## **Application of Proposed Change at a UK Certificated Aerodrome**



Please complete this form online (preferred method) then print and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink. Please use Internet Explorer 9 or above.

Mac users should install and open this form in Adobe Reader not the onboard Reader.

1) AEROD	ROME DETAILS							
Aerodrome Name:								
Aerodrome Address:								
		Postcode:						
Accountable	e Manager:	Name:						
		Tel: Email:						
Project Mar	nager:	Name:						
		Tel:Email:						
2) CHANG	E DETAILS							
Type of Changes: (please tick the appropriate box)								
a)	Significantly affo	ecting the organisation chart, policies or culture of the aerodrome operator's management system						
b)	Affecting the Co	ertification Basis*						
c)	Affecting the Te	erms of the Certificate						
d)	Use of Alternati	ive means of Compliance						
e)	Management a	nd Notification Procedure for changes not requiring prior approval						
f)	Level of protect	tion of rescue and fire fighting						
g)	Low visibility pr	ocedures						
h)								
*these char	naes also require	completion of a Compliance Matrix - see Section 3						
Reason for		Completion of a compliance Matrix. See Section 6						
Title of Pro	ject:							
Brief Descr	iption:							

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3) AERODROME COMPLIANCE MATRIX								
NAME OF AERODROME:								
Planned commencement of works: Planned duration of works: Estimated completion date:								
Aerodrome closed during work in progress? Yes No If 'Yes' please specify Hours of Work:								
Description	UK Regulation	Compliance Statement (include reference document where appropriate)	Supporting documentation (e.g. Safety Assurance Documentation)					

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3) AERODROME COMPLIANCE MATRIX (continued)								
NAME OF AERODROME:								
Planned commencement of works:								

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