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| **Notes to applicant**  **General**   1. This form may take you about 30 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. Where space is insufficient for the information required, the words “See Attachment 1,2,3” etc should be written and the necessary attachments supplied with the application form. 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,  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.   **NOTE 1**  If more than one “trading name” is used, the type(s) of aircraft under such name should be specified.  **NOTE 2**  Operator principal place of business telephone and fax details, including the country code. E-mail to be provided if available.  **NOTE 3**  Contact details, at which operational management can be contacted without undue delay.  **NOTE 4**  A separate list of destinations / routes (including alternate routes) should be provided for each type of aircraft. Please name each aerodrome to be used on each destination / route, including technical stops and alternate aerodromes.  **NOTE 5**  If the routine maintenance of the applicant’s aircraft is carried out by a number of contractors or service providers, please list them all and give details of the work for which each is responsible. CAAS will advise the applicant if further information is required. Reference to the Singapore Airworthiness Requirements should be made. Details of leasing contracts should be attached. |

**You do not need to submit this page with your application form.**

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| **Type of Variation** | | | | | | | | | | | | | | | | | | | | | | | | |
| Change in particulars of organisation (complete Part III)  Change in management personnel (complete Part IV)  Inclusion of new aircraft type (complete Part V)  Change in area of operation (complete Part V)  Change in aircraft maintenance (complete Part VI)  Change in operation specifications : EDTO/ETOPS  RVSM  DG  Low Vis Ops  EFB  PBN  Others : **Click here to enter text.**  Change in others : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part I – Particulars of Applicant[[1]](#footnote-1)\*\*** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| Name of Organisation : Click here to enter text. | | | | | | | | | | | | | | | | | | | AOC Approval Number : Click here to enter text. | | | | | |
| **Part II – Particulars of AOC Post Holders[[2]](#footnote-2)\*\*** | | | | | | | | | | | | | | | | | | | | | | | | |
| List the particulars of existing management staff (for updating of records): | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personnel** | | | | **Name & Designation** | | | | | | | **Contact Number** | | | | | | **Email Address** | | | | | | | |
| AOC Holder Accountable Manager | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | |
| Head of Flight Operations | | | | **Click here to enter text.** | | | | | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | | | | |
| Head of Training | | | | **Click here to enter text.** | | | | | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | | | | |
| Head of Safety / Security | | | | **Click here to enter text.** | | | | | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | | | | |
| Head of Engineering | | | | **Click here to enter text.** | | | | | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | | | | |
| Head of Quality  *(Person nominated in accordance with ANR-119, Regulation 19(3))* | | | | **Click here to enter text.** | | | | | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | | | | |
| Head of Ground Operations | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | |
| Other member(s) of senior management as appropriate to individual AOC Holder | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | |
| **Part III – Particulars of Proposed Variation to Organisation** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Organisation : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of main base of operations :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) if different from above in which Air transport operations will be conducted (**See Note 1**)  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel (**See Note 2**) : **Click here to enter text.** | | | | | | | | | | Fax (**See Note 2**) : **Click here to enter text.** | | | | | | | | | | | | | | |
| E-mail (**See Note 2**) : **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Point of Contact (**See Note 3**) :  **Tel: (65)**  **Fax: (65)**  **Email:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part IV – Particulars of Proposed Variation to AOC Post Holders** | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose | Personnel | | | | | Name & Designation | | | | | | Contact Number | | | | Email Address | | | | | | | Effective Date | |
| **Delete** | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | Click here to enter text. | | | | | | | Click here to enter text. | |
| **Add** | Click here to enter text. | | | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | Click here to enter text. | | | | | | | Click here to enter text. | |
| **Part V – Particulars of Proposed Variation to Aircraft Type and Operation (See Note 4)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | | | No. of Aircraft | | | State of Registry | | | | | | Registration Marks | | | | | | | Area of Operations | | | |
| **Click here to enter text.** | | | | | **Click here to enter text.** | | | **Click here to enter text.** | | | | | | **Click here to enter text.** | | | | | | | Click here to enter text. | | | |
| Aerodrome(s) at which proposed variation will be put into effect :  **Click here to enter text.** | | | | | | | | | | | | | | | Proposed date for the implementation :  **Click here to enter text.** | | | | | | | | | |
| Specify current destinations / routes : | | | | | | | | | | | | | | | | | | | | | | | | |
| Aircraft Type | | Destination  (if applicable) | | | | | Forward Route (if applicable) | | | | | | | | | | | Return Route (if applicable) | | | | | | |
|  | |  | | | | |  | | | | | | | | | | |  | | | | | | |
| Specify any inclusion/exclusion of destination(s) or re-routing of route(s), including technical stops and alternates which are expected during the next 12 months with the proposed variation : | | | | | | | | | | | | | | | | | | | | | | | | |
| Aircraft Type | | Destination  (if applicable) | | | | | Forward Route (if applicable) | | | | | | | | | | | Return Route (if applicable) | | | | | | |
|  | |  | | | | |  | | | | | | | | | | |  | | | | | | |
| **Part VI – Variation to The Details of Aircraft Maintenance** | | | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance Control Manual Reference No. :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Maintenance Schedule(s) : | | | | | | | | | | | | | | | | | | | | | | | | |
| Aircraft Make / Model / Series | | | | | | | | | Maintenance Schedule Reference No. | | | | | | | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | **Click here to enter text.** | | | | | | | | | | | | | | | |
| Name(s) and address(es) of organisation(s) responsible for all maintenance of each type of aircraft (**See Note 5**) :  **Click here to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part VII – Applicant Checklist (Please check the applicable boxes)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents to be submitted** | | | | | | | | | | | | | | | | | | | | | | **Yes** | | **No** |
| Business Entity record with ACRA to support the variation in organisation name or address | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Resume(s) of the managerial staff added in Part IV | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Leasing contracts with aircraft maintenance organisation(s) | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Approval letter (as applicable) to the type of variation | | | | | | | | | | | | | | | | | | | | | |  | |  |
| **Part VIII – Applicant Declaration** | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby declare that the information given in this form and all documents submitted in support of this application are true in every respect.  **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** | |
| Remarks[[3]](#footnote-3) : | |
| Assessed by :  Flight Operations Inspector  (Name Stamp, Date & Signature) | Assessed by :  Airworthiness Manager  (Name Stamp, Date & Signature) |
| Supported by:  Head (Flight Operations)  (Name Stamp, Date & Signature) | Supported by:  Head (Continuing Airworthiness)  (Name Stamp, Date & Signature) |

1. \*\* Mandatory part [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. To indicate the completion of document evaluation and validation of the applicant’s ability to comply with the applicable ANRs and safe operating practices as applicable to the proposed variation (e.g. review resume and conduct interview for change of key management personnel). Additionally, indicate the outcome of the application – whether or not, the evaluation is satisfactory and the variation to the AOC is recommended. [↑](#footnote-ref-3)