



**TANZANIA CIVIL AVIATION AUTHORITY**  
DIRECTORATE OF SAFETY REGULATIONS  
AIRWORTHINESS

Revision: 1

**Form**

Document No.:  
**TCAA-AC-AWS014A**

Title: **Application for Acceptance of Major Modification and Repairs Data**

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1a. OPERATOR NAME AND ADDRESS:	1b. OPERATOR APPROVAL NO:
2a. NAME AND ADDRESS OF AMO CARRYING OUT MODIFICATION / REPAIR	2b. AMO APPROVAL NUMBER:
	3. <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR (Tick applicable box)
	4. ENGINEERING ORDER NUMBER:
5a. AERONAUTICAL PRODUCT TYPE CERTIFICATE NUMBER:	5b. AERONAUTICAL PRODUCT TYPE AND MODEL:
5c. PRODUCT SERIAL NUMBER:	6. AIRCRAFT REGISTRATION NO.:
7. Title of <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR:	
8. Details of <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR:	
9. Reason For <input type="checkbox"/> MODIFICATION or <input type="checkbox"/> REPAIR	
10. Master Drawing Reference	11. All Drawings Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is Flight Manual Affected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is Supplement Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Design Authority Responsible: (Major Aircraft Manufacturer) e.g. FAA, EASA, UKCAA.	
14a. List Manuals Affected:	
14b. Approved Manuals to be complied by modification or repair:	
15. Page 2 Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all supporting Documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No



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16. FOR AND ON BEHALF OF (Company Name) \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AUTHORITY USE ONLY**

17. DATA ACCEPTED <input type="checkbox"/> Authority Approval Number: _____	DATA NOT ACCEPTED <input type="checkbox"/>
<b>LIMITATIONS</b>	<b>Reasons for non-acceptance:</b>

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

18. Additional sheets attached NO  YES  Number of additional sheets \_\_\_\_\_

*In making this application the applicability of items on this table has been assessed and appropriately addressed.*

19. Detailed Description:
120. Instructions Necessary for Installation:
21. Stress Analysis:
22. Power Supplies:
23. Cooling Requirements:
24. Aerial Position:

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25. <b>Fuses:</b>
26. <b>Component Listing:</b>
27. <b>Equipment Lighting:</b>
28. <b>Effects on other System:</b>
29. <b>Interface:</b>
30. <b>Crew Notices/Placards:</b>
31. <b>Modification Procedure:</b>
32. <b>Compatibility With Other Mods/Repairs:</b>
33. <b>The Maintenance Schedule is affected: Yes,</b>
34. <b>Tests:</b>
35. <b>Flight Tests:</b>
36. <b>Other Details:</b>

**The following are instructions for completing the application Form. The numbers correspond to the numbers on the form:**

1. Enter the operator’s Name and Address
- 1b. Enter the operator’s Approval Number or Certificate Number
- 2a. Enter AMO Name and address of AMO carrying out the modification / repair
- 2b. Enter AMO approval number
3. Indicate if it is a modification or repair (tick appropriate box)
4. Record the engineering order number.
- 5a. Aeronautical Product type certificate number
- 5b. Aeronautical product type and model

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- 5c. Product serial number
6. Enter aircraft registration number.
7. Enter the title of the modification / repair (tick appropriate box)
8. Enter the reason for the Modification or repair (tick appropriate box).
9. Provide a reason of the repair or Modification (tick appropriate box).
10. Give the Master drawing reference.
11. List all relevant controlling drawing attached? (tick appropriate box).
12. Indicate the effect on the Flight Manual (tick appropriate box).
13. Indicate the State of design which has provided approval for the design change or repair, such as FAA, EASA etc.
- 14a. List the other manuals that are affected, and may required supplements or amendments, and indicate when these changes are to be implemented.
- 14b. List the approved manuals / documents to be complied by modification / repair.
15. Indicate whether page 2 is completed (tick appropriate box)
16. Designated company representative shall record name, sign and date.
17. For use by Authority only.
18. Number of sheets used.
19. Items 19-36 have been filled in as an example to indicate an acceptable method when a submission is made to the Authority. Each operator must address each item to indicate that all the listed factors have been considered as a minimum, and are included as appropriate.