



# Civil Aviation Department (Barbados)

<b>FOR USE BY LICENSING AUTHORITY ONLY</b>

<b>FOR OFFICIAL USE ONLY</b>
Date: _____ / _____ / _____
Receipt No: _____
Cheque/PO. – \$ _____ € _____
Signature and Stamp

## CERTIFICATE OF AIRWORTHINESS – APPLICATION FOR ISSUE/RENEWAL

(Complete in block capitals, using black or dark blue ink)

**Application Type:**     Initial Issue                       Renewal  
**Category Requested:**     Transport (Passenger)     Transport (Cargo)     Aerial Work     Private

**Where may the aircraft be inspected?** (Organization / Location) \_\_\_\_\_

### Operator / Applicant (custody and control of aircraft)

Name: (Co. Representative) _____ Tel. _____
Operator / Company: (if applicable) _____
Address _____
Telephone: <i>Off.</i> _____ <i>Res.</i> _____ <i>Fax.</i> _____

### Owner (if different from operator)

Name _____
Address _____
Telephone: <i>Off.</i> _____ <i>Res.</i> _____ <i>Fax.</i> _____

### Aircraft (general)

Registration: _____ Year of Manufacture: _____ Type Certificate No: _____
Manufacturer _____ Model _____ Mfg. s/n: _____
Total Flt. Hrs: _____ Total Cycles/Landings: _____ No. of seats installed: (including crew) _____
Maximum Certified Take-off Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg
Registration marks affixed per CA(RoA&AM)Regs.: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Flt. hours for 12 month period prior to application: _____ hrs
Date of last Airworthiness Flight Test. _____
Date of last FULL compass check. _____

**CERTIFICATE OF AIRWORTHINESS – APPLICATION FOR ISSUE/RENEWAL**

**Aircraft (history)**

Previous C of A Category: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                    yyyy                        mm                        dd

Country of issue: \_\_\_\_\_

*Applicant's Declaration*

I hereby declare that the particulars entered on this application and the attached Aircraft Status Report DCA AW-005 (for C of A renewals) or Aircraft Conformity Checklist (for initial C of A) is accurate in every respect and that all the requirements of the approved maintenance schedule, appropriate Airworthiness Directives (or equivalent notices) and special inspections have been complied with.

The enclosed fee of \_\_\_\_\_ is in accordance with the latest Scale of Charges and I agree to be responsible for the payment of any other charges relating to this application.

\_\_\_\_\_   
Name (Print)

\_\_\_\_\_   
Signature

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   
Date      yyyy                        mm                        dd