



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

APPLICATION FOR INITIAL AIRWORTHINESS CERTIFICATE		INSTRUCTIONS - Print or type. Submit original only to an authorized TTCAA Representative. If additional space is required use an attachment.			
I. AIRCRAFT DESCRIPTION	1. NAME OF AIRCRAFT OWNER		2. ADDRESS OF OWNER		
	3. NATIONALITY		4. NAME AND ADDRESS OF APPLICANT (if other than the aircraft owner)		
	5. NAME AND ADDRESS OF MANUFACTURER		6. PLACE AND YEAR OF MANUFACTURE		
	7. STATE OF DESIGN		8. REGISTRATION MARKS (national or foreign)		
	9. DESCRIPTION OF AIRCRAFT:	(a) New or Used	(b) Type	(c) Series	
		(d) Manufacturer's Serial Number	(e) Type of Engine	(f) Number of Engines fitted	
		(g) Type of Propeller (where applicable):	(h) Seating accommodation (including crew):	(i) Avionics installed	
10. MAXIMUM TAKE-OFF MASS OF AIRCRAFT		11. Noise Certification meets Characteristics of Annex 16 Vol 1? Yes <input type="checkbox"/> NO <input type="checkbox"/>			
II. COMPLETE FOR FOREIGN MANUFACTURED AIRCRAFT	12. DETAILS OF AIRWORTHINESS CERTIFICATE		(a) State of Origin of Certificate	(b) Number of the Certificate	
			(c) Type of Certificate (domestic or export)		(d) Date of Issue of Certificate
	13. TYPES OF OPERATIONS ENVISAGED:		(a) Transport of passengers <input type="checkbox"/>	(b) Transport of Cargo <input type="checkbox"/>	(c) Aerial work <input type="checkbox"/>
			(d) Private <input type="checkbox"/>		(f) Special Operations (specify) <input type="checkbox"/>
14. NAME AND ADDRESS OF APPROVED ORGANIZATION/LICENSED AIRCRAFT MAINTENANCE PERSONNEL WITH WHOM AIRCRAFT IS AVAILABLE FOR INSPECTION					
III. DECLARATION	I hereby declare that the particulars entered on this application and its appendices are accurate in every respect				
	NAME OF COMPANY REPRESENTATIVE: _____ SIGNATURE: _____ DATE: _____				
IV. INSPECTORS RECOMMENDATION	RECOMMENDED <input type="checkbox"/>		NOT RECOMMENDED <input type="checkbox"/>		
			Reasons for denial		
NAME: _____ SIGNATURE: _____ DATE: _____					



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APPENDIX TO THE APPLICATION FOR INITIAL AIRWORTHINESS CERTIFICATE	INSTRUCTIONS - Print or type. Submit original only to an authorized TTCAA Representative. If additional space is required use an attachment.		
AIRCRAFT SYSTEMS, INSTALLATIONS AND EQUIPMENT			
When applying for the initial issue of a Airworthiness certificate, the applicant shall be required to complete the items listed in this Appendix.			
<u>All items must be completed as appropriate: in cases where items are not relevant, the words "Not applicable" should be entered.</u>			
1. NAME OF APPLICANT	2. AIRCRAFT TYPE	3. SERIES	
5. REGISTRATION MARKS – CURRENT OR ALLOTTED	4. PREVIOUS MARKS (if any)	6. MANUFACTURER'S SERIAL NUMBER	
SYSTEM, INSTALLATION OR EQUIPMENT DETAILS			
(1) Pressurization system	(2) Automatic flight control and guidance systems	(3) Special Operations (specify) <input type="checkbox"/>	
(4) Electric power generators:	(a) Engine-driven:	(b) Helicopter transmission-driven:	
	(i) DC only (including alternators with built-in rectification)	(i) DC only (including alternators with built-in rectification)	
	(ii) DC and AC	(ii) DC and AC	
	(iii) AC only, frequency range	(iii) AC only, frequency range	
(5) Main batteries	(a) Nickel/Cadmium	(b) Lead/acid	(c) Number fitted
(6) Oxygen	(a) Installed	(b) Portable	
(7) Engine fire detection system		(8) Portable fire extinguishers	
(9) Stall detection and warning system		(10) Fuel quantity indicating system	
(11) Ice and rain protection systems		(12) Flight data recording systems	
(13) Emergency lighting system			
(14) Anti-collision lighting system	(a) Rotating beacons	(b) Strobe lights	
(15) Compasses	(a) Remote reading	(b) Direct reading	
(16) Automatic navigation system		(17) Rotor low rpm warning system (helicopters only)	
(18) Systems installed for agricultural purposes			
OTHER INFORMATION			
(19) Are there provisions for installation of safety harnesses at:	(a) Flight crew seat positions? Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Cabin crew seat positions? Yes <input type="checkbox"/> No <input type="checkbox"/>	(c) Passenger seat positions? Yes <input type="checkbox"/> No <input type="checkbox"/>
(20) Are there provisions for carrying external loads? Yes <input type="checkbox"/> No <input type="checkbox"/>	(21) Are there provisions for glider towing? Yes <input type="checkbox"/> No <input type="checkbox"/>		(22) State total fuel capacity (in kg)
(23) Give details of equipment, other than that listed in 1 to 18, which has been introduced by modification action (state manufacturer and type)			
(24) Give details of changes, if any, introduced in the flight manual, as a result of modification action			