



CIVIL AVIATION AUTHORITY OF BOTSWANA  
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FLIGHT SAFETY DIRECTORATE

**MODIFICATIONS AND MAJOR REPAIRS FORM**

**INSTRUCTIONS**

1. Use this form CAAB Form AIR 129 to apply for authorization to perform a modification or major repair on a Botswana registered aircraft in accordance with Regulation 43.(3) of the Civil Aviation (Airworthiness) Regulations, 2022. The form should also be used to report a modifications or major repair as per Airworthiness Regulation 43.(5).
2. Print or type all entries. Sections 1 through 8 should be completed by applicant. [See AC-004 Appendix 2 for guidance on completing and submitting this form]

<b>1. This application is for authorization / acceptance of:</b>	<input type="checkbox"/> Modification	<input type="checkbox"/> Major Repair			
<b>2. AIRCRAFT</b>	Make	Model			
	Serial Number	Nationality and Registration Mark			
<b>3. OWNER</b>	Name [As shown on certificate of registration]	Address [As shown on certificate of registration]			
<b>4. UNIT IDENTIFICATION</b>				<b>5. TYPE</b>	
Unit	Make	Model	Serial Number	Repair	Modification
Airframe	----- (As described in item 2 above) -----			<input type="checkbox"/>	<input type="checkbox"/>
Powerplant				<input type="checkbox"/>	<input type="checkbox"/>
Propeller				<input type="checkbox"/>	<input type="checkbox"/>
Appliance	Type			<input type="checkbox"/>	<input type="checkbox"/>
	Manufacture				
<b>6. BRIEF DESCRIPTION OF MODIFICATION OR MAJOR REPAIR</b>					
<b>7. APPLICANT'S DETAILS</b>	A. Full Name and Address		B. Signature		C. Date of Application
<b>8. CONFORMITY STATEMENT</b>					
A. Organization Name & Address		B. Type of License/Organization		C. Certificate/License Number	
		<input type="checkbox"/> Licensed (AME) <input type="checkbox"/> A <input type="checkbox"/> P or <input type="checkbox"/> A/P		[For an AMO include the appropriate ratings issued for the major repair or modification]	
		<input type="checkbox"/> Aviation Repair Specialist			
		<input type="checkbox"/> Approved Maintenance Organization			
		<input type="checkbox"/> Manufacturer			
D. I certify that the repair and/or modification made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Civil Aviation (Airworthiness) Regulations, 2022 and that the information furnished herein is true and correct to the best of my knowledge.					
E. Date			F. Signature of Authorised Individual		

<b>9. APPROVAL FOR RETURN TO SERVICE</b>					
Pursuant to the authority given persons specified below, the unit(s) identified in item 4 was inspected in the manner prescribed by the Authority and is					
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
<b>BY</b>	<input type="checkbox"/> Inspection Authorisation	<input type="checkbox"/> Other(Specify)			
	<input type="checkbox"/> Maintenance Organization				
<b>10.</b> Has the installation, modification or repair previously been approved by a competent authority?		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>10.1</b> If so, name the authority and give details:					
Name		Modification/Repair Number			
<b>10.2</b> Was there any deviation from the subject type certificate, issued by the certifying Authority concerned during the installation, modification or repair?		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>10.3</b> If yes, was professional help obtained during the preparation of this submission?		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>10.4</b> Is operation or operational limitations of the aircraft affected by these changes?		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>10.5</b> Has the mass/centre of gravity/ equipment list changed as a result of this installation, repair or modification?		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>10.6</b> If yes, attach the aircraft <b>Mass and Balance</b>					
<b>11. Date of Approval or disapproval</b>	<b>Certificate or Designation Number</b>	<b>Name and Signature</b>			

FOR CAAB USE ONLY				
CONDITIONS FOR AUTHORIZATION / ACCEPTANCE (TO BE COMPLETED BY CAAB ONLY)				
1	This application is for:	<b>MODIFICATION</b>		<b>REPAIR</b>
a	<b>Is NOT Authorized / Accepted</b> (State reason(s) for not authorizing/accepting modification/repair)			
b	<b>Is Authorized / Accepted subject to</b> (conditions) :			
	i	Applicable to this aircraft/engine/propeller/equipment only OR		
	ii	Applicable to more than one (listed in this application) Aircraft/propeller/ equipment only		
2	Civil Aviation Authority of Botswana Inspection required	<b>YES</b>		<b>NO</b>
3	All items (conditions) required for submission as stated in the "conditions for approval" section below must be submitted to the civil aviation authority <b>within 72 hours of completion of the Modification or Major Repair</b> , unless otherwise stated.			
4	<b>A CERTIFICATE OF RELEASE TO SERVICE</b> must be issued; stating the allocated modification / major repair number indicated below with the covering of all maintenance performed including test flights carried out (if applicable) before the aircraft may be released to service. <b>A copy shall be sent to CAAB</b> in order to satisfy the condition of authorization.			
5	<b>The Owner/Operator</b> must ensure that the equipment list is updated to reflect this change, where applicable.			
6	The certificate of airworthiness or permit to fly issued to the aircraft becomes invalid if all the conditions as stated above are not met. The <b>Repair / Modification</b> number will only be granted after all conditions have been complied with.			
7	An <b>Appropriately Rated AMO/ AP</b> to certify the Installation/ repair / modification.			
8	Mass and balance data to be completed in duplicate, for all applications, and submitted to CAAB.			
9	<b>AUTHORIZATION / ACCEPTANCE</b> (Tick applicable box below)			
	<b>GRANTED</b>		<b>DENIED</b>	
10	<b>Modification / Major Repair Number</b>	<b>B / MA /</b>	<b>Date:</b>	
11	MASA/DFSO SIGNATURE:	<b>CAAB Office and stamp:</b>		
<b>POST MODS/REPAIR RECORDS</b>				
<i>This section to be completed by Airworthiness Officer upon receipt of modification or major repair records from applicant after completion of the work.</i>				
<b>Receipt of post modification and/or major repair records (See AC-004)</b>			<b>Date Received</b>	
INSPECTOR, AIRWORTHINESS SIGNATURE:			<b>CAAB Office</b>	