



# Application for an AMOC/ Exclusion from an Airworthiness Directive

Application Number:

## Applicant

Name: \_\_\_\_\_ ARN of Operator: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:     /     /

## Airworthiness Directive for which the Application applies

AD: \_\_\_\_\_ Amdt: \_\_\_\_\_

## Aircraft Particulars

Manufacturer: \_\_\_\_\_ Registration: **VH-**\_\_\_\_\_  
Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

## Aeronautical Product Particulars (if applicable)

Name: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Type /Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

## Reason for the Application

**Justification** *Attach supporting documentation. (Use separate sheet if insufficient space.)*

Has the Manufacturer or National Airworthiness Authority agreed to a No Technical Objection (NTO)?  
 Yes  No. *If yes please attach copy.*

Application No: \_\_\_\_\_

**Area Office Assessment/Recommendation — Airworthiness Inspector/Engineer**

Signature: \_\_\_\_\_ Date:     /     /

Printed Name:

**Airworthiness Specialist Assessment/Recommendation (if applicable)**

Signature: \_\_\_\_\_ Date:     /     /

Printed Name:

**Delegate**    **Agrees**                    **Does Not Agree**

If delegate agrees approval is given for the AW Inspector/Specialist to draft an Instrument.

Signature: \_\_\_\_\_ Date:     /     /

Printed Name:

Please send material relating to this application by email:    Yes    No

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