In accordance with IMTAR -21, Subpart C,21.C1.22,21.C1.23,21.C1.24,21.C1.25,21.C2.9,21.C4.13,21.C4.14,21.C5.8,

21.C5.9

Select Applicable PC TA LoA IMATSOA

|  |  |  |
| --- | --- | --- |
| 1. **Reference**
 |  | **Date** |

|  |
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| **2. Applicant’s Information**  |
| **2.1 Applicant Company Data** |
| **2.1.1** **Name and Address**(As per Registration with Registrar of Companies, India) Companies Act, 2013 | Applicant Number  |  |
| (Company)Name |  |
| Door/ Street/ Area |  |
| Post Office  |  |
| City / State |  |
| PIN |  |
| **2.1.2** **Contact Person** (Responsible for this application) | Title | □ Mr □ Ms  |
| Name |  |
| Last Name |  |
| Job Title |  |
| Phone /Fax |  |
| Email (official) |  |
| **2.2** **Address for Communication**  |
| **2.2.1 Address**(Required for communication with regard to this application)  | (Company)Name |  |
| Door/Street/Area |  |
| Post Office |  |
| City /State |  |
| PIN |  |
| **2.3** **Organization Approval Details**  |
| **2.3.1 DOA Details**  (if applicable) | DOA Number |  |
| DOA Validity |  |
| DOA Scope |  |
| **3 Airborne Stores Description**  |
| **3.1 Airborne Stores Identification** |

|  |  |
| --- | --- |
| **3.1.1 Airborne Stores**  **Type Number / Part** **Number**  |  |
| **3.1.2 Airborne Stores** **Nomenclature**  |  |
| **3.2 CEMILAC Project**  **Code** |  |
| **3.3 Brief about the**  **Project** | Not exceeding 100 words. Please add enclosure for additional details  |
| **3.4 IMTAR Subpart** | □21.C1 □ 21.C2 □ 21.C4 □21.C5 |

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| **4. Airborne Stores Requirements Details**  |
| **4.1 Staff Requirements**  | If applicable  |
| **4.2 Airworthiness**  **Certification**  **Criteria**  |  |
| **4.3 Airborne Stores**  **Requirement**  **Specification**  |  |
| **4.4 Airworthiness**  **Certification Plan** |  |

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| **5. Airborne Stores Configuration**  |
| **5.1 Standard of**  **Preparation**  | List out all documents that defines the build standard of airborne stores. This may include but not limited to MDI, BOM, VDD, Process document. |

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| **4. Airborne Stores Type Approval Compliance** |
| **6.1 Limitations List**  |  |
| **6.2 Type Record**  | As per Form 29C |
| **6.3 TAB Compliance**  |  |
| **6.4 User Performance**  **feedback**  |  |
| **6.5 DoDP** | As per Form 23 for IMATSOA |

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| **7. Applicant’s Declaration**  I declare that Iam authorized by my organization to submit this application to CEMILAC and that all information  provided in this application form is correct and complete.  I acknowledge that I have read and understood the IMTAR-21. I understand that the submission of the application, by itself, does not entitle PC/TA/LoA/IMATSOA  |
| Place |  |  |
| Date | Head of Design | Signature  |
| **Important Note: CEMILAC cannot accept applications without signature. Please make sure that the application is signed and official seal stamped.**   |

**Note:** Only references of the documents to be provided in the respective places. This application shall be accompanied by **Form 29C** along with the necessary documents. This application shall be forwarded to dealing RCMA /CEMILAC for further process.

**Acknowledgement of Receipt of Application**

|  |  |
| --- | --- |
| 1. **Applicant’s Reference**
 |  Date |
|  **2. Address**(Required for communication with regard to this application)  | (Company)Name |  |
| Door/Street/Area |  |
| Post Office |  |
| City /State |  |
| PIN |  |
|  **3. Air Borne Stores Title** |  |  |

The application has been received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_. The application will be reviewed and status will be informed in due course of time.

 RCMA/CEMILAC

 For Chief Executive (Airworthiness)