



Department of Civil
Aviation Aruba

MODIFICATION APPROVAL APPLICATION FORM

A. DETAILS OF AIRCRAFT:

1. Registration Mark: P4- _____
2. Model: _____
3. Certification basis: _____
4. Aircraft Manufacturer: _____
5. Serial No.: _____
6. Operator: _____

B. DETAILS OF MODIFICATION:

1. Classification: Minor Modification Major Modification

2. Brief description of proposed Modification: _____

If the following answer is a yes, please indicate accordingly and provide supporting documentation.

3. Mass and Balance effected: Yes No
4. Power-plant operation effected: Yes No
5. Performance or flight characteristics effected: Yes No
6. Instructions for Continuing Airworthiness Required: Yes No
7. MEL Supplement Required: Yes No
8. AFM Supplement Required: Yes No
9. Any airworthiness implication: Yes No
10. Structural Strength effected: Yes No
11. Any environmental implication: Yes No

C. DETAILS OF DESIGN ORGANIZATION:

1. Design Organization: _____
2. Part-21 Approval Nr.: _____
3. Approved Data*: EASA STC FAA STC SB AD Other
*Attach a copy of the approved data
4. Specification of Approved data: _____

D. DETAILS OF THE ORGANIZATION RESPONSIBLE FOR THE INSTALLATION :

1. Organization: _____
2. DCA-Aruba Approval/Acceptance Nr.: _____

E. DECLARATION:

Hereby declare that all statements provided in this application are true and correct in every respect and that I shall adhere to all applicable Aruban regulations.

Date (day/month/year): _____ Position: _____
Name: _____ Signature: _____