

CHANGE OF OPERATOR FORM



*Please ensure you complete the aerodrome name above before submitting this form.

AERODROME NAME*		LOCATION INDICATOR	
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I, _____ (*Current Aerodrome Operator*), wish to relinquish my role as the Aerodrome Operator for the above mentioned aerodrome and request that Aeronautical Information Management remove my Registered Originator and Operator contact details from their records and replace it with the new Operator details as listed below.

CURRENT AERODROME OPERATOR			
Operator Name			
Signature		Date	

No new Operator has been commissioned for this aerodrome <input type="checkbox"/>

OR

NEW AERODROME OPERATOR DETAILS			
Organisation Name		Contact Person	
Address		Phone	()
		Fax	()
		Mobile	()
		Email	
Signature		Date	

COMPLETE THE DETAILS AND RETURN THIS FORM TO:

**Aeronautical Information Management
Aeropath Limited
PO BOX 365
Wellington
6140**

OR EMAIL COMPLETED REQUEST TO:

info@aeropath.aero