



APPLICATION FOR A CERTIFICATE OF AIRWORTHINESS

1. Aircraft Identification

- a) Aircraft Nationality and Registration Mark:.....
- b) Aircraft Make & Type:.....
- c) Serial No:.....
- d) Aircraft Time Since New:..... Overhaul..... Last Inspection.....
- e) Certificate of Airworthiness Expiry date:.....

2. Airworthiness Classification

It is hereby requested that the Certificate of Airworthiness be: ISSUED VALIDATED RENEWED
 in order to permit operation of the aircraft in the following category:

- a) Public Transport b) Cargo Transport c) Aerial Work d) Private e) Others (specify).....

3. Power Plant

I. ENGINE DATA

II. PROPELLER DATA

Make..... Model:.....

Make:..... Model:.....

	SERIAL #	(TSN)	(TSO)
1
2
3
4

	SERIAL #	(TSN)	(TSO)
.....
.....
.....
.....

Applicant Name..... Date..... Signature.....

4. a. Certification of Airworthiness

I hereby certify that all works listed in the Aircraft Log Book has been done with certified material according to accepted practices, that all Airworthiness Directives (or approved equivalent) and Manufacturer’s Service Bulletins affecting safety have been complied to date, that no unapproved modifications have been incorporated and that the aircraft is airworthy.

Name..... Signature..... Licence No..... Date.....
 (Chief Inspector or Licensed AME)

b. Flight

I hereby certify that I have flown this aircraft and that its, performance, flying qualities, functioning of controls, powerplants, landing gear etc. are to the standard type and that all performances are in accordance with the approved Flight Manual.

Name..... Signature..... Licence No..... Date.....
 (Test Pilot)

5. The following documents must accompany this application:

- a) Certificate of Airworthiness b) Copy of log book entry c) Weight & Balance report (if applicable)

FOR OFFICIAL USE ONLY

ACCEPTED

NOT ACCEPTED

Approved for: ISSUANCE VALIDATION RENEWAL

Remarks.....

ASI Name..... Signature..... Date.....

REPETITIVE AIRWORTHINESS DIRECTIVE STATUS REPORT

A/C REG. No. _____

MODEL _____

S/N _____

A/C Total Flight Time _____

As of _____

A/C Total Cycles _____

As of _____

Date _____

Item No.	AD No.	Description	SB No.	Card No.	Frequency	Date Last Complied with	A/C Time Last Complied	Next Due At A/C Time and Landing