REPÚBLICA DE MOZAMBIQUE Civil Aviation Authority	**REQUEST FOR MODIFICATION AND REPAIR DATA ACCEPTANCE**

1. APPLICANT

Name/company:	
Company approval number:	
Contact person:	
Address:	
Phone: fax: e-mail:	
Name of Registered Owner:	

2. AIRCRAFT

Registration Marks:	
Aircraft Make-Series- Model:	Aircraft Serial No:
Pax seats:	MTOW:

3. ENGINE & PROPELLER (only if relevant to the change)

Engine Make-Series- Model- S/N:
Propeller Make-Series- Model- S/N:

4. CERTIFICATION BASIS

Aircraft basis:	Modification/Repair basis (if other than aircraft):

5. MODIFICATION/REPAIR DATA

Modification ❑ or Repair ❑ *(Tick applicable box)*

Title of planed modification/ repair :_____

Engineering Order Number:_____

Detailed description has to be submitted on the item 7 ❑ and/or on separate document ❑ .

This description has to state in which areas the modification / repair has an influence, which airworthiness requirements will be met and by which means compliance will be shown

Are all supporting Documents attached? Yes ❑ No ❑

6. CLASSIFICATION PROPOSAL BY APPLICANT

		Classification accepted by IACM as:
Minor modification/repair	❑	❑
Installation of foreign STC Nr:_____		❑
Major modification/repair:	❑	❑
Temporary repair:	❑	❑
		Sign:_____ Date:__/__/____

*Note 1: This form must be signed by IACM **prior any installation** in the aircraft.*
Note 2: This form does not constitute any approval of the change

7. DETAILED DESCRIPTION OF MODIFICATION/REPAIR PLANNED:

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……
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……
……

8. TECHNICAL INFLUENCE:

- ☐ Limitations
- ☐ Structural Integrity
- ☐ Performance
- ☐ Powerplant
- ☐ Systems
- ☐ Cabin Safety/PAX Safety
- ☐ Weight and Balance
- ☐ Noise certification
- ☐ Operational/Maintenance Procedure
- ☐ Material Specification
- ☐ Manufacturing Procedure
- ☐ Category of approval
- ☐ With Other Mods/Repairs
- ☐ Other (please specify)_____

9. DOCUMENTS AFFECTED:

- ☐ Type Certificate Data Sheet
- ☐ Flight Manual (AFM/RFM)
- ☐ Flight Manual Supplement
- ☐ Maintenance Data
- ☐ Maintenance Schedule
- ☐ Other Documentation (please specify)_____

10. APPLICABLE AIRWORTHINESS REQUIREMENTS FOR THE REPAIR/MODIFICATION

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11. MEANS OF COMPLIANCE SHOWN

- ☐ Certification Program
- ☐ Drawings
- ☐ Calculations Analysis
- ☐ Safety Assessment
- ☐ Laboratory Test
- ☐ Ground Test
- ☐ Flight Test
- ☐ Design Inspection
- ☐ Equipment Qualification
- ☐ Certification Compliance Summary
- ☐ Other (please specify)_____

12. MAINTENANCE ORGANIZATION IDENTIFICATION

Name and address:

Status: ❑ Approved Maintenance Organisation ❑ Manufacturer

Country:

Authorization number:

13. APPLICANT DECLARATION

In making this application the applicability of items 8 and 9 has been assessed and appropriately addressed.

FOR AND ON BEHALF OF (Company Name)

Applicant Name and Signature :_____

Date:_____

14. IACM USE ONLY

DATA ACCEPTED ❑ Modification/Repair Approval Nr: _____	**DATA NOT ACCEPTED ❑**
Limitations:	Reasons for non-acceptance:

Additional sheets attached NO ❑ YES ❑ Number of additional sheets _____

The above modification/Repair may be embodied subject to compliance with the Civil Aviation Regulations, for the time being in force and approved data.

IACM Inspector name	Signature	Date
IACM Flight Safety Director	Signature	Date