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| --- | --- | --- | --- | --- | --- |
| **Application Information** | | | | | |
| **Subject:** | **Supplemental Type Certificate Acceptance** | | | **DGCA Service Standards Maximum Operation Time** | 30 Days (depends on the availability of required documents) |
| **Applicant:** |  | | |
| **Date of Application:** |  | **Aircraft or product manufacturer:** |  | **Aircraft or Product Model/Type:** |  |
| **State of Design:** |  | **State of Manufacturer:** |  | **Certification Basis and Revision:** |  |

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| **#** | **Subject** | Filled by Applicant | | | | | Filled by DGCA | | | | |
| **Sent** | | | **Explanation** | | Acceptable | | | Explanation | |
| **Y** | **N** | | Y | N | |
| 1 | Customer Information (Contract, Letter of Intent.) |  |  | |  | |  |  | |  | |
| 2 | Formal Application Letter by Certifying Authority |  |  | |  | |  |  | |  | |
| 3 | A copy of the original TC/STC/TCDS |  |  | |  | |  |  | |  | |
| 4 | A description of the change |  |  | |  | |  |  | |  | |
| 5 | Certification Review Item Categories (Special Conditions, Equivalent Safety Findings, Deviations, Reversions, Elect to Comply, Interpretative Material) |  |  | |  | |  |  | |  | |
| 6 | Documents showing that the engine emission standards prescribed in International Civil Aviation Organization (ICAO) Annex 16 or equivalent standards, if applicable |  |  | |  | |  |  | |  | |
| 7 | An approved aircraft flight manual, maintenance/repair manual supplements or other affected supplements |  |  | |  | |  |  | |  | |
| 8 | Master Drawing List or Type Design Definition document or equivalent documentation, if applicable |  |  | |  | |  |  | |  | |
| 9 | Weight and balance data, if applicable |  |  | |  | |  |  | |  | |
| 10 | Operating and Installation Manual (for engine and propeller) |  |  | |  | |  |  | |  | |
| 11 | Service fee |  |  | |  | |  |  | |  | |
| **Applicant Commitment:**  We declare that the above information is true, correct and latest revision | | | | | | | | | | | |
| Contact-Responsible Person/ Name-Surname | | | | | | | Sign | | | Date | |
|  | | | | | | |  | | |  | |
| Certification Director / Name-Surname | | | | | | |  | | |  | |
|  | | | | | | |  | | |  | |
| **DGCA Assessment**  Required Documents according to SHY-21; | | | | | | | | | | | |
| Exist in file, accepted. | | | | | Does not exist in file, do not accepted. | | | | | | |
| Reviewed Name-Surname: | | | | | | | Sign | | | Date | |
|  | | | | | | |  | | |  | |