AUTORIDADE REGULADORA DE AVIAÇÃO CIVIL DE MOÇAMBIQUE

Airworthiness Department

Telephone number:	**258 21 465 416**	*Fax Number:*	**258 21 465 415**
Physical address:	Alameda do Aeroporto, Maputo		
Postal address:	Caixa Postal 227, Maputo	E-mail	iacm@tvcabo.co.mz

FITNESS FOR FLIGHT CERTIFICATE

1 – PARTICULARS REGARDING THE DECLARATION	
Reason(s) why special flight permit is required:	Date or Period requested:

2 - **PARTICULARS REGARDING THE AIRCRAFT**	
Nationality and Registration Marks:	Type and Model designation:
Manufacturer/Builder:	Country of manufacture/State of Design:
Date of manufacture:	Type certificate:
Manufacturer's serial number:	

3 – PARTICULARS REGARDING THE APPLICANT		
Full Name:	Ident.	☐ Owner
Signature:	Date:	☐ Operator ☐ AMO

4 – STATEMENT OF SAFE FLIGHT CONDITION:

I hereby declare that, to the best of my knowledge and belief, the particulars contained in this application are accurate in every respect and show compliance with the regulations in Part 21 of the CAR's. I hereby declare that I've inspected the aircraft and, to the best of my knowledge and belief, its in satisfactory technical conditions and can be safely operated, during the period requested, for ☐ Ferry flight, ☐ Flight testing, ☐ Aircraft evacuation, ☐ Customer demonstration or ☐ Other …… (specify), under the terms of this application and in accordance with the limitations shown in the ☐ approved technical publications; ☐ documents attached to this Certificate.

Company:	Approval No.:	Validity:
Accountable Manager:	Signature:	
Aircraft Inspector's Full Name:		
AME Licence Ratings:	AME Licence no	
Date:	Signature:	