

Application for Renewal of Air Operator Certificate (AOC)

Instructions and advice for completing this Application Form

- 1. This application shall be made by Macao AOC holder <u>at least 45 days</u> before the expiry date of the existing AOC.
- 2. Completed application form and package shall be submitted with a cover letter by post to the AACM. Incomplete application package will be rejected or cause delay to processing of the application.
- 3. Depending on the circumstances, the AACM may require the applicant to submit further information.

1. Applicant Details					
Name of operator:					
Focal poi	int:				
	of contact person responsible for this application	n n			
Name ((BLOCK LETTERS):	Company title & department:			
Teleph	one: (853)				
Fax: (8	53)	E-mail:			
2. Supp	ort Documents Submitted with the Applie	cation			
Note:	Incomplete application package will be rejected	or cause delay to processing of the application.			
Item#		Applicant's Remarks	Office Use Only		
A	Copy of the existing AOC and associated Operation Specifications				
	Operation Specifications				
n	Copy of the insurance policy for the				
В	operation				
С	List of scheduled destinations and associated				
	information (if applicable)				
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2.	Support	Documents	Submitted	with	the Ar	nlication
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Note: Incomplete application package will be rejected or cause delay to processing of the application.

Item#		Applicant's Remarks	Office Use Only
D	Detailed Compliance Statement: Renewal compliance statement in the form of a detailed listing of the ANRM and ACs that is applicable to the operation with either a brief narrative description or a reference to an applicable document that describes compliance		
E	The status of the implementation of the corrective action(s) regarding the existing outstanding findings		
F	Latest audited financial report		
G	Application fee		

3. Declaration		
	The undersigned declares that the information given in this application package is true and correct to the best of my knowledge and belief.	
	Name (BLOCK LETTERS):	
	Company position:	
	Signature : Date :	
	Note: This part is to be completed by the accountable person of the operator.	