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AGEING AIRPLANE STRUCTURAL MODIFICATION AND INSPECTION PROGRAMME

OPERATOR: DATE PREPARED: at:
 *TAT:
 AD. NO: *TAC:

SB NO.	SUBJECT	APPLICABILITY	THRESHOLD REPETITIVE INTERVALS	LAST COMPLIANCE (date/hrs/cycles)	NEXT DUE (date/hrs/cycles)	REMARKS

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

NAME: TITLE: SIGNATURE: DATE:
 *TAT = Total Aircraft Time (hrs) *TAC = Total Aircraft Cycle