



APPENDIX -
TO THE APPLICATION FOR THE ISSUE OF A CERTIFICATE OF AIRWORTHINESS
(AIRCRAFT SYSTEMS AND EQUIPMENT INSTALLATIONS)

Name of Applicant:

Full business/residential address:

.....
.....
.....

Postal address:

.....
.....
.....

Telephone:

Fax:

Email:

Name of person who could be contacted concerning this application: -

Mr.

Position:

Telephone:

Email:

Registration Marks assigned (current):

Previous Marks (if any): Manufacturer Serial No:

Place and year of manufacture:

.....

SYSTEM, INSTALLATION EQUIPMENT DETAILS

- 1. Pressurisation System:
- 2. Automatic Flight Control and Guidance Systems:
- 3. Cockpit Voice Recorders:
- 4. Electrical Power Generators:
Engine (or helicopter transmission) Driven
 - a) DC only:
 - b) DC & AC:
 - c) AC only, frequency range:
- 5. Main Batteries:
 - a) Nickel Cadmium:
 - b) Lead / Acid:
 - c) Number fitted:
- 6. Oxygen:
 - a) Installed:
 - b) Portable:
- 7. Engine Fire Detection System:
- 8. Portable Fire Extinguishers:
- 9. Stall Detection and Warning System:
- 10. Fuel Quantity Indication System:
- 11. Ice and Rain Protection System:
- 12. Flight Data Recorder System:
- 13. Emergency Lighting System:
- 14. Anti-Collision Lighting:

 - a) Rotating beacon:
 - b) Strobe lights:

- 15. Compasses:

- a) Remote reading:
- b) Strobe reading:
- 16 Automatic Navigation System:
- 17 Rotor low rpm Warning System (helicopters):
- 18 System installed for agricultural purposes:

OTHER INFORMATION

- 19 Are there provisions for the installation of safety harnesses at: -
 - a) Flight crew seat position:
 - b) Cabin crew seat position:
 - c) Passenger seat position:
- 20 Are there provisions for carrying external loads:
- 21 Are there provisions for glider towing:
- 22 State total fuel capacity:
- 23 Give details of equipment, other than listed in 1 to 18, which has been introduced by modification action (state manufacturer and type):

- 24 Give detail of changes, if any, introduced in the flight manual, as result of modification action:

AIRWORTHINESS DIRECTIVES COMPLIANCE STATUS

NAME OF OPERATOR:

DATE PREPARED:

HOURS:

CYCLES:

A/C REG. NO: TYPE: SERIAL NO:

DATE OF MANUFACTURE:

AD NO.	SUBJECT	APPLICABILITY	THRESHOLD/REPETITIVE INTERVALS	LAST COMPLIANCE (DATE/HRS/CYCLES)	NEW DUE (DATE/HRS/CYCLES)	REMARKS

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

NAME: TITLE: SIGNATURE: DATE:

PRINT APPROPRIATE FORM "FSS-AIR-FORM053"

AGEING AIRPLANE STRUCTURAL MODIFICATION AND INSPECTION PROGRAMME

OPERATOR:

DATE PREPARED: at:

*TAT:

*TAC:

AD. NO:

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:

PRINT APPROPRIATE FORM "FSS-AIR-FORM057"

AGEING AIRPLANE CORROSION PREVENTION & CONTROL PROGRAMME

OPERATOR:

DATE PREPARED: at:

*TAT:

*TAC:

AD. NO:

A/C REG. NO. A/C TYPE: LINE NO.

SERIAL NO. DATE OF MANUFACTURE.....

CPC P TASK 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:

PRINT APPROPRIATE FORM "FSS-AIR-FORM058"

SUPPLEMENTAL STRUCTURAL INSPECTION DOCUMENT (SSID)

OPERATOR:

DATE PREPARED: at:

*TAT:

*TAC:

A/C REG. NO. A/C TYPE: LINE NO.

SERIAL NO. DATE OF MANUFACTURE

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

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

NAME: TITLE: SIGNATURE: DATE:

PRINT APPROPRIATE FORM "FSS-AIR-FORM059"