

## AIRCRAFT DATA SHEET

**Note:**

1. All Certificates, AD's and life limited equipment installed on the aircraft will have a minimum calendar life of 90 days remaining, prior to expiry from the date of application submitted to the GACA, otherwise all applications will be rejected and returned to the applicant for resubmission.
2. Any changes/corrections to this form after signature/stamp by the NCAA of Aircraft Registry will null and void the form.
3. Original copy of this form should be submitted to GACA with application.

### A. Aircraft Information

Registration Mark		Serial No.		Type Cert. No.	
Max. Gross Weight (kg)		TT (hours)		TC (Cycles)	
Aircraft Manufacturer		Model/Series		Date of Mfr.	
Engine Manufacturer		Model/Series			
Serial No.	1	2	3	4	
Propeller Manufacturer		Model/Series			
Serial No.	1	2	3	4	
APU Manufacturer		Model/Series			

### B. Last Airworthiness Directives (AD) or Bi-Weekly AD Complied with:

FAA	No.	Date	EASA	No.	Date

### C. Approved Programs / Manuals:

#	Type	Revision No.	Revision Date
1	Airplane Flight/Operating Manual (AFM/AOM)		
2	Approved Aircraft Inspection Program GACAR 91.449		
3	Master/Minimum Equipment List (MMEL/MEL)		
4	Aging Aircraft CPCP		
5	Type of Operations	<input type="checkbox"/> Part 91 <input type="checkbox"/> Part 121 SCH <input type="checkbox"/> Part 121 UNSCH <input type="checkbox"/> Part 121 SPCL <input type="checkbox"/> Part 125 <input type="checkbox"/> Part 133 <input type="checkbox"/> Part 135	

### D. Last Aircraft Inspections Performed

#	Type	Date	Total Time	Location	AMO/IA/ME Certificate/License No.
1					
2					

### E. Equipment and Systems Status

	Description	Number Installed	Next Due or Expiry Date			
			Position 1	Position 2	Position 3	Position 4
1	ATC Transponder Test & Inspection (91.453)					
2	Altimeter System Test & Inspection (91.451)					
3	Standby Compass Swing					
4	Emergency Locator Transmitter (ELT) Battery (91 App 'C')					
5	Date of Mass (Weight) & Balance last check					

## AIRCRAFT DATA SHEET

### F. Emergency Equipment

#	Description	Number Installed	Next Due or Expiry Date					
			1	2	3	4	5	6
1	Portable Fire Extinguisher/s							
2	Escape Slide/s							
3	Life Raft/s							
4	Portable Breathing Equipment (PBE)							
5	Portable Oxygen Cylinder/s							
6	Automatic Electronic Defibrillator							
7	First Aid Kit							
8	Doctor Kit							

### G. Statement of Undertaking

Name	Position/Title * (Applicable to Large Aircraft)	Company
	<input type="checkbox"/> Owner/Operator	
	<input type="checkbox"/> *Director Quality Assurance	
	<input type="checkbox"/> *Director Maintenance	
I do hereby certify that the above information and attached documents are true and correct and that the aircraft is in a condition for safe operation.		
Date	Signature	Stamp

### H. Accreditation of Data by the National Civil Aviation Authority for the State of Registry (Foreign Operator Only)

Name	Position/Title	Name of the Authority for the State of Registry
Address		
I do hereby certify that, according to the records held by this Authority, the above information is true and correct and the operator is appropriately certified, and the aircraft holds a valid Certificate of Airworthiness.		
Date	Signature	Stamp