BERMUDA CIVIL AVIATION AUTHORITY

DECLARATION OF FLIGHT MANUAL SUPPLEMENTS EMBODIED IN FLIGHT MANUAL

A/C REG.: V ___ -B _____ TYPE:_____ S/N:_____

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 REPRESENTIVE

NAME: _____

SIGNATURE:_____

DATE: _____

TEL. NO.: _____ FAX: _____

EMAIL: _____