

MICROLIGHTS – TRANSPONDER INSTALLATION CHECKS

Reg: 5B -	Type:	Serial No:
Mod. Ref. No.:	Transponder control box	
	Make: _____	Type: _____
Owners Name:	Antenna:	
	Make: _____	Type: _____
Owners Address:		

(This form to be used with TIL 019 issue 1)

CHECK	ACTION	COMMENTS	SAT / UNSAT
<i>1. Equipment Being Installed:</i>			
1.1	General Condition		
1.2	Manufacturers supporting documentation and quarantees		
<i>2. Mechanical</i>			
2.1	Weight being added, Ref. Section 5 of TIL 019		
2.2	Security, Ref. Section 6 & NOTE 5 of TIL 019		
<i>3. Installation:</i>			
3.1	Installation as per manufacturers instructions		
3.2	Switch and control box suitably located. Ref. Section 2.2 of TIL 019		
3.3	Cable routing Ref. Section 7.1 and note 4 of TIL 019		
3.4	Cable terminations and security		
3.5	Cable adequate flexibility		
3.6	Switch type correct		
3.7	Switch and box security		
3.8	Fuse/c.b. correct rating, Ref. NOTE 1 of TIL		
3.9	Fuse/c.b location close to primary supply, Ref. NOTE 3 of TIL 019		
<i>4. Location of Antenna:</i>			
4.0	Underside of fuselage, with ground plane.		
4.1	Away from other antennas and control box. Ref. 7.1 of TIL 019		
<i>5. Placards and Information</i>			
5.1	Switch placards Ref. Section 4.1 of TIL 019		
5.2	Control box placards		
5.3	Transponder manual attached to aircraft operators handbook		

FLIGHT RELEASE CERTIFICATE

The transponder installation described has been checked in accordance with the above schedule and TIL 019 issue 1 and was found to be satisfactory / unsatisfactory (Delete as req'd.) I release the aircraft as fit for a test flight only.

Signed: (Name Printed: _____)	Inspector No.:	Date:
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6. Flight Test Details [See section 6.4 of TIL 019]			
6.1	ATC Service could identify aircraft		
6.2	ATC Service could identify altitude encoding (if fitted)		
6.3	Altitude within 100ft of altimeter reading (1013mb set) (it fitted)		
6.4	Identify the furthest distance the transponder was used from effectively.		
6.5	Range placard fitted		

<u>FLIGHT TEST APPROVAL</u>			
The transponder installation described has been flight tested in accordance with the above schedule and TIL 104 issue 1 and was found to be satisfactory / unsatisfactory (Delete as req'd.)			
Signed: (Name Printed)		Pilot	
Signed (Name Printed)		Inspector	
		PPL No.:	Date:
		Check Pilot No.:	
		Inspector No.:	Date:
		Inspectors confirmation only required if pilot was not a check pilot	

This form should be sent completed to the Civil Aviation Department with a completed form (application for modification assessment) and the appropriate modification fee.

The aircraft must not be flown with the modification fitted until approval is received from the Civil Aviation Department.