**[ ]  Inclusion of new aircraft type.**

**[ ]  Change in area of operation.**

**[ ]  Change in operation:** **[ ]  All Weather** **[ ]  EDTO** **[ ]  RVSM**

**[ ]  Change in management personnel.**

**[ ]  Others:**

**Please complete Parts I to VIII of this application form.**

|  |  |
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| **PART I**  | **PARTICULARS OF ORGANISATION**  |
| **Name of Organisation:**       |
| **Address:**        | **Telephone:** |       |
| **Facsimile:**  |       |
| **Website:**  |       |
|
| **AOC Approval Number:**       |

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| **PART II**  | **PARTICULARS OF MANAGERIAL STAFF (only those related to the proposed variation)**  |
| **Name and contact number of overall coordinator:** **Name**        | **Contact**      |
| **Name(s) and contact number(s) of coordinator(s) for Flight operations matter:**  |
| **Name**       | **Contact**       |
| **Name**       | **Contact**       |
| **Name(s) and contact number(s) of coordinator(s) for Engineering matters:**  |
| **Name**        | **Contact**       |
| **Name**      | **Contact**       |

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| **PART III**  | **PARTICULARS OF PROPOSED VARIATION TO AIRCRAFT TYPES AND TO OPERATIONS**  |
| **TYPE**  | **NUMBER**  | **NATIONALITY**  | **REGISTRATION MARK**  | **AREA OF OPERATIONS**  |
|       |       |       |       |       |
| **Aerodromes at which proposed variation will be put into effect:**  |
|       |       |
|      |       |
|       |       |
|       |       |
|       |       |
| **Proposed date for the implementation of proposed variation:** Click or tap to enter a date. |
| **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:**       |
| **Attach and state relevant page of draft / final copies of operations and training manuals as amended with the proposed variation with this application form:**       |

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| **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.**       |

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| **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 .**  |

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| **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 Certificate.****Name of Applicant:**      **Designation:**      **Signature A white square with a blue border  AI-generated content may be incorrect. Date** Click or tap to enter a date. |

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| **PART VII**  | **FOR OFFICIAL USE ONLY**  |
| **A/FO File Ref:**  |       |
| **Assigned Operations Inspector:**  |       |
| **Assigned Airworthiness Manager:**  |       |

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| **PART VIII**  | **FOR INFORMATION**  |
| **D (A/FO)**  |       |
| **H (FO)**  |       |
| **H (AW)**  |       |