	Australian Government			Application for Modification/Repair		
	Civil Aviatio			Design Approval Refer to: Subpart 21.M of CASR USE OF THIS FORM IS OPTIONAL		
Application r	aised by:		Applicant	Agent of the	Applicant	
Use the Contin	uation Sheet of	n Page 2 if t	here is insufficient	space in any title block.		
Provide attach	ments where re	quired.				
Name / Company Name:			Contact Details: (Address, Phone No, etc.)		Reference Number:	
					Date:	
Certificated P	roduct					
Make:		Model:		Description: (Aircraft, Engine or Propeller)	Registration / Serial No.:	
Appliance / A	ircraft Comp	onent				
Make:		Model / Pa	art No.:	Description: (Fuel pump, crank shaft, etc.)	Serial No.:	
Description o	f Modificatio	n / Repair				
Proposed Air	worthiness S	Standards				
Outline of Means of Compliance						
List of Data						
Identification		Title				
			al Holder Declar holder of the modifica	ation tion/repair design approval – the app	licant unless otherwise stated)	
				older of a modification/repair desi approval is granted, I will comply		
Name:		Signature:			Date:	



Application for Modification/Repair

Design Approval

Refer to: Subpart 21.M of CASR USE OF THIS FORM IS OPTIONAL

Continuation Sheet

Applicant's Reference Number_

Use this sheet to enter additional information if there is insufficient space provided on Page 1 of this application form.

Name:	Signature:	Date: