



## Suggested Approval Running Sheet for CASA Airworthiness Staff

<b>Applicant</b>	
Name:	Contact phone numbers:
Address:	Business:
.....	Home:
.....	Mobile:
Email:	Fax:
Registration number (only if aircraft is being delivered or exported <a href="#">CASR 21.197 (3)</a> )	
	VH-
Is the applicant the registered operator under <a href="#">CASR Part 47</a> ?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Registered operator</b>	
Name:	Contact phone numbers:
Address:	Business:
.....	Home:
.....	Mobile:
Email:	Fax:
<b>Reason for Permit <a href="#">21.197</a></b>	
Maintenance, repair and/or storage? ( <a href="#">CASR 21.197 (a)</a> ) ( <a href="#">Form 1260-01</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery or export? ( <a href="#">CASR 21.197 (b)</a> ) ( <a href="#">Form 1260-02</a> )	<input type="checkbox"/> Yes   Reg. No:
	VH-
	<input type="checkbox"/> No
Production test flight? ( <a href="#">CASR 21.197 (c)</a> ) ( <a href="#">Form 1260-04</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation from impending danger? ( <a href="#">CASR 21.197 (d)</a> ) ( <a href="#">Form 1260-05</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer demonstration flight? ( <a href="#">CASR 21.197 (e)</a> ) ( <a href="#">Form 1260-06</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAR. Rescue giving aid? ( <a href="#">CASR 21.197 (f)</a> ) ( <a href="#">Form 1260-07</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of emergency? ( <a href="#">CASR 21.197 (g)</a> ) ( <a href="#">Form 1260-08</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are operations above certified MTOW? ( <a href="#">CASR 21.197 (2)</a> ) ( <a href="#">Form 1260-03</a> )	
If <b>Yes</b> , is:    MTOW ≤110%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MTOW >110%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the aircraft type certified?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , provide details of certification:	
.....	
.....	
Summary of reasons for the permit:	
.....	
.....	

Assigned Airworthiness Inspector / AEB Engineer

Name:

CASA staff member phone number:

Proposed airworthiness conditions:

.....  
.....

Proposed operational conditions:

.....  
.....

Signature: ..... Date: / /

Assigned operations inspector

Name:

CASA staff member phone number:

I agree with the conditions listed above.

I do not agree with the conditions listed above and suggest the following additions/deletions:

.....  
.....  
.....

Signature: ..... Date: / /

Operational Specialist

Filed:  Completed Date: / /