

SIERRA LEONE CIVIL AVIATION AUTHORITY



**AIRWORTHINESS INSPECTOR HANDBOOK
(FORMS)**

FIRST EDITION – SEPTEMBER, 2022.

FOREWORD

The Sierra Leone Civil Aviation Authority approves this Manual for the use and guidance of all personnel in the development and implementation of a Civil Aviation Documentation Framework. This manual is one of the set of manuals forming the Sierra Leone Civil Aviation Authority's documentation set.

These manuals are produced to provide the information, policy and procedures needed to perform the tasks as required by the Sierra Leone Civil Aviation Regulations. It is required that all staff use their manuals in the performance of their duties.

It is emphasized that all matters pertaining to an inspector's duties and responsibilities cannot be covered in this manual. SLCAA personnel are expected to use good judgement in matters where specific guidance has not been given. Changes in aviation technology, legislation and within the industry will necessitate changes to requirements.

The manuals are dynamic documents. As a result of experience, legislative change and new technology, there may be the need for amendments. Contribution of meaningful ideas for the improvement of the content of this manual is therefore encouraged and requested for.

Comments and recommendations for revision/amendment action to this publication should be forwarded to the Director-General of Sierra Leone Civil Aviation Authority.

The undersigned is accountable for the contents and amendments when so issued.



Moses Tiffa Baio

Director General,

Sierra Leone Civil Aviation Authority

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Type Acceptance Certificate

Number: TAC/xxxx/xxx

Pursuant to Part 8A of the Sierra Leone Civil Aviation Regulations, this certifies acceptance of [*Type Certificate Holder*] [*Aircraft Type*] with Type Certificate Number XXXXX.

Aircraft of the type and models covered by this certificate are eligible for Sierra Leonean certificates of airworthiness in the transport, aerial work, private and special categories.

The certificate is valid until suspended or cancelled by the Sierra Leonean Civil Aviation Authority. The basis of certification is as prescribed in the Type Certification Data Sheet No. XXXX issued by the [*CAA issuing original TC*].

Signed by: [*Manager, Airworthiness Division/ SLCAA Authorised Official*]

Date of Issue:



Number: TAC/xxxx/xxx

Revision: 0

Aircraft: [Manufacturer & Model]

Date: xx/xx/xxxx

Type Acceptance Certificate Data Sheet

This data sheet is part of Type Acceptance Certificate No. XXXX which is issued under Part 8A XXX of the Sierra Leone Civil Aviation Regulations.

Sierra Leonean Special Conditions

An example of aircraft type and model shown on this data sheet must have been issued with a certificate of airworthiness for export, or certifying statement, endorsed by the exporting civil airworthiness authority, containing the following statement: “The aircraft covered by this certificate has been examined, tested and found to conform to the type design approved under Type Certificate No. XXXX and is in a condition for safe operation”.

Any conditions or restrictions placed on this aircraft by the [CAA issuing original TC] will automatically apply to Sierra Leonean registered aircraft

END



Application For Type Acceptance
Certificate

MARK THE APPROPRIATE BLOCK:

- Application for a Type Acceptance Certificate
 Application for the amendment of Type Acceptance Certificate

PART A - APPLICANT'S DETAILS

Please provide details of the person that you wish SLCAA to contact in relation to this application

Name (in full):

Organisation:

Address:

Contact details:

Name:

Position:

Telephone number:

Fax number:

Email:

PART B - AIRCRAFT DESCRIPTION

B1 Aircraft Details

Type Certificate holder:

Type certificate number:

Aircraft Type and Model:

Manufacturer:

State of Manufacture/State of Design:

Name of the recognised State which issued the TC:

Type Certificate Data Sheet Supplied by: Email or Paper copy or URL

B2 Identify which airworthiness category should be nominated on the TAC

(Please tick the appropriate categories)

