BERMUDA CIVIL AVIATION AUTHORITY

DECLARATION OF FLIGHT MANUAL SUPPLEMENTS EMBODIED IN FLIGHT MANUAL

Aircraft Registration: **V** ____ **-B** ____ Type: _____ Serial No.: _____

Operator: _____

Flight Manual Ref. No.: _____

Flight Manual Revision Status: _____

FMS Ref. No.	FMS Title	Date Inserted

ATTACH ADDITIONAL PAGES AS REQUIRED

NOTE:

Only the Flight Manual referenced herein and related Supplements accepted by BCAA on this form are to be utilised in connection with the operation and maintenance of the related aircraft.

Operator Representative:

Signature: .....

Tel. No.: _____

E-mail: _____

Fax: _____