



## Air Operator Certificate (AOC) – Variation/ Revision/Change

<b>OPERATIONS APPLICATION</b>	<input type="checkbox"/> Revision / Amendement <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal of Approval
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ORGANISATION INFORMATION							
Operator				<b>AOC operator</b>			
				AOC No.			
Contact person				ICAO code			
				Place of business			
Operating	<input type="checkbox"/>	Fixed wing AC	<input type="checkbox"/>	CGO	<input type="checkbox"/>	IFR	Area of operations
	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>	PAX	<input type="checkbox"/>	VFR	

SCOPE	
<b>PART- SPA Specific Approvals</b>	
PBN / NAT HLA	<input type="checkbox"/>
RVSM	<input type="checkbox"/>
LVO	<input type="checkbox"/>
DG	<input type="checkbox"/>
HEMS / AEMS	<input type="checkbox"/>
<b>Special Authorizations (OP Approvals)</b>	
EFB / EDP	<input type="checkbox"/>
DLS / FANS	<input type="checkbox"/>
	<input type="checkbox"/> Step down approach
	<input type="checkbox"/> Non-commercial OPS with AOC
<b>Miscellaneous</b>	
Continuing Airworthiness	<input type="checkbox"/>
CC Training	<input type="checkbox"/>
Management Personnel	<input type="checkbox"/>

AIRCRAFT / FLEET							
Aircraft make / type					Remarks		
Registration	HexCode	Serial No.	Change		Effective date	Leasing	leased from

STATEMENT			
<b>The undersigned person(s) certify the enclosed information to be complete, true and in compliance with the current requirements.</b>			
<b>This includes:</b>			
<input type="checkbox"/> System installation(s)	<input type="checkbox"/> Continuing airworthiness	<input type="checkbox"/> minimum equipment for dispatch	<input type="checkbox"/> operating procedures and staff training
Accountable Manager			
name		date	signature

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