

# APPLICATION FOR AMENDMENT OF AN IFP SERVICE CERTIFICATE AND OPERATION

ISSUED FOR USE CA 173-03

### Reference:

CAR 173

#### Instructions:

a) No application will be processed until all required documentation and applicable fees are received, please ensure all documents and applicable fees are enclosed and should be submitted to:

The Director

Civil Aviation Safety Authority of Papua New Guinea

PO Box 1941,

**BOROKO 111** 

Papua New Guinea

ANS @casapng.gov.pg

The CASA Standard Rate hourly charge applies.

- b) The application must include the amended exposition as required by rule 173.73.
- c) Further notes and instructions are included in the grey margins of the different sections.
- d) Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.

## 1. Organisation Details

CA Participant Number (if known)				Companies Office No.			
Legal Name of Organisation							
	an incorporated society. issue or for an amendment						
Trading or Division	n name (if any)						
Address for Service (Address for Service of Notices Ref Civil Aviation Act Section 48) requires applicants to provide an address for service in PNG (ie, a physical address) and to promptly notify the Director of any changes.			Postal Address (if different from Address for Service)				
Post Code			Post Cod	е			
Tel			Tel				
Fax			Fax				
Email			Email				
Your reference – o	or —						
Details of the person who may be contacted for further information							
Name			Position				
Tel			Mobile				
Fax			Email				



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2. What are you changing?	•					
Indicate the change you are proposing in your organisation. More than one box may be ticked. Complete the relevant sections of the form as indicated at far right. Sections 1, 2, 3, 6 and 7 are required for all applications.	1.	Address for service				
	2.	Trading name				
	3.	Nominated senior persons		Complete section 5		
The line numbers align with the section numbers on the Approvals Specification	4.	Approved services / types of instrument flight procedure		Complete section 4		
Specification	5.	System for safety management				
		Other				
3. Exposition						
List the <b>exposition</b> manual(s) required by CAR 173.73 that	Manual Titles			Amendment No. and date		
are being amended for this proposed change.						
4. Details of Change						
Provide a summary of the changes	you are	e proposing to make to your organisation				
5 Contan Danasa						
5. Senior Persons	hio onnl	igation for each of the naminated conjernaries	no oo o	hown holow		
		ication for <u>each</u> of the nominated senior perso	ons as s	nown below.		
For both Initial issue and Renew Form CA-FPP.V03 and supporting	-	changed and unchanged persons): ents or <u>and</u> CV				
Nominated persons area(s) of responsibility as per 173.51(a)(1)	&(2)	Name & company title			Participant No. (if known)	
Chief Executive						
Indicate any senior persons that	Removed persons					
are being removed from the organisation's certificate.						



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		I hereby nominate the above person(s) for the responsibilities indicated.						
Signature of Chief Executive Chairperson	or Board			Date				
6. Declaration	by Chief Exec	cutive						
The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 304 of the Civil Aviation Act 2000 and is subject, in the case of a person other than an individual, to a maximum fine of K100,000.00		I have obtained a current copy of CAR Part 173 and AC173-1, and have read and understood the contents as they apply to this application. I also have a current copy of CAR Parts 1 and 12 as applicable.  This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Authority.  I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.						
Full Name of Chief Executive				Participant Nur (if known)	mber			
Signature				Date of applica	tion			
7. Applicant's	Checklist – pl	ease take the time	to check and comp	olete this section	n			
Please ensure all	documents	All necessary sections completed						
are enclosed.  Applications which are incomplete or lacking any required documents will not be processed.		Amended company exposition enclosed						
		CA-FPP.V03 and CV for the nominated senior persons enclosed						
		Additional attachments enclosed as per this list:						
Handring to a life		ala familia a infanana da a		and the in the contraint	-1 1'			
Section		de further information o	or explanations that do	not lit in the origin	ai sectioi	ns or the form.		
	Additional details or explanations							
OFFICE USE ONLY			Description .	- 0		<b>.</b>		
1. Received by:		3.	Receipt No:	Ce	mpleted   rtificate is			
2. Date Received:		4.	Job No:	6. da				