

Note: when an item is not applicable, the letters "N/A" should be entered

Owner:	
Operator:	
Contact information:	

Make:	Model:	Registration Marks:		Status:	
				Used	🗆 New
TCDS No. and revision status	MSN:	Line No:		Effectivity:	
Year of manufacture:	Max take-off weight:	C of A expiry date		CMR expiry d	late:
Category:	Flight Crew:	Observers: C/A seats		Pax Seating Capacity	

Location of deregistration:	State of Registry (importing country):
Address of the State of Registry:	Contact person:
	Position:
	Phone:
	Fax:
	Email:

Total aircraft hours	:	Total	Total aircraft cycles:		
Initially manufactu	red for:				
Maintenance Progr	ramme:				
A/C in compliance	with AMP?	AMOC for AD's, if applicable.		Flight manual number /Revision status/Date of	
□ Yes	🗆 No	□ Yes	□ No	Revision:	

### PRIOR OPERATOR/CAMO HISTORY:

Dates (from – to)	Operator	CAMO	Approval No.

## LANDING GEAR STATUS AS OF DATE.....

Pos	Part Number	Serial No.	тво/сво	CSO	TSN\CSN	Last O/H
NLG						
Left WLG						
Right WLG						
Left BLG						
Right BLG						
CTR LG						

### ENGINE STATUS AS OF DATE......MFG.....MFG......MFG......

Pos	Serial No.	TTSN	TSO	CSO	ТВО	Rmng TBO Hrs	Last Shop Visit
1							
2							
3							
4							
5							
6							

APU STATUS AS OF DATE ......MFG .....MODEL :.....

Pos	Serial No.	TTSN	TSO	CSO	ТВО	Rmng TBO Hrs	Last Shop Visit
1							

## For Helicopter: GEARBOXES STATUS AS OF DATE ......MFG &MODEL :.....

Pos	Serial No.	TTSN	TSO	ТВО	Last Shop Visit
1					
2					
3					
4					

## For Helicopter: MAIN ROTOR BLADES STATUS AS OF DATE ...... MFG & MODEL :.....

	Serial No.	TTSN	TSO	ТВО	Last Shop Visit
1					
2					
3					
4					
5					
6					

Propeller STATUS AS OF DATEMFG	MODEL :
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Pos	Serial No.	TTSN	TSO	CSO	ТВО	Rmng TBO Hrs	Last Shop Visit
1							
2							
3							
4							

# Last check/s performed date :....

Description of Check	Time/Cycle	Performed by	Next due per AMP A/C Total time/cycle

State any specific certification requirements or conditions of the importing country. If None write None. A separate attachment may be used where applicable.				
This confirms that the aircraft records have been assessed for airworthiness and applicable TC requirements by the applicant. All applicable airworthiness directives and other regulatory requirements have been complied with, except as stated. I hereby recommend and request that the above aircraft will be issued an Export Certificate of Airworthiness.				

Maintenance Manager:	Signature:		
Date:			
Quality Manager:	Signature and Stamp:		
Date:			
FC	DR PACA USE ONLY		
Flight Safety Department Decision. If satisfactory pro	epare the Certificate of Export to be signed by DGCA	R.	
Airworthiness Inspector Name:	Date :		
Signature and Stamp:	Satisfactory for Airworthiness Yes		No 🗆

no	document	operator comment
1	Certificate of Registration	
2	Certificate of Airworthiness	
3	Radio Station License	
4	Noise Certificate	
5	Last Export Certificate of Airworthiness issued by state of manufacture	
6	Insurance Certificate	
7	Current AD compliance list	
8	List of AMOCs	
9	Status of aircraft to the Approved Maintenance Programme	
10	CPCP Status	
11	Life Limited Component Status	
12	Last CRS and status of life limited components for Landing Gears	
13	Last CRS and disk sheets for Engines and APU	
14	List of Major Mods	
15	List of Structural mods	
16	Current Weight and Balance Report	
17	Accident / Incident statement	
18	Approved LOPA (for passenger aircraft)	
19	Emergency Equipment Layout	
20	Current Dent and Buckle report with mapping of dents and damages	