Standard Certificate of Airworthiness Category

Normal Utility Acrobatic Transport Balloons Other

Special Certificate of Airworthiness Category

Restricted; Special flight permits; Other

PART C - SUPPORTING DOCUMENTS

(Please mark the appropriate block)

a. Type Certificate and Type Certificate data sheet:

b. Airworthiness design standards, special conditions, equivalent safety decisions, airworthiness limitations:

c. Compliance list against design standards:

d. Noise and engine emission certification data (as applicable)

e. Flight Manual: (for an aircraft)

f. Illustrated Parts Catalogue: *

<input type="checkbox"/> g. Maintenance manual and service data: *		
<input type="checkbox"/> h. Evidence of manufacturer's agreement to supply amendments to data in e, f and g:		
Notes: * It is preferred if these can be supplied in electronic format if possible. Eg CD-ROM or web site access.		
PART D - APPLICANT DECLARATION		
The applicant hereby declares that the particulars provided in this application are true in every respect.		
Name: Signature Date :		
TO BE COMPLETED BY SLCAA		
SLCAA Project number: _____	Start date: ____/____/____	
SLCAA Inspector Assigned: _____	Completion Date: ____/____/____	
ICAO Member Country: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Application Accepted		<input type="checkbox"/> Application Denied
SLCAA Inspector Name	SLCAA Inspector Signature	Date

Part A - Applicant's Details

The name, address and contact details should be adequate for enquiries from SLCAA about the aircraft type and model nominated on the application. The address should also be suitable for SLCAA to send an estimate of the cost to issue the TAC.

Part B - Aircraft Description

You must nominate a foreign TC issued for the aircraft by the CAA of a recognised State. A list of the recognised States can be found in [insert reference].

You must nominate the airworthiness category or categories in which you want certificates of airworthiness to be issued. This will normally be the category or categories nominated on the foreign TC. A list of categories available for certificates of airworthiness can be found in [insert reference].

Part C – Supply of Data

You must also support your application by supplying a copy of the type certificate data sheet (TCDS) issued by the CAA of the recognised State and all the data required in part C, SLCAA's preferred method of receiving the Data is as a data file.

Part D - Applicant's Declaration

By signing the Declaration, you indicate to SLCAA that you have read the guidelines, completed the application in full, and accept the terms and conditions for processing your application. This application must be signed by all the applicant(s).

Part D - TO BE COMPLETED BY SLCAA



AIRCRAFT TYPE CERTIFICATION DOCUMENTS REQUIRED

1. Formal Application-by the organization responsible for type design or proposed operator.
2. Aircraft Type Specification-build standard forming basis for design, construction and, delivery of the standard aircraft.
3. Type Certificate, Type Certificate Data Sheets and Supplemental Type Certificate (if any).
4. Summary of Reports on the principal structural elements regarding stress level substantiation (i.e Static, fatigue and failsafe/damage tolerance).
5. Complete index of reports and notes prepared for Type Certification (compliance checklist) or production certificate.
6. Inspection Report, including procedures and tolerances (Production Test Flight Report).
7. Complete sets of CURRENT manufacturers' Manuals for Aircraft, Engines, propellers (if any) and Principal accessories, i.e. Maintenance and Overhaul Manuals; Maintenance Schedule/Planning Guide/Planning Data ; Wiring Diagram; illustrated Parts Catalogue; Structural Repair manual(Master) Minimum Equipment List; Electronic equipment manuals; Flight Manual; Weight and Balance Handbook; Inspection Requirements Manual; Engine Specifications and operating Instructions; etc.
8. Full set of production Wiring Diagram including all optional fits.
9. Service Information: Service Letters (SLs), Service Bulletins (SBs), Airworthiness Directives (ADs), Vendor SBs not covered by aircraft manufacturer's SBs.
10. Significant- service problems summary,
11. Electrical Load Analyses
12. MRB Programme -where applicable

FOR INDIVIDUAL AIRCRAFT

1. Statement of Build Standard, including any difference from previously accepted aircraft (on Sierra Leone register)
2. Modification Standard including customer Options Incorporated
3. Equipment Incorporated, including items of equipment not necessarily installed by the manufacturer.
4. SB Compliance -List of SBs incorporated during production.
5. Declaration of Compliance with all ADs issued by the appropriate Airworthiness Authorities. Where optional means of compliance are offered the means chosen shall be stated.
6. Export Certificate of Airworthiness to be issued within a period of 60 days immediately preceding the date of application for Sierra Leonean Certification or Validation, as appropriate except as otherwise acceptable to for Sierra Leone in a particular case.
7. Technical Log Books as required by the for Sierra Leone Civil Aviation Regulations (SLCARs)

8. Statement of Compliance with relevant Airworthiness Notices / SLCARs.
9. List of Serial Numbers of Significant Component Parts.
10. Time /Life limitations
11. Record of Compass System and Magnetic Compass Swings
12. Detailed list of radio equipment constituting the radio station
13. Weight Schedule and Weighing Report.
14. Acceptable Air Test Report.
15. Aircraft to be surveyed to ensure that it conforms to the standard originally accepted.
16. Equipment must include EGPWS, **digital** FDR, and independent GPS (if INS or similar equipment not installed).

