

Types of aircraft (By make, model, and series).	Numbers	

SECTION 1D. TO BE COMPLETED BY ALL APPLICANTS.

11. Additional information that provides a better understanding of the proposed maintenance functions (Attach additional sheets, if necessary).

12. Training functions if any.

13.

Organisation Authorised Person :

Signature.	Date (day/month/year).	Name and Title (Block Letters).
------------	------------------------	---------------------------------

SECTION 2. TO BE COMPLETED BY THE DIRECTOR SAFETY REGULATION OFFICE.

Received by (Name and Office):	Date received (day/month/year).
--------------------------------	---------------------------------

Date forwarded to Chief Airworthiness Inspector (day/month/year):	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only.
---	---

Remarks:

Section 3. To be completed by the Chief Airworthiness Inspector Office.

Received by:	Date (day/month/year):
--------------	------------------------

Pre-application Number:	Assigned Certification Number:
-------------------------	--------------------------------

Assigned Team Leader:	Date:
-----------------------	-------

Remarks: