

## Application for AOC Variation for Inclusion of Scheduled Services to New Destination

### Instructions and advice for completing this Application Form

1. This application for AOC variation shall be made by Macao AOC holder **at least 30 days** prior to the commencement date of proposed operation.
2. All support documents, unless otherwise specified, shall be submitted with this form. 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. Operator shall ensure that all necessary authorization(s) has been obtained for the proposed operation.
4. Depending on the circumstances, the AACM may require the applicant to submit further information.

### 1. Applicant Details

Name of operator :

Focal point:

Details of contact person responsible for this application

Name (BLOCK LETTERS):

Company title & department:

.....

.....

Telephone: (853).....

Fax: (853).....

E-mail: .....

### 2. Scheduled Services Details

(Please tick the appropriate box)

Destination

Aerodrome Name	ICAO Code	IATA Code	Country

Commencement date of proposed operation

\_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

Type(s) of aircraft to operate

Type of services

☐

Scheduled passenger

☐

Scheduled cargo

Proposed route

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**2. Scheduled Services Details**

Name of ground handling agent(s)	
Maintenance arrangement	
Name of dispatch handling agent(s) (if any)	

En-route alternates and destination alternates

Aerodrome Name	ICAO Code	IATA Code	Country

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### 3. Support Documents Submitted with the Application

Note: All support documents, unless otherwise specified, shall be submitted with this form.  
Incomplete application package will be rejected or cause delay to processing of the application.

Item #		Applicant's Remarks	Office Use Only
A	Copy of signed Ground Handling Agreement for the proposed operations		
B	Copy of signed Maintenance Agreement for the proposed operations (if applicable)		
C	Copy of signed Flight Dispatch Handling Agreement for the proposed operations (if applicable)		
D	Operation study, planning and analysis for the proposed destination and alternates		
E	Completed preparation checklists for the new destination operations		
F	Operational flight plans on both legs of the proposed destination		
G	Route plotting charts with distance coverage plot of a maximum diversion time of 60 minutes at the approved one-engine inoperative cruise speed (under standard conditions in still air) to the proposed alternates for the related aircraft type(s) of operation		
H	Performance data for the proposed destination and alternates		
I	Safety risk assessment for the proposed operations		

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### 3. Support Documents Submitted with the Application

Note: All support documents, unless otherwise specified, shall be submitted with this form.

Incomplete application package will be rejected or cause delay to processing of the application.

\*Comprehensive station audit reports and associated checklists may be subsequently furnished to the AACM, but not later than 15 days prior to the commencement of proposed operations.

Item #		Applicant's Remarks	Office Use Only
J	Overall operations manpower evaluation report <ul style="list-style-type: none"> <li>Sufficient flight crew/cabin crew for overall operations</li> <li>Sufficient manpower at the new destination for the proposed operations</li> </ul>		
K	Overall line maintenance manpower evaluation report (If riding engineer will be sent onboard for the proposed operations)		
L*	Comprehensive station audit report for ground handling, together with audit checklists, for services employed in the proposed destination		
M*	Comprehensive station audit report for maintenance, together with audit checklists, for services employed in the proposed destination		
N	Application fee		

### 4. 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.