AIRCRAFT ENGINES

- (a) Cross-Section arrangement drawing.
- (b) Master drawing list.
- (c) Instructions for Continued Airworthiness.
- (d) Operating manual.
- (e) Installation manual.
- (f) Certification compliance (checklist).
- (g) Data and descriptive information needed by the 'Authority' to prepare the type acceptance certificate data sheet.
- (h) Listing of service life for critical parts subject to fatigue, if this information is not provided elsewhere in the above data.

PROPELLERS

- (a) General arrangement drawings and model description.
- (b) Master drawing list.
- (c) Installation manual.
- (d) Instructions for Continued Airworthiness.
- (e) Operating manual.
- (f) Certification compliance (checklist).
- (g) Data and descriptive information needed by the 'Authority' to prepare the type certificate data sheet.
- (h) Listing of service life for critical parts subject to fatigue, if this information is not provided elsewhere in the above data.



GUIDELINES AND REQUIREMENTS FOR TYPE CERTIFICATE ACCEPTANCE IN SIERRA LEONE

This document prescribes the guidelines and requirements for aircraft type certificate acceptance in Sierra Leone.

ACCEPTANCE OF TYPE CERTIFICATES

1. The Authority may accept an aircraft type certificate or equivalent document issued by a state of design in respect of an aircraft or aircraft component provided that the type certificate or equivalent document was issued on, or is based on contracting state airworthiness code recognized by the Authority.
2. Acceptance of an aircraft type certificate or equivalent document issued by a state of design in this respect means that; the type certificate or equivalent document in relation to design, materials, construction, equipment, was issued on, or is based on contracting state airworthiness code recognized by the Authority.
3. A ‘recognized airworthiness code’ – means Civil Aviation Regulations and Standards of the contracting state of design relating to the design, materials, construction, equipment, performance and maintenance of aircraft or aircraft components acceptable to the Authority.
4. To facilitate effective aircraft safety oversight, the state of design or state of manufacture acceptable Aircraft Type Certificate must have provisions:
 - a. To publish aircraft technical documents and literature (e.g. flight manuals, maintenance manuals etc.) in English.
 - b. To mail to the Authority and the operator the current amendments of all relevant aircraft technical and operation literature
 - c. To manufacture aircraft equipment, instruments with indication markings and placards in English and Arabic numerals.
 - d. To deliver aircraft type design incorporating the minimum recommended emergency features (e.g. emergency windows), and emergency equipment with clear operating instructions in English.

TYPE CERTIFICATE ACCEPTANCE PROGRAMME

The Authority’s Airworthiness Aviation Safety Inspector(s) will carry out type certificate acceptance programme at a cost to be borne by the applicant (operator or organization responsible for the type design). The applicant shall pay statutory fees as contained in the fees schedule by the Authority.

ACCEPTANCE OF TYPE CERTIFICATE

The Authority will issue a type acceptance certificate to the organization responsible for type design after successful completion of the type acceptance certification programme and the operator will be issued aircraft acceptance for registration note.

Ineligibility

The aircraft that do not satisfy the acceptable Type Certificate requirements are classified **Non-Compliant** and cannot be accepted for registration in Sierra Leone.

AIRCRAFT SAFETY OVERSIGHT REQUIREMENTS

Training requirements to ensure safety Oversight:

For a new aircraft type on the Sierra Leone Aircraft Civil Register, the applicant (operator or organization responsible for the type design) will be required to provide training to the authority's inspectors in the type.

The number of inspectors to be trained will depend on the size and complexity of the aircraft. This will include at least one Airworthiness and one Flight Operations inspector.

For a series type of aircraft, a refresher or difference course may be required to keep abreast to the technological advancement or differences.

