

**APPLICATION FOR AN AIRWORTHINESS REVIEW**  
**TO BE PERFORMED BY THE DEPARTMENT OF CIVIL AVIATION**

Aircraft registration:	
Aircraft type:	
Engine type:	
Propeller type (if applicable):	
Aircraft weight (must be below 2730 kg MTOM):	
Current A.R.C. expiry date:	
<p>I am the owner of the above aircraft. In accordance with Part M.A.901(i)2, I request that the Department performs a complete airworthiness review on this aircraft and issues an Airworthiness Review Certificate if the result of this review is satisfactory.</p> <p>The aircraft has been maintained in accordance with the approved maintenance program. The DCA Airworthiness Review Report, form SF-54, has been completed, signed and is attached. All SF-54 required information is attached.</p> <p>The aircraft insurance is valid. The aircraft Radio Station license is valid. Copies are attached.</p> <p>I understand that, according to Part M.A.201(a), I have responsibility for the continuing airworthiness of my aircraft.</p>	
Owner's name:	
Owner's address, phone number and e-mail address:	Owner's signature and date:

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FOR DCA USE ONLY:

DATE APPLICATION RECEIVED:	ASSIGNED INSPECTOR:
DATE PAYMENT RECEIVED:	COMMENTS: