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| --- | --- | --- | --- | --- | --- |
| 1. | Reference | |  | | |
| 1.1 | Applicant’s Reference | |  | | Date: |
| 2. Applicant’s Information | | | | | |
| 2.1 Applicant Company Data | | | | | |
| 2.1.1 Name and Address | | Applicant Number | |  | |
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|  | |  | |
|  | |  | |
| PIN | |  | |
| 2.1.2 Contact Person | | Title | | Mr Ms | |
| Name | |  | |
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| 2.2 Address for Communication | | | | | |
| 2.2.1 Address  communication | |  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| PIN | |  | |
| 2.3 Organisation Approval Details | | | | | |
| 2.3.1 DOA Details | |  | |  | |
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| 3. Air System/Airborne Stores Description | | | | | |
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| 3.1.1 Air System/ Airborne Stores  Type Number / Part  Number |  |
| 3.1.2 Air System/ Airborne Stores  Nomenclature |  |
| 3.2 CEMILAC Project  Code |  |
| 3.3 Brief about the  Project |  |
| 3.4 IMTAR Sub-part |  |

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| 4. | Air System/Airborne Stores Requirements Details | |
| 4.1 | Staff Requirements | If applicable |
| 4.2 | Airworthiness  Criteria |  |
| 4.3 | Air System  Requirement  Technical  Airborne Stores |  |
|  | Basis/Type  Approval Basis |  |
| 4.5 | Airworthiness |  |
|  |  | |
| 5.1 | Standard of  Preparation |  |
| 5.2 | Standard of Equipment (only for Air system) |  |

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| 6.1 | TCB Compliance/  TAB Compliance |  |
| 6.2 | Limitations List |  |
|  | Data Sheet/Type  Approval Data  Sheet |  |

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| ……………………………………………………………... (Name of Design) Firm) | | |
| Place |  |  |
|  |  |  |
| Important Note: CEMILAC does not accept applications without signature. Please make sure that the application is | | |