REPÚBLICA DE MOÇAMBIQUE

AUTORIDADE REGULADORA DE AVIAÇÃO CIVIL DE MOÇAMBIQUE

Civil Aviation Authority

APPLICATION FOR RESERVATION OF AIRCRAFT REGISTRATION MARKS AND ICAO 24-BIT ADDRESS

1. PARTICULARS REGARDING THE APPLICANT

1.1 Full name:

1.2 Full business/residential address:

1.4 Telephone number: 1.5 Fax number:

1.6 Name of organisation or person who can be contacted for further information concerning this application:

Name:

Position:

Postal address:

Telephone number: Fax number:

2. AIRCRAFT DESCRIPTION

2.1 Registration Marks: 2.2 Type and Model designation:

2.3 Manufacturer: 2.4 Country of manufacture/State of Design:

2.5 Date of manufacture: 2.6 Type certificate:

2.7 Manufacturer's serial number: 2.8 New or used:

3. DECLARATION

I hereby declare that the above particulars are true in every respect.

Date: / / Applicant's Name _____ Signature

4. TO BE COMPLETED BY IACM

Aircraft Registration: **C9 -** _____ Date assigned / /

Aircraft Operator : _____

24-Bit Aircraft Address: 0 0 0 0 00 0 0 0 1 1 0 0 0 _ _ _ _ _ _ _ _

Date / / _____

IACM Inspector

Name and signature