Canada Operating Certificate	<input type="checkbox"/>
Transport Canada amendments & approvals for transportation of dangerous goods	<input type="checkbox"/>
Transport Canada amendments & approvals for embarking and disembarking rotary wing aircraft while in a hover	<input type="checkbox"/>
Certificate of Airworthiness for each aircraft	<input type="checkbox"/>
Confirmation of Canada Transportation Agency License number	<input type="checkbox"/>
Current flight operations manual, date approved by Transport Canada	Date:
Date of Transport Canada inspection of company	Date:

C. KEY PERSONNEL

Company President/General Manager:	Phone:
Chief of Maintenance/Coordinator:	Phone:
Operations Manager:	Phone:
Safety Officer:	Phone:
Chief Pilot:	Phone:
Account Manager:	Phone:

D. BASE LOCATION(S) AND CONTACT INFORMATION

Base Location:	Manager:
Phone Number:	Email Address:
Base Location:	Manager:
Phone Number:	Email Address:
Base Location:	Manager:
Phone Number:	Email Address:

E. OPERATOR SERVICES OFFERED (CHECK ALL THAT APPLY)

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Aerial Hoisting	<input type="checkbox"/> Aerial Ignition A.I.D.	<input type="checkbox"/> Aerial Ignition Helitorch	<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Aerial Pruning
<input type="checkbox"/> Helicopter Bucketing	<input type="checkbox"/> Class D external Load	<input type="checkbox"/> Cone/Scion Collection	<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> Detection Patrol	<input type="checkbox"/> Medevac
<input type="checkbox"/> Long Lining	<input type="checkbox"/> Fish & Wildlife Tracking	<input type="checkbox"/> Foam Capable Bucketing	<input type="checkbox"/> GIS Mapping	<input type="checkbox"/> GPS Mapping	<input type="checkbox"/> HLCO R/W Birddog
<input type="checkbox"/> Fish & Wildlife Survey	<input type="checkbox"/> Helicopter Tank	<input type="checkbox"/> Hover Exit	<input type="checkbox"/> Infrared Scanning	<input type="checkbox"/> LiDAR Mapping	<input type="checkbox"/> Logging
<input type="checkbox"/> Wildlife Capture	<input type="checkbox"/> Wildlife Capture – Net Gun	<input type="checkbox"/> Mountain Flying	<input type="checkbox"/> Paper Trail	<input type="checkbox"/> Rappel	<input type="checkbox"/> Slinging

As at the date of execution of this document, the Respondent represents and warrants to the Province that all information provided to the Province is true and correct in all material respects. Falsification or Misrepresentation will result in removal from the SO List.

Signature of Respondent:	
Printed Name:	Date: