

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			
Name and ICAO Code:			
Aerodrome Address:			
Accountable Manager:	Name:		
	Telephone:		
	Email:		
Departmental Manager:	Name:		
	Telephone:		
	Email:		

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

Description of the non-compliance:	
<i>Reference to supporting documentation:</i>	
Reference to safety assessment:	
Publication of the AltMOC in:	

For TM-CAD use.	
Comments:	
Accepted by:	Signature:
Designation:	
Date:	