



Send to
HKV FLYGI
107 85 Stockholm
SWEDEN

Applicant

Name of organisation	Contact person
Location(s) requiring approval	Phone
	E-mail

Aircraft

SwAF / Type (if applicable)	Manufacturer / Type	Serial number(s)
TCDS* Reference		
Type Certification Basis*		
Design Organisation holder* of Type Certificate	Reference	
Manufacturer	Reference	
Authority Function (Responsible for surveillance of the Design Organisation holder the of Type Certificate)		

Engine

SwAF / Type (if applicable)	Manufacturer / Type
TCDS* Reference	
Type Certification Basis*	
Design Organisation holder* of Type Certificate	Reference
Manufacturer	Reference
Authority Function (Responsible for surveillance of the Design Organisation holder the of Type Certificate)	

Propeller

SwAF / Type (if applicable)	Manufacturer / Type
TCDS* Reference	
Type Certification Basis*	
Design Organisation holder* of Type Certificate	Reference
Manufacturer	Reference
Authority Function (Responsible for surveillance of the Design Organisation holder of the Type Certificate)	

* or equivalent

Signature

Place and Date	Signature
Position and Name	