



Department of Civil
Aviation Aruba

APPLICATION FOR A CERTIFICATE OF AIRWORTHINESS

A. DETAILS OF AIRCRAFT:

1. Registration Mark: P4- _____
2. Aircraft Manufacturer: _____
3. Model: _____
4. Engine Manufacturer: _____
5. Propeller Manufacturer: _____
6. Number of approved passenger seats: _____
7. Aircraft is: ☐ New ☐ Used Airframe hours: _____
8. Serial No.: _____
9. Engine model: _____
10. Propeller model: _____
11. Type Certificate(TCDS) No.: _____
12. Cycles: _____

B. CERTIFICATION REQUESTED: ☐ First Issue ☐ Renewal ☐ C of A Extension(3 Months)

1. ☐ Standard Certificate of Airworthiness Category:
☐ Transport ☐ Normal ☐ Commuter ☐ Other _____
2. Classification of usage of the aircraft: ☐ Private ☐ Commercial ☐ Other _____
3. ☐ Interim Certificate of Airworthiness ☐ Restricted ☐ Unrestricted
(For a special flight permit application please complete DCA Form INS-4.034)

C. DETAILS OF AIRCRAFT INSPECTION: (Not Applicable for C of A Extension Request)

1. Available dates (d/m/y): _____
2. Location (city, country and airport): _____
3. Details of nominated person responsible to present the aircraft and its record for inspection:
4. Name: _____
Tel: _____ Email: _____
5. Is the aircraft in maintenance: ☐ Yes ☐ No If yes, indicate estimated release date (d/m/y): _____

D. DETAILS OF AIRCRAFT MAINTENANCE:

1. Has the aircraft been stored: ☐ Yes ☐ No If yes, indicate for how long: _____
2. Nominated person/organization performing for line maintenance: _____
3. Nominated maintenance organization performing base maintenance: _____
4. Nominated person/organization performing continuing airworthiness: _____

E. DECLARATION:

By signing the application I hereby declare, to the best of my knowledge, all information provided is truthful, the records are organized in accordance with AMC-012, and the aircraft is in an airworthy condition and eligible for the Certificate of Airworthiness being applied for.

Name undersigned: _____

Company: _____

Position in company: _____

Signature of applicant: _____

Date (day/month/year) : _____