



CIVIL AVIATION AUTHORITY OF BOTSWANA
 P. O. Box 250, Gaborone, Botswana Tel: +267 3688200 / 3913236 Fax +267 3930165

FLIGHT SAFETY DIRECTORATE

APPLICATION FOR CERTIFICATE OF AIRWORTHINESS

INSTRUCTION: Complete all sections, unless otherwise stated.
 The completed form shall be forwarded to the Civil Aviation Authority of Botswana together with the required documents.

A. This application is for:	<input type="checkbox"/> Initial issue	<input type="checkbox"/> Variation
<i>(Tick applicable box)</i>	<input type="checkbox"/> Renewal	<input type="checkbox"/> Issuance of Authorization <small>(Validation of foreign C of A)</small>

B. Enter Aircraft's Registration Marks here:	A2- <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
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C. OWNERSHIP INFORMATION

1. Name and address of applicant	
Telephone	
E-mail	
2. Name and address of aircraft owner	
Telephone	
E-mail	
3. Name and address of aircraft operator	
Telephone	
E-mail	

D. DESCRIPTION OF AIRCRAFT

NOTE: For aircraft seeking initial issue of Botswana certificate of airworthiness, items (1) and (2) below refer to certificate issued by previous State of Registry. Otherwise information refers to certificate issued by CAAB.

1. Certificate of Airworthiness No. <input style="width: 150px;" type="text"/>	2. Expiry date <input style="width: 150px;" type="text"/>								
3. Aircraft Make and Model <input style="width: 250px;" type="text"/>	4. Serial No. <input style="width: 150px;" type="text"/>								
5. Time since new	6. Time since last Annual/Overhaul/D check								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; background-color: #1a3d4d; color: white;">Hours</th> <th style="width: 50%; background-color: #1a3d4d; color: white;">Cycles</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Hours	Cycles			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; background-color: #1a3d4d; color: white;">Hours</th> <th style="width: 50%; background-color: #1a3d4d; color: white;">Cycles</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Hours	Cycles		
Hours	Cycles								
Hours	Cycles								
7. Country and Year of Manufacture <input style="width: 250px;" type="text"/>	8. Type Certificate # <input style="width: 100px;" type="text"/>								
9. Seating capacity:	Flight crew <input style="width: 40px;" type="text"/> Cabin crew <input style="width: 40px;" type="text"/> Passengers <input style="width: 60px;" type="text"/>								
10. Engine Make and Model <input style="width: 300px;" type="text"/>	11. No. of Engines <input style="width: 60px;" type="text"/>								
12. Propeller Make and Model <input style="width: 600px;" type="text"/>									

E. AIRCRAFT CATEGORY

1. Indicate purpose for which aircraft is currently utilized (Tick applicable box)

<input type="checkbox"/> Transport (Passenger)	<input type="checkbox"/> Transport (Cargo)	<input type="checkbox"/> Aerial work	<input type="checkbox"/> Private
<input type="checkbox"/> Special	<input type="checkbox"/> Other (specify)	<input style="width: 100%;" type="text"/>	

F. VARIATION OF CERTIFICATE OF AIRWORTHINESS

NOTE: Complete this section only if applying for changes to information on a certificate of airworthiness

1. The following variation(s) is/are requested:

- (a) Change of Category [*i.e.* change of aircraft utilization]
- (b) Change of Type Certificate [State new Type Certificate number and provide copy]
- (c) Change of aircraft registration letters
- (d) Other [Please specify]

2. If this application is for change of category, state category requested,
Otherwise write NOT APPLICABLE

G. INSPECTION

1. Name and address of Approved Maintenance Organisation or Licensed Aircraft Maintenance Engineer who will present the aircraft for CAAB inspection.

2. State Airport at which aircraft and documents will be inspected

3. The aircraft and supporting documentation will be presented for CAAB inspection at:
Place: From date:

H. INSPECTION REPORT

Please indicate when the following documents will be available for the inspection

Document	Attached	During the inspection
1. Calendar time, flight hours/cycles of the aircraft, engines, APU since new/since last overhaul, D check/last base maintenance and the remaining time to the next	<input type="checkbox"/>	<input type="checkbox"/>
2. List of the life limit components with the remaining time to the end of life limits	<input type="checkbox"/>	<input type="checkbox"/>
3. List of all high pressure bottles with the remaining time to the next hydrostatic tests	<input type="checkbox"/>	<input type="checkbox"/>
4. List of the emergency and evacuation equipment with the remaining time to the next inspection	<input type="checkbox"/>	<input type="checkbox"/>
5. Status of service bulletins (SBs)	<input type="checkbox"/>	<input type="checkbox"/>
6. Status of airworthiness directives (ADs)	<input type="checkbox"/>	<input type="checkbox"/>
7. The last mass and balance report	<input type="checkbox"/>	<input type="checkbox"/>
8. List of modifications and repairs performed after the previous renewal of C of A	<input type="checkbox"/>	<input type="checkbox"/>
9. List of incidents, repairs and inspections	<input type="checkbox"/>	<input type="checkbox"/>
10. Date and place of last maintenance check	<input type="checkbox"/>	<input type="checkbox"/>
11. Logbooks of aircraft, engines, APU	<input type="checkbox"/>	<input type="checkbox"/>

I. STATEMENT OF COMPLIANCE

1. Aircraft, engines, components, equipment are in full compliance and have remaining life time.
2. The logbooks of aircraft, engines and APU (where applicable) are completed and records are updated.
3. The maintenance of aircraft was performed by approved maintenance organization
4. Aircraft, engines and components have been operated in flight and on the ground in compliance with flight and maintenance manuals.
5. All ADs and mandatory requirements of the manufacturer have been performed in the required time limits.
6. **Please explain any non-compliance (if any) below:**

J. DECLARATION

I hereby declare that all the particular data in this application and all attached documentation are true in any respect.

Appendices: (a) As described in Sections H and I
(b) Receipt for paid fees

1. Date

2. Signature of Applicant

K. FEES

1. Fees payable in accordance with the Third Schedule of the Civil Aviation (Airworthiness) Regulations.
(Note: Select only the applicable fees)

- (a) Application for Issue/Renewal/Variation/Validation of a certificate of airworthiness
- (b) Issue of a certificate of airworthiness (*initial issue*)
- (c) Renewal of certificate of airworthiness
- (d) Issue of duplicate certificate of airworthiness
- (e) Issue of Authorization (i.e. validation of a certificate of airworthiness)

2. Payment method - Please indicate method of payment below

Cash [Please do not enclose cash in the application] **Cheque** **Bank deposit** [CAAB Account details below]

3. CAAB Account Details – For additional information please contact CAAB Accounts Office at +3688200

Name of Account: **Civil Aviation Authority of Botswana**
 Name of Bank: **Barclays Bank of Botswana** Branch Name: **Barclays House**
 Branch Code: **29 06 67** Account Number: **1002208** Swift Code: **BARCBWGX**

L. For CAAB Official Use only – To be completed by Flight Safety Officer

Fee paid	Receipt no.	Date	Signature and Stamp