



**NOTICE OF CREW CHANGE**

**AVIATION SERVICES**

Email: aviation@gov.nt.ca • Fax: (867) 872-2148

**FOREST MANAGEMENT DIVISION**

Phone: (867) 872-7700

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Representative (please print)

X

\_\_\_\_\_  
Signature of Authorized Representative

Contract Number and Aircraft Registration: \_\_\_\_\_

*We hereby give notice of not less than forty-eight (48) hours in advance that a crew change will take place as follows:*

Effective Date: \_\_\_\_\_  
(dd/mm/yy)

The following crew meet the specifications for flight and maintenance crews as required by the contract and/or standing offer agreement:

Pilot Name: \_\_\_\_\_ To replace Pilot: \_\_\_\_\_

Cell No.: \_\_\_\_\_

License No: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ To replace Engineer: \_\_\_\_\_

Cell No.: \_\_\_\_\_

License No: \_\_\_\_\_

Remarks: