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| **DECLARATION**  in accordance with Commission Regulation (EC) No 965/2012 on Air operations |
| **Operator**  Name:  Place in which the operator is established or residing and place from which the operations are directed:  Name and contact details of the accountable manager: |
| **Continuing airworthiness management organisation in accordance with Regulation (EC) No 1321/2014**  Name and address of the organisation and approval reference (as per EASA Form 14): |
| **Aircraft operation** |
| Starting date of operation/applicability date of the change: |
| Type(s) of operation:  ⎕ Part-NCC: (specify if passenger and/or cargo)  ⎕ Part-SPO: (specify which type of activity) |
| Type(s) of aircraft, registration(s) and main base: |
| Details of approvals held (attach list of specific approvals to the declaration, if applicable) |
| Details of specialised operations authorisation held (attach authorisations, if applicable): n/a |
| List of alternative means of compliance with references to the AMCs they replace (attach to the declaration) |
| **Statements** |
| ⎕ The management system documentation including the operations manual reflect the applicable requirements set out in Part-ORO, Part-NCC, Part-SPO and Part-SPA. All flights will be carried out in accordance with the procedures and instructions specified in the operations manual. |
| ⎕ All aircraft operated hold a valid certificate of airworthiness and comply with Commission Regulation (EC) No 1321/2014. |
| ⎕ All flight crew members and cabin crew members as applicable, are trained in accordance with the applicable requirements. |
| ⎕ (If applicable)  The operator has implemented and demonstrated conformance to an officially recognised industry standard.  Reference of the standard:  Certification body:  Date of the last conformance audit: |
| ⎕ Any change in the operation that affects the information disclosed in this declaration will be notified to the competent authority. |
| ⎕ The operator confirms that the information disclosed in this declaration is correct. |
| Date, name and signature of the accountable manager |