



Application for Approval of a Fatigue Risk Management System

Part A – Details of Air Operator’s Certificate (AOC) Holder

If you are filling in the form by hand, print neatly with a black or blue ballpoint pen. It is in your interest to ensure that the information you provide is both accurate and complete. This information is used in the calculation of a cost estimate for the assessment of your application. It is an offence to make false declaration. For more information, refer to the [FRMS Handbook](#) and the [FRMS Process Guide](#).

Questions marked with an asterisk (*) are mandatory and must be completed.

A1 AOC Holder’s Details

Provide the details in this section as they appear on your current AOC.

Name of AOC holder(s)*			
Phone*		Email*	
AOC Number*			

A1.2 Changes to main contact details

Have your main contact details changed since the last time you applied for a BCAA permission? *	Yes <input type="checkbox"/> > Provide details below	No <input type="checkbox"/> > Go to Part B
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Street					
Suburb		State		Postcode	
Phone (business hours)			Fax		
Phone (after hours)			Mobile		
Email					

Part B – Details of FRMS Manager and Nominated Contact Person

B1 FRMS Manager -Provide details of your FRMS manager

Name in full*					
Email					
Phone (business hours)*		Mobile		Fax	

B2 Nominated contact person - Provide details of the nominated contact person, if different from above.

Name in full*				ARN	
Email					
Phone (business hours)*		Mobile		Fax	

Part C – Submission Checklist

<input type="checkbox"/> > Gap analysis
<input type="checkbox"/> > Detailed implementation plan
<input type="checkbox"/> > Form – FRMS Assessment Checklist
<input type="checkbox"/> > An FRMS policy statement with safety objectives, approved in writing by the AOC holder or the Chief Executive Officer.

This may be incorporated in one of the manuals listed in the next page.



- > Operations Manual identifying where the FRMS is being incorporated within it; OR
 > FRMS Manual; OR
 > Safety Management System Manual identifying where the FRMS is being incorporated within it.

Note: If the AOC holder has an SMS, the FRMS must be integrated with the SMS

Part D – Applicant Declaration

1. I / We understand that the information provided in this Form is true and correct. *Please note that giving false or misleading information is an offence*
2. I / We understand and agree that for BCAA to proceed with this application:
 - a. Submit applicable fee; and
 - b. Submit all supporting documentation as per regulation and as required by BCAA.
 - c. I am signing this section as:

> The individual(s) named as AOC holders in A1

> The Authorized signatory of the company(s) named in A1

Name*		Signature*		Date	
Name		Signature		Date	

What to do now

Post / Handover the complete set of documents to the

Postal address

Fax

Email

After reviewing your application, BCAA may require you to submit additional documents to support your application.

This completes the application for a FRMS approval.