



Suggested Approval Running Sheet for Instrument of Appointment Holder

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