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**REPUBLIKA E SHQIPËRISË**

***REPUBLIC OF ALBANIA***

**AUTORITETI I AVIACIONIT CIVIL**

*CIVIL AVIATION AUTHORITY*

**AIR OPERATOR’S CERTIFICATE**

**RENEWAL/VARIATION APPLICATION FORM**

**Part A Submission of Application Form**

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

Albanian Civil Aviation Authority

DAMO Directorate

Rruga Sulejman Delvina

P.O. box 205

Tirana

The completed application form and the application fee should reach the CAA at least 30 days before the date on which the Air Operator's Certificate renewal/variation is required to be effective. **Please use reference to documents attached if the space to describe variation is insufficient.**

|  |  |  |
| --- | --- | --- |
| Applicant name (company or individual) | Approval No. | Reason |
|  |  | VARIATION ⬜ RENEWAL ⬜ |

Please state in the following boxes the required changes to the existing approval.

**A1. DETAILS OF APPLICANT**

**Part B Description of Management Organisation**

**B1. CHANGE IN ACCOUNTABLE MANAGER/POST HOLDERS**

Previous name…………………………………………………………..Position……………………………………….

Name: .................................................................................................................................................................

Address: Principal place of business ⬜ Main Operating Base ⬜ Postal ⬜.

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**Contact details of the new nominated person**

Phone No:............................................................... Mobile No.: .......................................................................

E-mail address: ................................................................................Fax No: ....................................................

Company title: ................................................................................................................... Form 4 attached ⬜

**Part C Description of Operation**

**C1. TYPE OF OPERATION**

State whether the aircraft will be used for commercial air transport of passengers and/or cargo. If the proposed operations include specialised activities (e.g. carriage of vehicles, live animals etc.) please give details.

|  |  |  |
| --- | --- | --- |
|  | **√/X** |  **Details (if applicable)** |
| A to A Operations | ⬜ |  |
| A to B Operations | ⬜ |  |
| And |  |  |
| Passenger | ⬜ |  |
| Cargo | ⬜ |  |
| Passenger and Cargo  | ⬜ |  |

Details of specific Approvals required

|  |  |  |
| --- | --- | --- |
| **Approval** | √**/X** |  **Details (if applicable)** |
| LVO | ⬜ |  |
| ETOPS  | ⬜ |  |
| RVSM | ⬜ |  |
| MNPS | ⬜ |  |
| RNP-10 | ⬜ |  |
| B-RNAV (RNAV-5)  | ⬜ |  |
| P-RNAV (RNAV-1)  | ⬜ |  |
| GNSS Approach | ⬜ |  |
| Dangerous Goods | ⬜ |  |
| HEMS | ⬜ |  |
| Others | ⬜ | Please use the box below |
| Details of specialised activities |  |   |

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**C2. PROPOSED AREAS OF OPERATION**

Give a brief description of the 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:..................................................................................................................

**C3. AIRCRAFT AND OPERATING BASE DETAILS**

**C3 a) AIRCRAFT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aircraft Manufacturer** |  **Type** |  **Registration** | **Date Available for Inspection** | **Airworthiness Review and ARC Issue? Yes/No** |
|  |  |  |  |  |
|  |  |  |  |  |

**C3 b) OPERATING BASE DETAILS**

**List of Proposed Operating Bases**

………………………………………………………………………………………………………………………….

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**D. SIGNATURE BLOCK**

I apply for the grant of an Air Operator’s Certificate.

Signature:.............................................................................................................................................................

Name (BLOCK LETTERS)..................................................................................................................................

Position: ..............................................................................................................................................................

Date: ...................................................................................................................................................................