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| **APPLICATION FOR THE RE-ASSESSMENT OF APPROVED AERODROME OPERATING MINIMA** |  |
| **INSTRUCTIONS**1. This form is used to apply for a re-assessment of the approved aerodrome operating minima. For minima that pertains to Special Operations, please use the specific Special Operations forms instead.
2. Please provide as much details as possible.
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| **PARTICULARS** |
| **APPLICATION DETAILS** |
| Applicant |  |
| AOC Number  |  |
| Rep’s Name |  |
| Position |  |
| Contact number |  |
| Email address |  |
| Aeroplane Registration (if applicable)  |  |
| Aeroplane Serial Number (if applicable) |  |
| Aeroplane Type / Model |  |
| Aeroplane Manufacturer |  |
| AOM type needing re-assessment |  |
| Description of request. Supporting documentation to be attached to this form for submission. |  |
| **“Warning:   Notice is given that the operator shall accept full responsibility for all information given in this application form. Any attempt to provide false information will result in rejection of the application and, if already granted, the withdrawal of the Operational Approval. In addition, the operator may render himself liable to prosecution under section 29C(1)(b) of the Air Navigation Act.”** |
| “I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct.  I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.” |
| **Signature / Name of person representing the operator** |  |
| **Signature / Name of FS Officer accepting this form** |  |

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| **FOR OFFICIAL USE ONLY**  |
| **PRINCIPAL OPERATIONS INSPECTOR / ASSIGNED FLEET OPERATIONS INSPECTOR\*\*** Comments:Review completed - Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRINCIPAL MAINTENANCE INSPECTOR / ASSIGNED FLEET OPERATIONS INSPECTOR\*\***Comments:Review completed - Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |