**Application for OM Revisions/Amendments**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | | | | |  |  |  | | | | | | | | | | |
| Applicants Name |  | | | | | | | | | |  | AOC No: | | |  | | | | | | | | |
|  |  | | | | | | | | | |  |  | | | | | |  | | | | | |
| Contact person |  | | | | | | | | | |  | Official phone | | | | | |  | | | | | |
|  |  | | | | | | | | | |  |  | | | | | |  | | | | | |
| Function |  | | | | | | | | | |  | Mobile phone | | | | | |  | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | |
| Company Address |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
| e-mail |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  |  | | | | | | |  |  | | | | | | | |
|  |  | | | | | |  |  | | | | | | |  |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Documen**t** | | | Choose an item | | | |  | Choose an item | | | | | | | | |  | Rev/Amdt number and date: | | | | | |
|  | | |  | | | |  |  | | | | | | | | |  | | | |  | | |
| Reason for a change | | | Chose an item | | | | | | | | | | | Proposed effective date: | | | | |  | | **Click here to enter a date.** | | |
|  | | |  | |  | | | |  | | | | | | | |  | | | |  | | |
| Additional information | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | |  | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | |
| Effective date as set on approval: | | | **Click here to enter a date.** | | | Name: | | | | | | | | | **Choose an item.** | | | | | Signature: | | |  |

**Operator’s Compliance Statement**

*(To be submitted together with each Operations Manual Revision/ Amendment)*

• I, the undersigned, declare that the intended Revision/Amendment – as submitted to LV CAA – has been established in accordance with all applicable regulations.

* Before submitting the Revision, its content has been thoroughly evaluated internally for compliance with applicable regulations by our internal quality assurance processes as defined in OM A, Chapter 3. We ensure further that the submitted Revision/Amendment complies with the scope of the AOC.

Signature of the authorised person (or Accountable Manager)

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Changes (not) requiring prior approval:**

Choose an item.

Signature of the authorised person (or Accountable Manager)

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of Revision(s)/Amendment(s)**

**Application for Proposed Amendments / Revisions**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference** | | **Finding No:** | | **Document** | **Prior Approval** | **Reason and Highlight of Revision / Amendment** | **Compliance checked by**  (Inspector’s name/initials; in case of a non-compliance write “No”) |
| e.g. ORO.GEN.200 | | Audit & Inspection  Report number  *(if applicable)* | | Document, part and chapter  e.g: OM A, chapter 3.1 | Required as per ORO.GEN.130(b)? | Describe reason and highlight of change  e.g. "Changes in SMS" |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |
|  |  | |  | | Choose an item. |  |  |