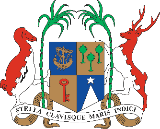
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**Department of Civil Aviation**

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*APPLICATION FOR MINOR/MAJOR MODIFICATION*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. DETAILS OF APPLICANT AND OPERATOR** | | | |  | |
| Name of Applicant: |  | | |  | |
| Address: |  | | |  | |
| Telephone no.: |  | | | Fax No.: |  |
| Email: |  | | |  | |
| Name of Operator: |  | | |  | |
| Location of Aircraft for Inspection: | |  | |  | |
| **2. DETAILS OF AIRCRAFT** |  | | |  | |
| Registration Mark: |  | | 3B- |  | |
| Manufacturer's Designation of Aircraft: | | |  |  | |
| Serial Number: |  | |  |  | |
| Manufacturer of Aircraft: |  | |  |  | |
| **3. DETAILS OF MODIFICATION** | | | |  | |
| Applicant’s Modification Number: | | |  |  | |
| Modification Title: |  | |  |  | |
| Approval Reference/Basis of Approval:  *(See note 3)* | | |  |  | |
| Applicable DCA Type Basis Acceptance; EASA, FAA, TCCA: | | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. NATURE OF MODIFICATIO** | | **N** | | | | | | | | | |  | | |
| *(Describe the nature of the modification:)* | | | | | | | | | | | |  | | |
| **Other information:**  Does the propose modification has any unsafe features (Yes/No): | | | | | | | | | | | |  | | |
| **5. DRAWINGS** | | | | | | | | | | | | | | |
| Original Drawings affected: (Write N/A if not affected) | | |  | | | | | | | | | | | |
| New Drawings introduced: | | |  | | | | | | | | | | | |
| **6.** **MANUALS/DOCUMENTS**  **Please give details if any of the following manuals/documents are affected (if not, state Not Affected)** | | | | | | | | | | | | | | |
| TCDS: | | | | | | |  | | | | | | | |
| Crew Manuals: | | | | | | |  | | | | | | | |
| Flight Manual: | | | | | | |  | | | | | | | |
| MMEL/MEL: | | | | | | |  | | | | | | | |
| Maintenance Overhaul and Repair Manual: | | | | | | |  | | | | | | | |
| Weight and Balance: | | | | | | |  | | | | | | | |
| Maintenance Programme: | | | | | | |  | | | | | | | |
| Electrical Load Analysis: | | | | | | |  | | | | | | | |
| ETOPS: | | | | | | |  | | | | | | | |
| RVSM Ops: | | | | | | |  | | | | | | | |
| RNAV Ops: | | | | | | |  | | | | | | | |
| LVO Capability: | | | | | | |  | | | | | | | |
| Other Publication(s): | | | | | | |  | | | | | | | |
| **7. APPLICANTS DECLARATION**  I hereby declare that to the best of my knowledge the particulars entered on this application are accurate in every respect.    I agree to pay all charges in connection with this application in accordance with the current Civil Aviation Regulations. | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | Position: | | | |  |
| Name of Applicant: |  | | | | | | | | | Signature of Applicant: | | | |  |
| **8. ACKNOWLEDGEMENT**  If the applicant is not the Nominated Airworthiness Coordinator/Postholder Continuing Airworthiness or Postholder Maintenance, the below section needs to be completed. | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | Signature: | | | |  |
| **DCA USE ONLY** | | | | | | | | | | | | | | |
| Date Application Received: | | | |  | | | | | | | | | | |
| This application is determined to be: | | | |  | | | | | | | Name of Inspector: | |  | |
|  |  | Minor | |  | Major | |
|  |  |

*Note: Refer also to Guidance Notes overleaf.*

# Guidance Notes for the Completion of this Application

1. Where the applicant’s modification is seeking DCA approval of an FAA, EASA or Transport Canada approved STC, the Section 3 should state the STC number and the title of the STC.

1. Where the applicant’s modification is seeking DCA approval of an FAA, EASA or Transport Canada approved STC, a copy of the STC should accompany this application form.

1. Regarding Box 3 and the Approval Reference/Basis of Approval. This field should detail the basis for the modification. For example, the basis could be an FAA, TCCA or EASA STC, an FAA minor or major alteration, an EASA DOA minor modification etc.