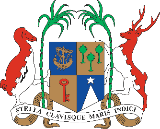
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**Department of Civil Aviation**

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*APPLICATION FOR REPAIR*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 Repair** | | | |  | |
| Applicant’s Repair Number: | | |  |  | |
| Repair Title: |  | |  |  | |
| Repair Scheme Approval (or Equivalent) Reference:*(See note 3)* | | |  |  | |
| Issuing Authority of the Repair Scheme (and approval number): | | |  |  | |
| Type of Repair (temporary or permanent) | | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. DESCRIPTION OF REPAIR** | |  | | | | | | | | | |  | | |
| *(Describe the nature of the repair:)* | | | | | | | | | | | |  | | |
| Is the structure safe-life, fail-safe or damage tolerant | | | | | | | | | | | |  | | |
| *Repetitive Inspection (if applicable provide details of access and inspection requirements)* | | | | | | | | | | | |  | | |
| **Other information:**  ): | | | | | | | | | | | |  | | |
| **5. DRAWINGS** | | | | | | | | | | | | | | |
| Original Drawings affected: (Write N/A if not affected) | | |  | | | | | | | | | | | |
| **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): | | | | | | |  | | | | | | | |
| **Is the following area affected (if not, state not applicable)** | | | | | | | | | | | | | | |
| static and fatigue strength of structure | | | | | | |  | | | | | | | |
| corrosion protection | | | | | | |  | | | | | | | |
| flammability standards | | | | | | |  | | | | | | | |
| electromagnetic interference (EMI) protection | | | | | | |  | | | | | | | |
| electrical conductivity (lightning strike) | | | | | | |  | | | | | | | |
| colour and reflectance (i.e. ultraviolet absorption, thermal radiation) | | | | | | |  | | | | | | | |
| environmental standards (noise, smoke and gaseous emissions) | | | | | | |  | | | | | | | |
| failure modes and effects analysis | | | | | | |  | | | | | | | |
| **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 repair is seeking DCA approval of a repair scheme , the Section 3 should state the repair scheme number/reference and the title of the repair.

1. Where the applicant’s repair is seeking DCA approval of a repair schemed, a copy of the repair scheme should accompany this application form.

1. Regarding Box 3 and the Approval Reference/Basis of Approval. This field should detail the basis for the repair. For example, the basis could be a minor or major repair, etc. Where the applicant’s repair is seeking DCA Approval, evidence must be provided that demonstrates what approval basis is being utilised to show compliance with MCAR PART 21 Subpart M.