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| **PRODUCT INFORMATION** |
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| **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* |

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| **#** | **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 |
|  |  |  |