

**APPLICATION FOR RENEWAL OF
CERTIFICATE OF AIRWORTHINESS**

Form No.: AWF-COA-002

المهنة العامة للطيران المدني والأرصاد
CIVIL AVIATION & METEOROLOGY AUTHORITY



Note: This application form, when completed, shall be forwarded to the CAMA Aviation Safety Affairs Sector, and shall be accompanied by the appropriate charges in accordance with the CAMA Schedule. (Cheques, etc. to be made payable to the CAMA.)

1. AIRCRAFT DETAILS:

| | | | |
|---------------------------|--|----------------------------|---|
| Registration: 7O- | | MSN | |
| Type: | | | |
| Max. Take-off Weight (kg) | | Is Radio Equipment fitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. EXISTING CERTIFICATE OF AIRWORTHINESS:

| | | | |
|--------------|--|----------------------------|--|
| Number: | | Category: | |
| Expiry Date: | | Maintenance Schedule Ref.: | |

Note: If a change of Maintenance Schedule is required, please state reference details of the new Schedule:

3. MORE DETAILS FOR AIRCRAFT :

| | | | |
|-------------------------------------|--|---------------------------|--|
| Flight hours Since Last Inspection: | | Aircraft Time Since New: | |
| Aircraft Time Since Last Renewal : | | Aircraft Total Landings : | |
| Last Inspection Implemented : | | DATE: | |

ENGINES , PROPELLERS , APU STATUS

| ENGINE S/N | T.S.O | T.S.N | PROP S/N | T.S.O | T.S.N | APU/ S.N | T.S.HSI | T.S.N |
|------------|-------|-------|----------|-------|-------|----------|---------|-------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

NAME & ADDRESS OF OWNER :

NAME & ADDRESS OF OPERATOR

4. CHARGES:

FOR CAMA USE

| | | | |
|-----------------|-------------|----------|--|
| The sum of USD. | Is enclosed | Date: | |
| YR | | Folio: | |
| | | Recd by: | |

5. ORGANISATION/AIRCRAFT ENGINEER WITH WHOM AIRCRAFT IS PLACED FOR PURPOSE OF THIS APPLICATION

| | | | |
|----------|--|-----------|--|
| Name: | | Telephone | |
| Address: | | Email: | |

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| | | | |
|--|--|------------|--|
| 6. PLACE WHERE AIRCRAFT MAY BE SURVEYED: | | | |
| | | | |
| 7. DECLARATION BY REGISTERED OWNER(S): | | | |
| It is confirmed that the Organization/person(s), detailed in item 8 of this form, are authorized to act on my/our behalf in respect of any changes that are to be made to the certification status of the aircraft detailed above. | | | |
| Name: | | Signature: | |
| | | | |
| 8. APPLICANT DETAILS | | | |
| Name: | | Telephone: | |
| | | | |
| Address: | | | |
| | | | |
| I hereby declare that to the best of my knowledge and belief the particulars entered on this application are accurate in every respect. The amount required by the CAMA Schedule to be paid on application is enclosed herewith. | | | |
| Date: | | Signature: | |
| | | | |

NOTE: The following document shall be submitted with the application

| | | |
|-----|---------------------------------------|--|
| 1. | Certificate of Airworthiness | |
| 2. | Insurance Certificate | |
| 3. | Weight & Balance Certificate | |
| 4. | AD & SB Status | |
| 5. | Last Log sheet | |
| 6. | Noise Certificate | |
| 7. | Radio License | |
| 8. | Performance Report for A/C & Avionics | |
| 9. | CRS | |
| 10. | Structure Repair Mapping Chart | |
| 11. | Hard Time Component Control Sheet | |
| 12. | Life Vest Inventory Control Sheet | |
| 13. | CMR | |
| 14. | Any other documents required by CAMA | |