



## **APPLICATION FOR THE RENEWAL OF A CERTIFICATE OF AIRWORTHINESS**

**Notes:**

*An application for issue, renewal or amendment of certificate of airworthiness must comply with the relevant sections in NAMCAR Part 21 Any owner of an aircraft, or his/ her authorized representative, may apply for the issue of a certificate of airworthiness or an amendment thereof.*

*An application for the issue of a standard or restricted certificate of airworthiness, or an amendment thereof, shall be made to the Executive Director in the appropriate form as prescribed by the Authority and accompanied by the appropriate fee as prescribed in Part 187;*

*Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.*

1. Name of Owner (or name of owner- company).....

2. Address of Owner in full.....  
.....  
.....

3. Name and Address of Applicant (if other than the owner of the aircraft):  
.....  
.....

Telephone: .....

**4. AIRCRAFT IDENTIFICATION**

a) Current Aircraft Nationality and Registration Mark: .....

b) Year of Construction: .....

c) Manufacturer: .....

d) Maximum total weight authorized Kg/lb: .....

e) Aircraft last weight (used aircraft): .....

f) Next due for weighing: .....

g) Aircraft Make & Type: .....

h) Serial No: .....

i) Aircraft Time Since New: ..... Overhaul ..... Last Inspection .....

j) Certificate of Airworthiness Expiry date:.....

5. C of A category required:

- Standards category
- Special category
- Restricted category

6. Approved AMO/licensed Aircraft Personnel with whom aircraft will be maintained for the purpose of this application:

a) Name And Address:.....

.....  
.....

b) Telephone:.....

c) Aircraft Maintained To (State maintenance Programme): .....

d) Last Major Check Performed: .....

e) Type: .....

f) Date Completed: .....

g) Aircraft Hours And Cycles Completed:.....

7. Is the aircraft unde going:

- Overhaul
- Repair
- Modification
- Scheduled maintenance prior to Namibia Certification

8. AIRWORTHINESS CLASSIFICATION

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

- a) Public Transport standards certificate of airworthiness
- b) Cargo Transport
- c) Aerial Work
- d) Private
- e) restricted certificate of airworthiness
- f) Others (state).....

9. AIRFRAME

(i) Total Hours (Since New) .....(as at) .....

(ii) Total Cycles (Since New) .....(as at) .....

10. POWER PLANT

ENGINE DATA

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

SERIAL # (TSN) (TSO)

FSS-AIR-FORM007B 08/2018

PROPELLER DATA

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

SERIAL # (TSN) (TSO)

- 1 .....
- 2 .....
- 3 .....
- 4 .....

as at ..... as at ...../.....

11. ROTARS	SERIAL NO.	TSO/CSO	HRS/CYCLES LEFT
Main rotor blades	.....	.....	.....
Tail rotor blades	.....	.....	.....
Main Rotor Head	.....	.....	.....
Tail Rotor Gearbox	.....	.....	.....
Main Rotor Gearbox.....	.....	.....	.....
Intermediate Gearbox.....	.....	.....	.....
Tail Rotor Gearbox	.....	.....	.....
As at .....			

12. Test flight (if applicable) completed on:.....

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

**13. A. CERTIFICATION OF AIRWORTHINESS**

I hereby certify that all works listed in the Aircraft Log Book has been done with certified material according to acceptable practices, that all Airworthiness Directives (or approved equivalent) and Manufacturer's Service Bulletins, maintenance Schedule/programme an all other mandatory requirements affecting safety have been complied with to date, that this application complies with NAMCAR Part 21 and 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.....  
(Pilot)

**14. THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**

Item	At Inspection	Attached	Not Applicable
Copy of log book entry			
Weight & Balance report (if applicable)			

export certificate of airworthiness or equivalent			
Modification record			
Major repair statement			
Maintenance record			
Proposed Namibian maintenance program			
Flight manual			
Mel			

**15. INSPECTION**

**Aircraft will be available for inspection at:**

<b>Location:</b>	
<b>Date:</b>	

**16. NOTIFICATION OF REGISTRATION**

The aircraft described in paragraph 1 is registered or application has been submitted for the aircraft to be placed on the Namibian civil Aircraft Registry in the name of:

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

**17. DECLARATION**

**I hereby declare that I am the owner  or agent of the registered owner  of the aircraft described in paragraph 1 and to the best of my knowledge and belief, the particulars contained in this application and all appendices are true and accurate in every respect. I further declare that this application is in compliance with the NAMCARs requirements for the issuance of a Certificate of Airworthiness.**

Name.....

Designation:.....

Signature.....

Date.....

**FOR OFFICIAL USE ONLY**

**Application**

ACCEPTED

NOT ACCEPTED

Approved for:

VALIDATION

RENEWAL

**CERTIFIED THAT:**

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 1. The subject aircraft has been examined.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The aircraft logbook has been correctly endorsed and certified.                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The Certificate of Airworthiness has been correctly endorsed and certified           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Record of Rotational items have been examined.                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The following documents are contained in the aircraft file at the Surveyor's office. | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Copy of Aircraft Log Book Certificate.  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| (b) Copy of Engine Log Book Certificate.   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Statements of compliance with applicable Mandatory Modifications, Inspections, Airworthiness Directives, Airworthiness Notices and Manufacture's Requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Copy of Mass and Centre of gravity schedule.   | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Copy of Test Flight Report.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Compass Swing Record.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Radio Air Test.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Copy of Radio Station Licence.   | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Copy of Insurance Certificate.   | <input type="checkbox"/> | <input type="checkbox"/> |

**INSPECTOR'S COMMENTS:**

.....

.....

.....

Name / Stamp No. .... Signature: ..... Date: .....

**(NCAA Inspector accepting the application)**



# **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: .....

# 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

# AGEING AIRPLANE CORROSION PREVENTION & CONTROL PROGRAMME

OPERATOR: ..... DATE PREPARED: ..... at:  
 \*TAT: .....  
 AD. NO: ..... \*TAC: .....  
 A/C REG. NO. .... A/C TYPE: ..... LINE NO. .... SERIAL NO. .... DATE OF MANUFACTURE  
 .....

CPCP 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: .....  
 \*TAT = Total Aircraft Time (hrs) \*TAC = Total Aircraft Cycle

# 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: .....

\*TAT = Total Aircraft Time (hrs) \*TAC = Total Aircraft Cycle