

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

Notice of Proposed Revisions/Amendments (NPRA)

Applicants Name	<input type="text"/>		<input type="text"/>	
Contact person	<input type="text"/>	Official phone	<input type="text"/>	
Function	<input type="text"/>	Mobile phone	<input type="text"/>	
Company Address	<input type="text"/>			
e-mail	<input type="text"/>			
Document	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Kind of change	Change ident	
Aircraft Type/Variant	<input type="text"/>	<input type="text"/>		
Reason for change	<input type="text"/>	Proposed effective date (actual effective date will be set by CCAA):	<input type="text"/>	
Additional information	<input type="text"/>			
Submitted doc medium	<input type="text"/>			
Effective date as set by CCAA:	<input type="text"/>	Date:	Signature:	
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.	

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 national 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 as defined in OM A, Chapter 3, we ensure further that the submitted Revision complies with the scope of the AOC.

Accountable Manager

Name: Signature: _____

Post Holder Flight Operations

Name: Signature: _____

Post Holder Crew Training

Name: Signature: _____

Post Holder Maintenance

Name: Signature: _____

Post Holder Ground Operations

Name: Signature: _____

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List of Revision(s)/Amendment(s)

Reference e.g. ORO.FC.105	Finding No: Audit & Inspection Report number	Document Document, part and chapter e.g: OM A, chapter 4.2	Reason and Highlight of Revision / Amendment Describe reason and highlight of change e.g. "Rules applicable to the designation of the commander changed"	Compliance checked by (responsible CCAA Inspector)

