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| ***Notes:***  *(i) An application for the issuing, renewing and validation of a standard or restricted certificate of airworthiness must comply with the provisions of regulation CV-CAR Part 5.*  *(ii) The original application must be submitted to the AAC*  *(iii) Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.* |
| **Mark the appropriate block for the application Type:**  Application for issue of a certificate of airworthiness  Application for amend a certificate of airworthiness  Application for validation of a certificate of airworthiness |

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| 1. **PARTICULARS REGARDING THE OPERATOR/APPLICANT (custody and control of aircraft)** |
| * 1. Full name (Co. Representative):   2. Operator/Company (if applicable):   3. Full business/residential address:   4. Name of person who can be contacted for further information concerning this application:   5. Position:   6. Postal address:       Telephone number:       Fax number:   7. Owner name (if different from the operator)   8. Owner address:   9. Owner Postal address:       Telephone number:       Fax number: |

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| 1. **AIRCRAFT DESCRIPTION** | |
| * 1. Registration Marks:   2. Country of manufacture/State of Design:   3. Date of manufacture:   4. Type Certificate No:   5. Manufacturer:   6. Type and Model designation:   7. Manufacturer’s serial number:   8. New or used:   9. Maximum certified Take-off Weight (kg):   10. Seating accommodation (including crew): | * 1. Total FH :       Total FC :   2. Registr. Marks affixed per CV-CAR Part 4: Yes  No   3. Total FH for 12 month period prior to application:   4. Aircraft equipment installed iaw CV-CAR Part 7:   5. Previous C of A Category:   6. Previous C of A expire date (dd-mm-yyy):   7. Previous C of A Country of issue:   8. C of A Category Requested::   9. Aircraft location for AAC inspection: |

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| 1. **APPLICANT DECLARATION** | | |
| I hereby declare that the particulars entered on this application and the attached AAC Form 33-006A Aircraft Importation and Certification are accurate in every respect and that all the requirements of the approved maintenance schedule, appropriate Airworthiness Directives (or equivalent notices) and special inspections have been complied with.  The enclosed fee of       is in accordance with the latest Scale of Charges and I agree to be responsible for the payment of any other charges relating to this application. | | |
| Print Name | Signature | Date |

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| 1. **AAC Use Only : RECOMMENDATION TO ISSUE/RENEW/VALIDATE A CERTIFICATE OF AIRWORTHINESS** | | | | |
| * 1. Registration Marks: | * 1. Type and Model designation: | * 1. Serial number: | | * 1. Original Issue date: |
| * 1. The above referenced aircraft and its documents have been inspected and evaluated in accordance with the Civil Aviation (Airworthiness) Regulations currently in force and It is recommended that the Certificate of Airworthiness be **ISSUED / RENEWED/VALIDATED** for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the following category: | | | | |
| Standard Certificate of Airworthiness :  Normal;  Utility;  Acrobatic;  Transport;  Balloon;  Other\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Special Certificate of Airworthiness :  Restricted; Other. | | | | |
| and for the following purpose:  Commercial Air Transport (Passenger)  Commercial Air Transport (Cargo)  Aerial Work  General aviation  **OR**  It is recommended that the Certificate of Airworthiness **NOT BE ISSUED / RENEWED** for the following reasons:  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………… | | | | |
| AAC Inspector name | | Signature | Date | |

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| **Airworthiness Department Manager** | | |
| I hereby **Approve** the Issue / Renew/Validation of the Certificate of Airworthiness of this aircraft for a period of ……………………………………… with effect from ………………………………………... | | |
| AAC Responsible name | Signature | Date |

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| 1. **AAC Use Only : RECEIPT** | |
| * 1. Fee receipt of payment received (dd-mm-yyyy): | * 1. Received by: |