

ALTERNATIVE MEANS OF COMPLIANCE – ANNEX TO THE OPS & OR BASIS

This form should be completed in BLOCK LETTERS using black or dark blue ink or electronically filled and submitted to the Air Navigation Services & Aerodromes Unit .

REF: TM/CAD/CB/AltMOC/LMML/000/ddmmyy

A) AERODROME DETAILS		
<i>Name and ICAO Code:</i>		
<i>Aerodrome Address:</i>		
<i>Accountable Manager:</i>	Name:	
	Telephone:	
	Email:	
<i>Departmental Manager:</i>	Name:	
	Telephone:	
	Email:	

B) DETAILS OF ALTERNATIVE MEANS OF COMPLIANCE	
<i>Relevant IR:</i>	ADR.
<i>Explanation to why the IR is inadequate or inappropriate:</i>	

