**Variation application form**

To be completed by the AOC holder for a variation application.

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| **Applicant details** | |
| Name of AOC holder |  |
| Address of AOC holder |  |
| Applicant Reference Number |  |
| Name of contact person |  |
| Role of contact person |  |
| Telephone |  |
| E-mail |  |

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| **Variation required**  Please describe below the type of variation required for the AOC.  If addition of new aircraft type, include:-   * Primary operating location * Proposed area(s) of operation specified by Lat/Long boundaries, FIR regions or ICA regions * Proposed aircraft type * Proposed nature of operations (e.g. passenger, cargo, other) * Desired date to stat operations |
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| **Hereby the accountable manager declares that this form and the accompanying documents serve as a variation application for the 2-REG Air Operator’s Certificate.** | | |
| Name accountable manager | Signature of accountable manager | Date of signing |
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