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| **Notes to applicant**  **General**   1. This form may take you about 10 minutes to fill in. Please ensure form is correctly filled and that all required supporting documentation is provided. Incomplete or/and incorrect form will lead to delays in processing your application. 2. The application should be sent to the Director-General of Civil Aviation Authority of Singapore, c/o Flight Standards Division at least **30 days** before the current Air Operator Certificate expires. 3. Completed form and supporting documents are to be submitted to one of the following addresses:  |  |  | | --- | --- | | **Mailing address** | **Office address (for hand delivery)** | | Civil Aviation Authority of Singapore,  Flight Standards Division,  Singapore Changi Airport P O Box 1,  Singapore 918141. | Civil Aviation Authority of Singapore,  Flight Standards Division,  North Pier Office,  4th Storey North Finger Pier, Unit No. 047-029,  Singapore Changi Airport Terminal 2. |   **Collection**   1. You will be notified when the certificate is ready for collection at the Flight Standards Division office. |

**You do not need to submit this page with your application form.**

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| **Part I – Particulars of Applicant** | | | | | | |
| Title : Choose an item. | Name of Applicant : Click here to enter text. | | | Tel : Click here to enter text. | | |
| Designation : Click here to enter text. | | | Email : Click here to enter text. | | | |
| **Part II – Particulars of Organisation** | | | | | | |
| Name of Organisation : Click here to enter text. | | | | | | |
| AOC Number : Click here to enter text. | | Date of Expiry : Click here to enter a date. | | | | |
| Address :  Click here to enter text. | | | | | | |
| **Part III – Fleet Size** | | | | | | |
| Number of aircraft with MCTOM greater than 5,700kg : Click here to enter text. | | | | | | |
| Number of aircraft with MCTOM less than or equal to 5,700kg. : Click here to enter text. | | | | | | |
| **Part IV – Applicant Checklist (Please check the applicable boxes)** | | | | | | |
| **Supporting documents to be submitted** | | | | | **Yes** | **No** |
| Application for the Variation of an AOC, if applicable | | | | |  |  |
| **Part V – Applicant Declaration (Please check the applicable boxes)** | | | | | | |
| I hereby apply for the renewal of an Air Operator Certificate and declare that the information given in this form is true in every respect.  I request that the new Certificate be issued with the same terms and conditions as AOC Number Click here to enter text..  I request that the changes in terms and/or conditions as stated in the attached Application for the Variation of an AOC form be incorporated in the new Certificate.  I confirm that our manuals/documents are in full compliance with the following National legislations:  ANR-119  ANR-121  ANR-135  ANR-98  SAR  **Click here to enter text.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Signature of Accountable Manager or Designate & Company Stamp Date (Day / Month / Year) | | | | | | |

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| **For Official Use** | | | |
| Period of validity : | | | |
| Remarks[[1]](#footnote-1) : | | | |
| Assessed by :  Flight Operations Inspector  (Name Stamp, Date & Signature) | | Assessed by :  Continuing Airworthiness Manager  (Name Stamp, Date & Signature) | |
| Supported by:  Head (Flight Operations)  (Name Stamp, Date & Signature) | Supported by:  Head (Continuing Airworthiness)  (Name Stamp, Date & Signature) | | Supported by:  Director (FS)  (Name Stamp, Date & Signature) |

1. To indicate the completion of document evaluation and validation of the applicant’s ability to comply with the applicable ANRs and safe operating practices. Additionally, indicate the outcome of the application – whether or not, the evaluation is satisfactory and the renewal of the AOC is recommended. [↑](#footnote-ref-1)