NAMIBIA CIVIL AVIATION AUTHORITY

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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/hours/cycles)	NEXT DUE (date/hours/cycles)	REMARKS

CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

NAME: …….. TITLE…… SIGNATURE: …… DATE: ……

*TAT = Total Aircraft Time (hours) *TAC = Total Aircraft Cycle