

## RF 1065 - Application for Approval of Flight and Cabin Crew Flight Time Limitations and Fatigue Management Schemes

This form must be completed by the aircraft owner, his nominated representative or an aircraft management company nominated person who has direct experience of Flight and Cabin Crew Flight Time Limitations and Fatigue Management Schemes.

If printing, complete the form in BLOCK CAPITALS using black or dark blue ink.

1. AIRCRAFT DETAILS	
Registration mark	<b>ZJ -</b>
Manufacturer and type designation	
Manufacturer Serial Number (MSN)	

2. AIRCRAFT OPERATOR			
This aircraft is operated by			
Contact name			
Address			
		Postcode/ZIP	
Telephone		Fax	
Mobile		Email	

3. FLIGHT AND DUTY TIME LIMITATIONS SCHEME		
	Operations Manual Reference(s)	For JAR Official Use only
Definitions (Flight Time, FDP, Duty, etc.)		
Policy		
Crew responsibilities		
28 day and annual limitations		
Limits on Flight Duty Periods		
Limits on Duty Periods		
Limits on rest Periods		
Recording		

4. FATIGUE MANAGEMENT PROGRAMME
Ops Management Reference:
Description of Programme – responsibilities:

5. APPLICANT'S DECLARATION			
This Application complies with Articles 40 - 43 of the Air Navigation (Jersey) Law 2014 and the relevant Regulatory Guidance Material (RGM) requirements.			
Name			
Position held			
Organisation			
Signature		Date	