**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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