

AIRCRAFT DATA SHEET

Note:

(1) All Certificates, AD's and life limited equipment installed on the aircraft will have a minimum calendar life of 90 days remaining, prior to expiry from the date of application submitted to the GACA, otherwise all applications will be rejected and returned to the applicant for resubmission.

(2) Any changes/corrections to this form after signature/stamp by the NCAA of Aircraft Registry will null and void the form.

(3) Original copy of this form should be submitted to GACA with application.

1. Aircraft Information

Registration Mark		Serial No.		Type Cert. No.	
Max. Gross Weight (kg)		TT (hours)		TC (Cycles)	
Aircraft Manufacturer		Model/Series		Date of Mfr.	
Engine Manufacturer		Model/Series			
Serial No.	1	2	3	4	
Propeller Manufacturer			Model/Series		
Serial No.	1	2	3	4	
APU Manufacturer			Model/Series		
Serial No.	1	2			

2. Airworthiness Directives Complied with:

#	FAA	No.	EASA	No.	Date
1	Last AD, Bi-Weekly				

3. Approved Programs / Manuals

#	Type	Revision No.		Revision Date	
1	Airplane Flight Manual (AFM)				
	Approved Aircraft Inspection Program GACAR 91.449 (f)(1) or (f)(2) or (f)(3) or (f)(4)				
3	Master/Minimum Equipment List (MMEL/MEL)	MMEL	MEL	MMEL	MEL
4	Aging Aircraft CPCP				
5	Type of Operations <input type="checkbox"/> Part121 SCH <input type="checkbox"/> Part 121 UNSCH <input type="checkbox"/> Part 121 SPCL <input type="checkbox"/> Part135 <input type="checkbox"/> Part125 <input type="checkbox"/> Part 91				

4. Last Aircraft Inspections performed

	Type	Date	Total Time	Location	Repair Station Certificate AMO No
1					
2					

5. Equipment/Systems Status

Description	Number Installed	Next Due or Expiry Date			
		Pos./Zone#1	Pos./Zone #2	Pos./Zone #3	Pos./Zone #4
1 ATC Transponder Test & Inspection (91.453)					
2 Altimeter System Test & Inspection (91.451)					
3 Standby Compass Swing					
4 Emergency Loc. Transmitter Battery (91 App 'C')					
5 Mass (Weight) & Balance last check					

6. Emergency Equipment


No.	Description	No. Installed	Next Due or Expiry Date			
			Pos./Zone#1	Pos./Zone #2	Pos./Zone #3	Pos./Zone #4
1	Portable Fire Extinguisher/s					
2	Escape Slide/s					
3	Life Raft/s					
4	Portable Breathing Equipment (PBE)					
5	Portable Oxygen Cylinder/s					
6	Automatic Electronic Defibrillator					
7	First Aid Kit					
8	Doctor Kit					

7. Statement of Undertaking

Owner/Operator
 *Director Quality Assurance
 *Director Maintenance

..... (Name) (Position/Title) (Company)

I do hereby certify that, the above information and attached documents are true and correct and that the aircraft is in a condition for safe operation.

Date Signature Stamp 

* Applicable to Large Aircraft

8. Accreditation of Data by the National Civil Aviation Authority for the State of Registry (Foreign Operators only)

..... (Name) (Position/Title) (Name of Authority for the State of Registry)

Address
 Building/PO Box No:
 Street Name:
 City/Country:
 Tel. / Fax:
 Email:

I do hereby certify that, according to the records held by this Authority, the above information is true and correct and the operator is appropriately Certified and the aircraft holds a valid Certificate of Airworthiness.

..... (Date) (Signature) Stamp 