



AIR OPERATOR'S CERTIFICATE AND MCAR-M, SUBPART G VARIATION APPLICATION

Please complete the form in BLOCK CAPITALS using black or dark blue ink.

Submission of Application Form

This Form should be completed and submitted together with the appropriate application fee to:

Civil Aviation Department Ministry of Tourism and Civil Aviation 7th floor, PA Complex Hilaalee Magu Male' 20307 Republic of Maldives

The completed application form and the application fee should reach the CAD at least 90 days before the date on which the variation of the Air Operator's Certificate is required to be effective. Cheques should be made payable to Civil Aviation Department.

1. EXISTING DETAILS OF OPERATOR
Name of Company:
AOC No:
Trading Name (if applicable):
2. VARIATION(S) APPLIED FOR ARE AS FOLLOWS (Please annotate as applicable)
Company Name: Aircraft Type:
Region/Route:
Note: Changes to company name are only permitted if the company registration no. remains the same. If the registration changes then the company is no longer the same legal entity and a new AOC is required.
3. AMENDMENT TO COMPANY NAME OR TRADING NAME
New Name of Company:
New or Additional Trading Name (if applicable):

4. AMENDMENT TO AIRCRAFT DETAILS

If the aircraft to be added are not currently available for inspection, in 4 a) give the date on which they will be available for such inspections. The types defined in this section of the application form will, in

addition, form the basis for investigations into the applicant's MCAR-M, Subpart G approval.

In 4 b) give details of aircraft types and registration marks of aircraft that will no longer be operated on the AOC.

In 4 c) list any changes to operating bases associated with changes to aircraft.

4 a) Aircraft to be Added to A

Aircraft Manufacturer	Type/Mark	Registration	Date Available for Inspection	>5700kg? Yes/No	Airworthiness Review and ARC Issue? Yes/No

41	b)	Air	craft	to	be	deleted	from	AO	C
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Aircraft Manufacturer	Type/Mark	Registration

4 c) Changes to Operating Bases

Name of Operating Base	Please tick as applicable			
	New Base	Base no longer used		

5. AMENDMENT TO AREAS OF OPERATION
Give a brief description of the changes/additions of area of operation/routes for each aircraft type.
a) Aircraft Type:
Proposed area/routes of operation:

b) Aircraft Type:	
Proposed area/routes of operation:	
c) Aircraft Type:	
Proposed area/routes of operation:	
6. SIGNATURE BLOCK	
I apply for the grant of an Air Operator's Certificate.	
Signature:	
Name (BLOCK LETTERS):	
- · · ·	
Position:	
Position: Date:	
Date:	
Date:	nt, 7 th Floor, P.A Complex, Hilaalee
7. SUBMISSION AND PAYMENT INSTRUCTIONS Send your completed application form to Civil Aviation Department Magu, Male' 20307, Republic of Maldives, together with MRF/US	nt, 7 th Floor, P.A Complex, Hilaalee \$\$ being the fee