



MODIFICATION APPROVAL APPLICATION FORM

A. DETAILS OF AIRCRAFT:

- | | |
|---------------------------------|---------------------------------|
| 1. Registration Mark: P4- _____ | 2. Aircraft Manufacturer: _____ |
| 3. Model: _____ | 4. Serial No.: _____ |
| 5. Certification basis: _____ | 6. Operator: _____ |

B. DETAILS OF MODIFICATION:

1. Classification: Minor Modification Major Modification
2. Brief description of proposed Modification: _____
- _____
- _____

If any of the following answers are yes, please provide a copy of the supporting documentation:

- | | |
|--|--|
| 3. Mass and Balance effected: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Power-plant operation effected: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Performance or flight characteristics effected: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Continuing Airworthiness effected: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. AFM Supplement Required: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Any airworthiness implication: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Structural Strength effected: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Any environmental implication: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. DETAILS OF DESIGN ORGANIZATION:

1. Design Organization: _____
2. DCA-Aruba Acceptance Nr.: _____
3. Approved Data: EASA STC FAA STC SB AD Other
- Attach a copy of the approved data
4. Specification of Approved data: _____

D. DETAILS OF INSTALLED ORGANIZATION:

1. Installed Organization: _____
2. DCA-Aruba Approval/Acceptance Nr.: _____

E. DECLARATION:

Hereby declare that all statements provided in this application are true and correct in every respect and that I shall adhere to all applicable Aruban regulations.

Date (day/month/year): _____ Position: _____

Name: _____ Signature: _____