



BELIZE
DEPARTMENT OF CIVIL AVIATION

APPLICATION FOR *ISSUE/RENEWAL FOR A CERTIFICATE OF AIRWORTHINESS

(*DELETE WHICHEVER APPLICABLE)

NEW AIRCRAFT

USED AIRCRAFT

YEAR OF CONSTRUCTION:

PREVIOUS REGISTRATION

PRESENT REGISTRATION

Applicant's name and address:

Telephone No.

Fax No.

E-mail address

PRODUCT SPECIFICATION

MAKE AND MODEL.

SERIAL NUMBER

TYPE CERTIFICATE NO

AIRCRAFT

ENGINES

PROPELLER

The Type Certificate Number herein established constitutes the baseline for the follow up of mandatory information as provided by the State of Certification

AIRFRAME HOURS:

CATEGORY REQUIRED

FLIGHT MANUAL DETAILS

AIRFRAME CYCLES:

TRANSPORT

ENGINE TSO:

NORMAL

ENGINE TSN:

ACROBATIC

PROPELLER TSO:

AERIAL WORK

PROPELLER TSN:

PRIVATE

NAME OF APPLICANT:

SIGNATURE OF APPLICANT:

Date:

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