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**HELLENIC REPUBLIC**

**MINISTRY OF INFRASTRUCTURE AND TRANSPORT**

 **HELLENIC CIVIL AVIATION AUTHORITY**

**DIRECTORATE GENERAL OF AIR TRANSPORT**

**FLIGHT STANDARDS DIVISION**

**Application for Variation (amendment) of an EASA Air Operator Certificate AOC**

**AOC Variation for purposes of this paper means any change of the AOC or the attached to it OPS Specs.**

**This application form is based on the information required for an AOC Variation in accordance to Regulation EC No 2018/1139 and its Implementing rules.**

**Please mark with an X the relevant box bellow:**

**Reason for requesting a variation:**

* **Name or address change [ ]**
* **Operational points of contact change [ ]**
* **Type of operation change [ ]**
* **New aircraft is added [ ]  same type [ ]  new type [ ]**
* **Aircraft is/are removed [ ]**
* **Authorised area of operation is modified [ ]**
* **Special Limitations removed/added [ ]**
* **Specific Approval granting [ ]**
* **Other (please state) [ ]  .........................................**

**Note 1: This Application and all relative Manuals/Documents must be submitted to HCAA Flight Standards Division HCAA/A2.**

**Note 2: According to AMC1.ORO.GEN.130, this application for the amendment of an AOC should be submitted at least 30 days before the date of the intended changes. Specific Approvals granting may takes longer that this time frame.**

**Note 3: In all cases of AOC variation the Safety manager of the Operator shall evaluate the possible risks the change may cause and assess them in accordance with Operator’s SMS.**

**PART A has to be completed in any request. In PART B only the relevant to change(s) items have to be completed. Further information on application for the variation of an AOC may be obtained from the HCAA Flight Standards Division.**

 **PART A**

**Name of Operator seeking an AOC variation.**

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**………………………………………..…………………………………………………………**

**Operator’s principal place of business Address to which all correspondence should be sent and which will be that used on all legal documents and contact details**

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**…………………………………………………………………………………………………..**

**Tel No.: Fax No: E-Mail:**

**…………………………..……… ………………………… …..……………………**

**Description of Proposed Change and possible effective date of change**

**……………………….………………………………………………………………………..…**

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**Risk assessment of the change (use separate sheet if space provided is not adequate)**

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**PART B**

* **Aircraft to be added:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Manufacturer** | **Model** | **Date of build** | **Engines** | **Seating**  | **Present registration** |
|  |  |  |  |  |  |  |
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* **Aircraft to be removed:**

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| --- | --- | --- | --- |
| **Type** | **Manufacturer** | **Model** | **Registration** |
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* **Type of Operation change requesting (Pax or/and cargo) for these a/c**

|  |  |
| --- | --- |
| **Type of Aircraft:** | **Type of operation** |
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* **Area of Proposed Operation (Enter co-ordinates of area or, National/FIR boundaries). Area of operation should be that which the company intends to operate within, and not the area(s) that might, subsequently, will operate. It is noted that the company’s OM must include all information relevant to its area of operation.**

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* **Required Flight Operating Conditions Enter aircraft type or aircraft registration in appropriate column**

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| --- | --- | --- |
| **Day - VFR** | **Night - VFR** | **IFR** |
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* **LVO - Low Visibility Operations**

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| **Aircraft type and registration** | **CAT** | **CAT** | **CAT** | **Takeoff RVR** |
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| **Attachment:** | **LVO Conformance Documents [ ]**  |

* **Operations with Specified Minimum Navigation Performance MNPS**

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| --- | --- |
| **Aircraft type or registration** | **ICAO Region** |
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| **Attachment:** | **MNPS Conformance Document [ ]**  |

* **Extended range operations with two-engine aeroplanes ETOPS**

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| --- | --- | --- | --- |
| **Aircraft type or registration** | **Engine type** | **Threshold distance** | **Diversion time** |
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| **Attachment:** | **ETOPS Conformance Document [ ]**  |

* **Performance-Based Navigation PBN operations Enter fitted equipment capability**

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| --- | --- | --- | --- |
| **Aircraft type or registration** | **RNAV 1** | **RNP 10** | **RNP APCH** |
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| **Attachment:** | **RNAV 1 Conformance Document [ ]**  |
| **Attachment:** | **RNAV 10 Conformance Document [ ]**  |
| **Attachment:** | **RNP APCH Conformance Document [ ]**  |

* **Operations in Airspace with reduced vertical Separation minima RVSM**

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| **Aircraft type or registration** |
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| **Attachment:** | **RVSM Conformance Document [ ]**  |

* **Helicopter Hoist Operations HHO**

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| --- |
| **Aircraft type or registration** |
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| --- | --- |
| **Attachment:** | **HHO Conformance Document [ ]**  |

* **Helicopter Emergency Medical Service Operations HEMS**

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| **Aircraft type or registration** |
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| **Attachment:** | **HEMS Conformance Document [ ]**  |

* **Non-commercial operations of aircraft listed in the Ops Specs of an AOC**

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| --- |
| **Aircraft type or registration** |
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|  |

* **Helicopter Offshore Operations (HOFO)**

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| --- |
| **Aircraft type or registration** |
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| --- | --- |
| **Attachment:** | **HOO Conformance Document [ ]**  |

* **Transport Dangerous Goods (tick box)**

**YES [ ]  NO [ ]**

**Transport of radioactive materials**

**YES [ ]  NO [ ]**

|  |  |
| --- | --- |
| **Attachment:** | **DG Application Form [ ]**  |

**Additional Information**

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## PART C

**Statement of Compliance**

**I hereby apply for the variation of EASA AOC, in terms of Regulation EC No 216/2008 and its Implementing Rules, and declare that all documentation and information submitted have been verified and found in compliance with the applicable requirements.**

**Name in full of the Accountable Manager**

**……………………………………………………………………………………**

**Signature …………………………………………………………Date……………………….**

**Please write sown all the attached documents provided with this application:**

1. **OM Changes Application Form**
2. **Draft pages of Manuals changed**
3. **………………………………………………………………………………………..**
4. **………………………………………………………………………………………**
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10. **……………………………………………………………………… …………………**