Please fill out the following information

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| **Applicant Details**Company

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Address

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Contact e-mail

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| **Type Certificate Details**Aircraft Registration Mark

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Aircraft Make and Model

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Aircraft MSN

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Selected Type Certificate jurisdiction

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Selected Type Certificate number

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*Attach copies of TCDS to application***Declaration by applicant:*** “I hereby confirm that all data referenced in GAR 21.25 will be made available to the Director of Civil Aviation upon request, in a form and manner acceptable to the DCA.”
* “I hereby certify that all the documents submitted with this application are true in every respect.”
* “I hereby confirm the aircraft complies with ICAO Annex 16 Volume 3.”
* “I hereby confirm I’m authorized on behalf of the owner to submit an MSN Limited Type Acceptance Certificate application.”

Name of applicant:

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Role/Position

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Date:

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Signature

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