

Application for Issue of Noise certificate

| Form | AWR 035 | | | |
|----------|-----------|--|--|--|
| Edition | Original | | | |
| Revision | 1 | | | |
| Date | 1/09/2019 | | | |

Public Authority for Civil Aviation- DGCAR

| 1. PARTICULARS REGARDING THE APPLICANT | | | | | | | | |
|---|----------------------|--|---------------------------|------------------------------|------------------------------|----------------------------|--|--|
| 1.1 Owner/Operator: | | | | | | | | |
| 1.2 Address: | | | | | | | | |
| Phone: e-mail: | | | ail: | | | | | |
| 2. PARTICULARS REGARDING THE AIRCRAFT | | | | | | | | |
| 2.1 Aircraft Registration: | | | | 2.2 Aircraft manufacturer: | | | | |
| 2.3 Aircraft model: | | | | 2.4 Aircraft Serial number: | | | | |
| 2.5 Date of manufacture: | | | | 2.6 Flight Manual reference: | | | | |
| 2.7 Maximum take-off mass: | | | | 2.8 Maximum landing mass: | | | | |
| 2.9 Engine manufacturer: | | | | 2.10 Engine model: | | | | |
| 2.11 Noise certification Standards: | | | | | | | | |
| 2.12 Additional modification incorporated for the purpose of compliance with the applicable noise certification Standards: | | | | | | | | |
| 2.13 Lateral/ full-power noise level: | 1 | | 2.15 Flyover noise level: | | 2.16 Overflight noise level: | 2.17 Take-off noise level: | | |
| 2.19 Maximum Permissible Ramp Weight (Taxi Weight) (Kg): | | | | | | | | |
| 2.20 ATTACHED DOCUMENTS (as required): 1-Copy of the AFM. 2- Type Certificate Data Sheet for Noise (TCDSN). I hereby certify that the particulars provided in this application are true in every respect. It is further certified that the aircraft has been maintained as per manufacturer's recommendations and no modification has been carried out which may degrade the noise level while flying unless approved. | | | | | | | | |
| Date: Signature: | | | | | | | | |
| Name: Title: | | | | | | | | |
| FOR PACA USE ONLY | | | | | | | | |
| 3. REMARKS: (Examination of the application and the supporting documents for evaluation of eligibility) Attach additional sheets, if required. | | | | | | | | |
| 4. INSPECTION OF AIRCRA | FT: (if carried out) | | | | | | | |
| Date of Inspection: | | | | Airworthine | ess Inspector: | | | |
| Signature: | | | | | | | | |