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| **Notes to applicant****General**1. This form may take you about 10 minutes to fill in. Please ensure form is correctly filled and that all required supporting documentation is provided. Incomplete or/and incorrect form will lead to delays in processing your application.
2. The application should be sent to the Director-General of Civil Aviation Authority of Singapore, c/o Flight Standards Division at least **30 days** before the current Air Operator Certificate expires.
3. Completed form and supporting documents are to be submitted to one of the following addresses:

|  |  |
| --- | --- |
| **Mailing address** | **Office address (for hand delivery)** |
| Civil Aviation Authority of Singapore,Flight Standards Division,Singapore Changi Airport P O Box 1,Singapore 918141. | Civil Aviation Authority of Singapore,Flight Standards Division,North Pier Office,4th Storey North Finger Pier, Unit No. 047-029, Singapore Changi Airport Terminal 2. |

**Collection**1. You will be notified when the certificate is ready for collection at the Flight Standards Division office.
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**You do not need to submit this page with your application form.**

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| **Part I – Particulars of Applicant** |
| Title : Choose an item. | Name of Applicant : Click here to enter text. | Tel : Click here to enter text. |
| Designation : Click here to enter text. | Email : Click here to enter text. |
| **Part II – Particulars of Organisation** |
| Name of Organisation : Click here to enter text. |
| AOC Number : Click here to enter text. | Date of Expiry : Click here to enter a date. |
| Address :Click here to enter text. |
| **Part III – Fleet Size** |
| Number of aircraft with MCTOM greater than 5,700kg : Click here to enter text. |
| Number of aircraft with MCTOM less than or equal to 5,700kg. : Click here to enter text. |
| **Part IV – Applicant Checklist (Please check the applicable boxes)** |
| **Supporting documents to be submitted**  | **Yes** | **No** |
| Application for the Variation of an AOC, if applicable |[ ] [ ]
| **Part V – Applicant Declaration (Please check the applicable boxes)** |
| I hereby apply for the renewal of an Air Operator Certificate and declare that the information given in this form is true in every respect. [ ]  I request that the new Certificate be issued with the same terms and conditions as AOC Number Click here to enter text..[ ]  I request that the changes in terms and/or conditions as stated in the attached Application for the Variation of an AOC form be incorporated in the new Certificate.I confirm that our manuals/documents are in full compliance with the following National legislations:[ ]  ANR-119 [ ]  ANR-121 [ ]  ANR-135 [ ]  ANR-98 [ ]  SAR **Click here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Signature of Accountable Manager or Designate & Company Stamp Date (Day / Month / Year) |

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| **For Official Use** |
| Period of validity : |
| Remarks[[1]](#footnote-1) : |
| Assessed by :Flight Operations Inspector(Name Stamp, Date & Signature) | Assessed by :Continuing Airworthiness Manager(Name Stamp, Date & Signature) |
| Supported by:Head (Flight Operations)(Name Stamp, Date & Signature) | Supported by:Head (Continuing Airworthiness)(Name Stamp, Date & Signature) | Supported by:Director (FS)(Name Stamp, Date & Signature) |

1. To indicate the completion of document evaluation and validation of the applicant’s ability to comply with the applicable ANRs and safe operating practices. Additionally, indicate the outcome of the application – whether or not, the evaluation is satisfactory and the renewal of the AOC is recommended. [↑](#footnote-ref-1)