



Statement of Intent to Request 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 CAP 34 on [FRMS procedure](#) and the [FRMS Process](#).

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 > Provide details below

No > Go to Part B

Street			
Suburb	State	Postcode	
Phone (business hours)		Fax	
Phone (after hours)		Mobile	
Email			

Part B – Pre-application details

B1 Requirements analysis

Your requirements analysis will serve as a starting point of the pre-application meeting. For more information on the *requirements analysis*, refer to [FRMS Handbook](#).

Have you conducted a requirements analysis? Yes > Go to B2 No > BCAA requires the AOC holders to have done a *requirements analysis* prior to BCAA conducting a pre-application meeting

B2 The supporting documents are attached:

> Requirements analysis

> Initial FRMS implementation plan

Part C – Details of FRMS Manager and Nominated Contact Person

Provide the required details below.

C1 FRMS Manager or the person performing this role at the time of the submission of this application.

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



C2 Nominated contact person if different from above.

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

C3 Key Dates

C3.1 Date(s) available for pre-application meeting
 BCAA will only use this information for planning purposes and will confirm the pre-application date and venue.

C3.2 Date you intend to commence operations under FRMS?
 The date you provide is for information purposes only. Completion of a FRMS assessment process depends on a number of factors and may not necessarily be within the timeframes you have indicated here.

Part D – Applicant Declaration

- I / We understand that the information provided in this Form is true and correct.
- I understand that this is not a formal application, but an indication of my intent to apply for a FRMS approval and is therefore in connection with such later application.

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	

You must provide the name/s and signature/s for BCAA to accept this application.

What to do now

Post, fax or email the complete set of documents to the BCAA.

Postal address			
Fax			
Email			

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

This completes your statement of intent to request for Approval of a FRMS.