

Application for a Variation for an AOC

OP 109B

ISO 9001:2015 Certified

Inclusi	on of new aircraft type.						
	n area of operation.						
Change	in operation: All Weather	ED	то	RVSM			
Change i	n management personnel.						
Others:							
llagge gammle	to Doute I to VIII of this application form						
PART I	PARTICULARS OF ORGANISATION						
Name of Org							
	,						
Address			T				
Address:							
		Telephone					
		Facsimile:					
	I November	Website:					
AOC Approv	al Number:	website:					
PART II	DADTICIU ADS OF MANACEDIAL STA	EE (anly thee	a valated to the	nuonocad variation)			
	PARTICULARS OF MANAGERIAL STA	ter (only thos	e related to the	e proposed variation)			
Name and Co	ontact number of overall coordinator:						
Name		Contact					
Name(s) and	I contact number(s) of coordinator(s) for	Flight operati	ons matter:				
Name		Contact					
Name		Contact					
Name(s) and	I contact number(s) of coordinator(s) for	Engineering r	matters:				
Name		Contact					

Name			Contact					
PART III	PART III PARTICULARS OF PROPOSED VARIATION TO AIRCRAFT TYPES AND TO OPERATIONS							
TYPE		NUMBER	NATIONALITY		REGISTRATION MARK	AREA OF OPERATIONS		
Aerodromes a	at whic	h proposed variation v	will be put i	into effect:				
Proposed date for the implementation of proposed variation:								
// 20								
Routes on which services are currently operated, or are expected to be operated during the next twelve months, with the proposed variation. Specify all aerodromes to be used on each route, including technical stops and alternates:								

PART IV	DETAILS OF THE ARRANGEMENTS TO	SUPPORT THE PROPOSED VARIATION		
Details of office accommodation available for use by operating staff:				
Add a share of a day				
Attach and state relevant page of draft / final copies of operations and training manuals as amended with the proposed variation with this application form:				

PART V PARTICULARS OF EXAMINERS (only those related to the proposed variation)

Names, qualifications and experience of persons responsible for conducting on behalf of the operator the periodical tests specified in CAAF.

FALSE REPRESENTATION STATEMENT

Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17A (5) (b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application.

PART VI	DECLARATION					
I hereby declare that the particulars given on this form are true in every respect and based on these						
particulars; I apply for the variation of in the existing Air						
Operator's Ce	Operator's Certificate.					
Name of Applicant:						
Designation						
Signature	Date / / 20					
PART VII	FOR OFFICIAL USE ONLY					
A/FO File Ref:						
Assigned Ope	erations Inspector:					
Assigned Airv Manager:	vorthiness					
PART VIII	FOR INFORMATION					
D (A/FO)						
H (FO)						
H (AW)						