



APPLICATION FOR APPROVAL OF A MODIFICATION/REPAIR

Owner/Operator's Name: _____			
Address: _____			
Tel. No.: _____ E-mail: _____			
Aircraft Type: _____			
Aircraft Registration: _____ Constructor's No.: _____			
Applicant's Mod./Repair No.: _____			
* Attach all supporting documents with application			
Modification Classification: Major <input type="checkbox"/> Minor <input type="checkbox"/>			
Brief Description of Modification/Repair: 			
Original Drawings affected: Yes <input type="checkbox"/> No <input type="checkbox"/>	New Drawings introduced: Yes <input type="checkbox"/> No <input type="checkbox"/>		
List of Affected Manuals and Provide Brief Details: 			
I hereby declare that the above particulars are true in every respect.			
_____ Name	_____ Designation	_____ Signature	_____ Date
Reserved for CAA use only			
Modification/Repair Classification: Major <input type="checkbox"/> Minor <input type="checkbox"/>			
Inspector Name: _____		Date: _____	
Inspector Signature: _____			

NOTE: This form must be completed and forwarded to: Civil Aviation Affairs, Aeronautical Licensing Directorate, P.O. Box 586, Kingdom of Bahrain