

**AIR OPERATOR CERTIFICATE RENEWAL/VARIATION  
APPLICATION Form OPS 005**



**Please complete the form in BLOCK CAPITALS using black ink.**

**Part A** AOC Holder Details

**Part B** Description of Management Organisation

**Part C** Description of Operation

**Part D** Signature Block

**This Form should be completed and submitted to:**

Flight Operations Inspector  
Air Safety Support International  
Floor 2, The Portland Building  
25 High Street  
Crawley  
West Sussex  
RH10 1BG  
United Kingdom

Email: [enquiries@airsafety.aero](mailto:enquiries@airsafety.aero)

**Part A - AOC Holder Details**

**A1. DETAILS OF RENEWAL APPLICANT**

Name of company:

Registration No.:

Place of Registration:

**A2.**

Accountable Manager:

**A3.**

Current AOC Number:

**A4.**

Trading Name (if applicable):

**A5.**

Address of Principal Place of Business:

**A6.**

Postal Address: (where all correspondence will be sent)

**A7.**

**Contact details of current AOC holder**

Phone No. (business hours):

Phone No. (after hours):

Email address:

Mobile No:

Fax No:

Website address (if applicable):

**Part B - Description of Management Organisation**

<b>B1. CHANGES TO NOMINATED POST HOLDERS</b>	
Any proposed changes to Nominated Postholders should be notified to ASSI. Please complete and attach a Form OPS 004 for any proposed <u>changes</u> to nominated post holders.	
Name:	
Company Title:	Form OPS 004 attached: <input type="checkbox"/>
Name:	
Company Title:	Form OPS 004 attached: <input type="checkbox"/>
Name:	
Company Title:	Form OPS 004 attached: <input type="checkbox"/>
Name:	
Company Title:	Form OPS 004 attached: <input type="checkbox"/>

<b>B2. OPERATIONS MANUAL</b>
Current Version of Company Operations Manual:
Part A -
Part B -
Part C -
Part D -

**Part C - Description of Operation**

<b>C1. TYPE OF OPERATION</b>	
Confirm types of commercial operations conducted:	
	<b>X</b> Details (if applicable)
Passenger:	<input type="checkbox"/>
Cargo:	<input type="checkbox"/>
Passenger and Cargo:	<input type="checkbox"/>
Confirm current Approvals held:	
<b>Approval</b>	<b>X</b> Details (if applicable)
FTL:	<input type="checkbox"/>
EDTO:	<input type="checkbox"/>
LVO:	<input type="checkbox"/>
RVSM:	<input type="checkbox"/>
MNPS:	<input type="checkbox"/>
PBN:	<input type="checkbox"/>
Dangerous Goods:	<input type="checkbox"/>
Other:	

**C2. AREAS OF OPERATION**

Any proposed **changes** to the area of operation/routes or aircraft type:

a) Aircraft Type:

Area/routes of operation:

b) Aircraft Type:

Area/routes of operation:

c) Aircraft Type:

Area/routes of operation:

**C3. ANY NEW AIRCRAFT DETAILS**

Aircraft Manufacturer	Type/Mark	Registration	Certificate of Registration Number	Certificate of Airworthiness Number	Current MEL Version

<b>C4. OPERATINGBASEDETAILS</b>	
<b>Operating Bases</b>	

<b>C5. CHANGES TO AIRCRAFT MAINTENANCE &amp; CONTINUED AIRWORTHINESS</b>
Please supply the details of <b>CHANGES</b> to Maintenance and Continued Airworthiness Management Organisations

<b>C5A. AIRCRAFT MAINTENANCE</b>		
<b>Name of the Maintenance Organisation</b>	<b>Base or Line Maintenance</b>	<b>Approval No.</b>

<b>C5B. CONTINUED AIRWORTHINESS MANAGMENT</b>	
<b>Name of the Continued Airworthiness Management Organisation</b>	<b>Approval No.</b>

**Part D – Signature Block**

<b>D1. SIGNATURE BLOCK</b>
Signature:
Name (BLOCK LETTERS):
Position:
Date: