

**Flight Operations Standards Directorate****Commercial Air Transport Section - AOC Variation****AOC Variation Application Form - Prospective Operator's Pre-Assessment Statement**

Application for the variation of an AOC - Submit at least 30 days before the intended date of operations

A variation or amendment of an AOC shall be valid for 90 calendar days starting from the date of application

**SECTION 1 - FOR APPLICANT USE ONLY****Section 1 - A Organization****1. Organization Details.**

<b>a</b>	<b>Company Details</b>		
(1)	Registered name		
(2)	Trading name if different		
(3)	Mailing address		
(4)	Telephone		
(5)	Fax		
(6)	E-mail		
<b>b</b>	<b>Principal Place of Business</b>		
(1)	Mailing address		
(2)	Telephone		
(3)	Fax		
(4)	E-mail		
<b>c</b>	<b>AOC Expiration Date</b>		
<b>d</b>	<b>AOC Variation Focal Point</b>		
	<b>Name</b>	<b>Phone NO.</b>	<b>E-Mail</b>

**2. Approved Management Details.**

NO	Title	Name	Phone NO.	E-mail
a	Flight operations post holder			
b	Crew training post holder			
c	Ground operations post holder			
d	Maintenance system post holder			
e	Aviation security manager			
f	Safety management system manager			
g	Quality manger			

**Section 1 - B Operations****3. Approved Type of Operations.**

<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo	<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> Schedule	<input type="checkbox"/> Non Schedule
<input type="checkbox"/> Passenger & Cargo – Passenger airplane		<input type="checkbox"/> Passenger & Cargo – Cargo airplane		







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#### 4. Approved Airplane Type.

No	Aircraft Type	Aircraft Number
a		
b		
c		
d		
e		

#### 5. Approved Area of Operations. (Enter coordinate of the area or national/FIR boundaries)

a	Geographic area	
b	<input type="checkbox"/> Approved route	• Attach a list if applicable

#### 6. Approved Special Authorization.

a	<input type="checkbox"/> Minimum navigation performance specification (MNPS)
b	<input type="checkbox"/> Performance based navigation (PBN)
c	<input type="checkbox"/> Reduced vertical separation minimum (RVSM)
d	<input type="checkbox"/> Electronic Flight Bag (EFB)
e	<input type="checkbox"/> Dangerous goods transport by air (DGs)
f	<input type="checkbox"/> Initial safety training
g	<input type="checkbox"/> Low visibility take-off (LVTO)
h	<input type="checkbox"/> Standard CAT II operations
i	<input type="checkbox"/> Standard CAT III A operations
j	<input type="checkbox"/> Standard CAT III B operations
k	<input type="checkbox"/> Extended range operation twin engine airplanes (ETOPS)

#### 7. Airplane Navigation Capabilities.

No	Aircraft Type	PBN	RVSM	MNPS
a				
b				
c				
d				
e				

#### 8. Approved Low Visibility Operations. (Enter aircraft type and DH/RVR in appropriate column)

No	Aircraft Type	LVTO	CAT II	CAT III A	CAT III B
a					
b					
c					
d					
e					

#### 9. Approved ETOPS Operations.

No	Aircraft Type	Engine Type	Threshold Distance	Diversion Time
a				
b				
c				
d				
e				







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**Section 1 - C AOC Variation Details**

**10. Required AOC Variation**

☐ **Operator Name Change**

• New company name	
• Old company name	

☐ **Operator Location Change - Address and/or Operational Base**

• New company address and/or operational base	
• Old company address and/or operational base	

☐ **New Aircraft Type Added**

No	Aircraft Type	Model	Registration Mark	Build Date	Passengers Seats	Cargo Payload
a						
b						
c						
d						
e						

☐ **Same Aircraft Type and Different Variant Added**

No	Aircraft Type	Model	Registration Mark	Build Date	Passengers Seats	Cargo Payload
a						
b						
c						
d						
e						

☐ **Same Aircraft Type and Similar Variant Added**

No	Aircraft Type	Model	Registration Mark	Build Date	Passengers Seats	Cargo Payload
a						
b						
c						
d						
e						

☐ **Same Aircraft Type and Variant Added**

No	Aircraft Type	Model	Registration Mark	Build Date	Passengers Seats	Cargo Payload
a						
b						
c						
d						
e						







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☐ **Authorized Area of Operations Change**

- New area of operations details

☐ **Authorized Type of Operations Change**

- New type of operations details

☐ **Special Authorization**

- Special authorization details

**11. Details of the Required AOC Variation.**

a	
b	
c	

**Section 1 - D Accountable Manager Declaration**

I hereby apply for AOC Variation in accordance with JCAR OPS 1, and declare that the information above is true, correct and completed

Name	Signature	Date







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**SECTION 2 - FOR CARC USE ONLY**

**Section 2 - A General**

a	Date received by flight operations standards directorate	
b	Preliminary assessment set date	

**Section 2 - B AOC Variation Details**

a	
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**Section 2 - C CARC Assessment Team**

a	Flight operations standards directorate focal point name	
b	<input type="checkbox"/> Airworthiness standards directorate focal point name	
c	<input type="checkbox"/> Economic regulatory directorate focal point name	

**Section 2 - D Assessment Results**

NO	Assessment Events	SAT	UNSAT
a	<input type="checkbox"/> Check the proposed company details are in accordance with JCAR Part 201		
b	<input type="checkbox"/> Check the proposed principal place of business details are in accordance with JCAR OPS 1 and Part 201		
c	<input type="checkbox"/> Check the proposed type of operations details are in accordance with JCAR OPS 1, Part 201, 21 and 47		
d	<input type="checkbox"/> Check the proposed new airplane type details are in accordance with JCAR OPS 1, Part 201, 21 and 47		
e	<input type="checkbox"/> Check the proposed same airplane type different variant details are in accordance with JCAR OPS 1, Part 201, 21 and 47		
f	<input type="checkbox"/> Check the proposed same airplane type similar variant details are in accordance with JCAR OPS 1, Part 201, 21 and 47		
g	<input type="checkbox"/> Check the proposed same airplane type and variant details are in accordance with JCAR OPS 1, Part 201, 21 and 47		
h	<input type="checkbox"/> Check the proposed area of operations details are in accordance with JCAR OPS 1 and Part 201		
i	<input type="checkbox"/> Check the proposed special authorization details are in accordance with JCAR OPS 1		

**Section 2 - E Unsatisfactory Results Details - If applicable**

a	
b	
c	
d	
e	
f	
g	
h	
i	

**Section 2 - F Assessment Team Recommendation**

a	<input type="checkbox"/> Satisfactory prospective operator's pre-assessment statement - Applicant is eligible to start AOC variation
b	<input type="checkbox"/> Unsatisfactory prospective operator's pre-assessment statement - Applicant request is rejected

**Section 2 - G Assessment Team Signatory**

Flight Operations Inspector Name	Signature	Date

