Aerodromes and Area of Operation application form

This form shall be used for initial and changes for AOC approval

The form shall be submitted together with applicable administrative tax, all necessary appendices and documents to

MKD CAA , Flight Operations Department
Dame Gruev No.1, 1000 Skopje RNM

Please be aware that incomplete forms will be returned and will not be processed.

Application	☐ **Initial application**	☐ **Changes to existing**
Operator registered name:		
Business Address		
Phone No		
E-mail		
Contact Person		
Contact Person contact details		
AOC number		
AOC Validity until		
Operations Specifications (number/date)		

Aerodrome and Area of Operation application details		
1	Application scope	☐ Aerodrome ☐ Area of operation
2	Dates and Time of Start / End *Please provide correct details*	
3	Airport or Airfield Name (ICAO and IATA Code)	
4	Area name	
5	Region(s) covered (counties)	

6	Aerodrome(s) limitations	
7	Area limitations	
8	Operations description	

9. Insurance (date and number)	**Coverage**	**Valid by**

10. Aircraft Details						
Make – Model – Series	**Serial Number :**	**Reg. Marks**	**MTOW**	**Owner**	**Approval Number**	**C. of A. No.**

11. Crew Qualifications and Briefings related to the aerodromes/areas	**Dated**	**Remarks**

12. Risk Assessment performed (date and number)	**Remedial actions and mitigations**	**Remarks**

Application statement of compliance and declaration

APPLICANT'S STATEMENT OF COMPLIANCE & DECLARATION			
Statement of Compliance: I confirm that information in this application complies with the applicable regulations and all information provided are correct and current.			
Operator Declaration Statement: I hereby, declare that I, as an Accountable Manager representing the above mentioned organization, confirm that the organization has NOT been suspended or revoked by any Civil Aviation Authority.			
Accountable Manager	**Title:**		**Signature:**
	First Name:		
	Middle Name:		
	Last Name:		
	Contact Number:		
	Email:		
Date of Submission:			

PLEASE DO NOT FORGET TO SIGN THE APPLICATION FORM

For official use only

MKD CAA USE ONLY			
Subject	**Responsible Inspector – Department**	**Date**	**Signature**
1. Application approval OPS-FRM-011 completence check	- OPS		
2. Legal Department Approval granted	- LEG		
3. Airworthiness Approval granted	- AWI		
4. Operational Approval granted	- OPS		
Remarks:			
Principal Inspector Name/Number:		**MKD CAA Ref. No.:**	
Approved on Date:		**Signature:**	
dd/mmm/yyyy			