



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

REQUEST FOR MAJOR MODIFICATION AND REPAIR DATA APPROVAL

1. COMPANY NAME AND ADDRESS:		2. COMPANY APPROVAL NO:	
		3. <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR (Tick applicable box)	
		4. ENGINEERING ORDER NUMBER:	
5. A/C TYPE:		6. REGISTRATION NO.:	
7. Reason For <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR:			
8. Details of <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR			
9. Master Drawing Reference		10. All Drawings Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is Flight Manual Affected? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, is Supplement Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Design Authority Responsible: (Major Aircraft Manufacturer) <input type="checkbox"/> FAA <input type="checkbox"/> JAA <input type="checkbox"/> TC <input type="checkbox"/> UKCAA			
13. List Manuals Affected:			
14. Page 2 Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are all supporting Documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. FOR AND ON BEHALF OF (Company Name) _____			
Name: _____		Signature: _____	Date: _____
FOR TTCAA USE ONLY			
16. DATA ACCEPTED <input type="checkbox"/>		TTCAA Approval Number:	
LIMITATIONS		DATA NOT ACCEPTED <input type="checkbox"/>	
		Reasons for non-acceptance:	
NAME: _____ SIGNATURE: _____ DATE: _____			
17. Additional sheets attached NO <input type="checkbox"/> YES <input type="checkbox"/> Number of additional sheets _____			



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In making this application the applicability of items on this table has been assessed and appropriately addressed.

18. Detailed Description:
19. Instructions Necessary For Installation:
20. Stress Analysis:
21. Power Supplies:
22. Cooling Requirements:
23. Aerial Position:
24. Fuses:
25. Component Listing:
26. Equipment Lighting:
27. Effects on other System:
28. Interface:
29. Crew Notices/Placards:
30. Modification Procedure:
31. Compatibility With Other Mods/Repairs:
32. The Maintenance Schedule is affected: Yes,
33. Tests:
34. Flight Tests:
35. Other Details:

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The following are instructions for completing Form TF-059. The numbers correspond to the numbers on the form:

1. Enter the company Name and Address
2. Enter the company Approval Number or Certificate Number
3. Tick appropriate box
4. Record the engineering order number.
4. Record the aircraft type.
5. Enter aircraft registration number.
6. Enter the reason for the Modification or repair.
7. Provide a detailed description of the repair or Mod.
8. Give the Master drawing reference.
9. List all relevant controlling drawing or 8110-3.
10. Indicate the effect on the Flight Manual.
11. Indicate the State of design which has provided approval for the design change or repair, such as FAA, JAA etc.
12. List the other manuals that are affected, and may required supplements or amendments, and indicate when these changes are to be implemented.
13. Indicate that Page 2. is properly addressed.
14. Designated company representative shall record name, sign and date.
15. For use by TTCAA only.
16. Number of sheets used.
17. Items 18-35 have been filled in as an example to indicate an acceptable method when a submission is made to the TTCAA. Each operator must address each item to indicate that all the listed factors have been considered as a minimum, and are included as appropriate.

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