

# 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**

**B1. CHANGES TO NOMINATED POST HOLDERS**

Any proposed changes to Nominated Postholders should be notified to ASSI. Please complete and attach a Form OPS 004 for any proposed changes 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"/>

**B2. OPERATIONS MANUAL**

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

C4. OPERATINGBASEDETAILS	
Operating Bases	

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

C5A. AIRCRAFT MAINTENANCE		
Name of the Maintenance Organisation	Base or Line Maintenance	Approval No.

C5B. CONTINUED AIRWORTHINESS MANAGEMENT	
Name of the Continued Airworthiness Management Organisation	Approval No.

**Part D – Signature Block**

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

**FALSE REPRESENTATION STATEMENT**

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