|  |
| --- |
| **PRODUCT INFORMATION** |
| |  |  | | --- | --- | | **APPLICANT** | | | **Applicant Name (Operator / AMO / DOA)** |  | | **Başvuru Referansı (mevcutsa) *Applicant’s Reference (if applicable)*** |  | | **İsim *Name*** |  | | **Adres *Address*** |  | | **İletişim Noktası *Contact Person*** |  | | **Telefon Numarası *Phone*** |  | | **E-posta Adresi *E-mail*** |  | | **Application Date** |  | | **AIRCRAFT/ENGINE/PROPELLER** | | | **Model Name** |  | | **Serial Number** |  | | **Registration** |  | | **TC/TCDS Reference** |  | | **Engine Manufacturer / Model** |  | | **Engine Serial Number** |  | | **Engine TC/TCDS** |  | | **Propeller Manufacturer / Model** |  | | **Propeller Serial Number** |  | | **Propeller TC/TCDS** |  | | **🗌 MAJOR MODIFICATION 🗌 MAJOR REPAIR** | | | **Approver CAA** |  | | **Approval Number** |  | | **Approval Date** |  | | **Certification Specification (CS/FAR etc) with amendment** |  | | **Detailed description and Reason for Modification or Repair** | *Specifically Affected Aircraft Characteristic Information (Weight-Balance,, Emmision, Noise, Power, Stress, Crew, Equipment, Aerodynamic, Airworthiness Limitations etc) Configuration and Manuals* | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **REQUIREMENTS** | Filled by Applicant | | | | Filled by DGCA | | |
| **Sent** | | **Explanation** | | Acceptable | | Explanation |
| **Y** | **N** | Y | N |
| 1 | Approval certificate of major change or major repair by NAA |  |  |  | |  |  |  |
| 2 | Certification program for modification or repair |  |  |  | |  |  |  |
| 3 | Classification form of major change or repair |  |  |  | |  |  |  |
| 4 | Approval document of major change or major repair by authorized DOA |  |  |  | |  |  |  |
| 5 | GAP Analysis between type certificate basis and modification/repair certification basis, if the civil aviation authorities are different |  |  |  | |  |  |  |
| 6 | ICA documents |  |  |  | |  |  |  |
| 7 | Service Fee |  |  |  | |  |  |  |
| **Applicant Commitment:** We declare that the above information is correct, complete and latest revision. | | | | | | | | |
| Contact-Responsible Person/ Name-Surname | | | | | Sign | | Date | |
|  | | | | |  | |  | |
| Certification Director / Name-Surname | | | | |  | |  | |
|  | | | | |  | |  | |
| **DGCA Assessment** Required Documents according to SHT-21 and SHT-CAM; | | | | | | | | |
| Exist in file, accepted. | | Does not exist in file, do not accepted. | | | | | | |
| Reviewed Name-Surname: | | | | | Sign | | Date | |
|  | | | | |  | |  | |