

File No:
(Official Use)

(Form DCA 206 / R2)

REPUBLIC OF CYPRUS
MINISTRY OF COMMUNICATIONS AND WORKS
DEPARTMENT OF CIVIL AVIATION

APPLICATION FOR AIRWORTHINESS REVIEW

I hereby request that the Department carries out an Airworthiness Review of aircraft 5B -

Aircraft type	
Registration Marks	
No. of C of A	
Expiry date of Certificate	N/A
Name of Applicant	
Address of applicant	
If applicant is not the owner, Owner's name	

The aircraft was inspected on

The radio equipment has/has not* been changed since last survey by the Department.

The Radio Licence expires on

The insurance of the aircraft expires on

The sum of £ is enclosed in payment of the renewal fee.

Date:

.....

Signature of Applicant

* Delete where not applicable

DEPARTMENT USE ONLY

DATE APP. RECVD:	FEE RECVD:	DATE OF INSPECTION:	RECORDS CHECKED:
TEST FLIGHT COMPLETED:		RADIO CHECKED	ARC ISSUED/RENEWED w.e.f.:

SIGNATURE: