

Notice of Proposed Revisions/Amendments

Applicant's Name	<input type="text"/>	Applicant's Address	<input type="text"/>
Applicant's OIB	<input type="text"/>	Applicant's E-mail	<input type="text"/>
Applicant's Phone No	<input type="text"/>		
Applicant's Legal Representative Name	<input type="text"/>		
Applicant's Legal Representative Address ¹	<input type="text"/>		
Applicant's Legal Representative Personal Identification Number (OIB)	<input type="text"/>		
Applicant's Legal Representative Phone Number	<input type="text"/>		
Applicant's Legal Representative E-mail	<input type="text"/>		
Document	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aircraft Type/variant	<input type="text"/>	Type of change	Change identification
Reason for change	<input type="text"/>	Proposed effective date (actual effective date will be set by CCAA):	<input type="text"/>
Effective date as set by CCAA:	<input type="text"/>	Date:	Signature ² : <input type="text"/>
CCAA responsible inspector's name and signature:	<input type="text"/>	<input type="checkbox"/>	The amendment/revision does affect material requiring formal approval by the CCAA. Formal approval will be granted on specific documentation and will be effective only after the operator has received the respective documentation, signed by the CCAA.

The Notice shall be submitted at least **30 days** before the proposed effective date to: Croatian Civil Aviation Agency, Ulica grada Vukovara 284, 10000 Zagreb

¹ Fill in case of representation by power of attorney

² To be signed by Applicant's Legal Representative

Operator's Compliance Statement

(to be submitted together with each Operations Manual Revision)

- We, the undersigned, declare that the intended Revision – as submitted to Croatian Civil Aviation Agency (CCAA) – has been established in accordance with all applicable rules and regulations as well as ICAO standards and recommended practices.
- Before submitting the Revision, its content has been thoroughly evaluated internally for compliance with applicable regulations. By our internal quality assurance processes, we ensure further that the submitted Revision complies with the scope of our operations.

Accountable Manager

Name: Signature: _____

Post Holder Flight Operations

Name: Signature: _____

Post Holder Crew Training

Name: Signature: _____

Post Holder Continuing Airworthiness

Name: Signature: _____

Post Holder Ground Operations

Name: Signature: _____