NOTE

ALL AIRCRAFT TO BE REGISTERED AND OPERATED IN SIERRA LEONE MUST COMPLY WITH ALL THE REQUIRED INSTRUMENTS AND EQUIPMENT AS CONTAINED IN PART 25 OF THE SIERRA LEONE CIVIL AVIATION REGULATIONS


Should you require further information do not hesitate to contact:

The Director General

Sierra Leone Civil Aviation Authority


21/23 Siaka Steven Street

Freetown, Sierra Leone

	The Republic of Sierra Leone Ministry Of Transport And Aviation Certificate of Registration of Aircraft	Certificate Number:
1. Nationality or Common Mark and Registration mark	2. Manufacturer and Manufacturer's designation of Aircraft	3. Aircraft Serial No.
4. Name Of Owner		
5. Address of Owner		
6. It is hereby certified that the above described aircraft has been duly entered onin accordance with the Convention on International Civil Aviation (Name of register) dated 7 December 1944, and with the(Insert reference to applicable regulations)		
Signature Date Of Issue.....		
*For use by SLCAA		

NOTE:

1. No entries or endorsements may be made in the foregoing certificate except in the manner and by the persons authorized for that purpose.
2. This certificate must be displayed aboard the aircraft.
3. This certificate is not transferable

	The Republic of Sierra Leone Ministry Of Transport and Aviation (Sierra Leone Civil Aviation Authority) Certificate Of Deregistration	Certificate Number:
1. Nationality and Registration mark	2. Manufacturer and Manufacturer's designation of Aircraft	3. Aircraft Serial No.
4a. Issued to..... <div style="text-align: center;">(name of certificate holder)</div> Basis of registration (check one): <input type="checkbox"/> Ownership of aircraft <input type="checkbox"/> Operator of aircraft <input type="checkbox"/> Other (explain): 4b. Address of certificate holder..... <div style="text-align: center;">(at the time of deregistration)</div> 5. Name and contact information of owner, if different from certificate holder: <div style="text-align: right;">(at the time of deregistration)</div>		
6. It is hereby certified that the above described aircraft has been duly removed from the on..... and the Certificate of Registration has been cancelled. <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (Name of register) (date) </div> 6a. Reason(s) for deregistration, if known:		
Signature Date Of Issue.....		
* *For use by SLCAA		



SIERRA LEONE CIVIL AVIATION AUTHORITY

Application for Registration/Re-Registration of Aircraft

Form No: **O-AWS003ARev0**

This form when completed, should be forwarded to the Director, Flight Safety Standards, together with proof of payment of the appropriate Registration fee.

1	Type and description of Aircraft (including seating accommodation)	
2	Overall Dimensions	Height.....Span (open) LengthSpan (Folded)..... Weight kgs. lbs
3	Number/Type of Engines:	
4	Name of Aircraft Manufacturer	
5	Aircraft Manufacturer's Serial Number	
6	Year of Manufacture	
7	Has the aircraft been previously registered in Sierra Leone? If so, state registration marks	
8	Is the aircraft registered in another State? If so, give full particular	
9	Name of Owner (in full)	
10	Address of Owner	
11	Is the aircraft owned wholly either by: (i) The Government (ii) A citizen of Sierra Leone (iii) An individual citizen of another State who is lawfully admitted for permanent residence in Sierra Leone (iv) A corporation lawfully organized and doing business under the laws of Sierra Leone and the aircraft is based and primarily used in Sierra Leone	

	(v) A foreign person who has leased the aircraft to one of the persons described in paragraphs (i) – (iv) above.	
12	Usual Station of Aircraft	
13	Are the aircraft instruments and equipment installations in compliance with Requirements of SLCAR Part 25 (Instruments and Equipment) currently in force?	
14	Name of Operator	
15	Address of Operator	
16	Type of Lease and Lease Period	
17	<p>I HEREBY DECLARE that the above particulars are true in every respect</p> <p>Date: Name and Signature of Owner/Operator/Agent</p>	



NOTIFICATION OF DEREGISTRATION OF AIRCRAFT JOB AID

Ref. No:

Date:

ICAO/Address of Foreign CAA/Aircraft Owner

NOTIFICATION OF DEREGISTRATION OF AIRCRAFT

Please, be informed that the aircraft with particulars stated below has just been deregistered from the Sierra Leone Register of Civil Aircraft. The particular of the deregistered aircraft is as follows:

- (i) Aircraft Type:
- (ii) Aircraft Serial No:
- (iii) Aircraft Reg:
- (iv) Engine Type:
- (v) Propeller:
- (vi) Name and address of last registered owner:

.....
.....
.....

Our records show no unreleased recorded liens against the aircraft.

Please find enclosed the Certificate of Deregistration.

All enquiries on this matter should please be directed to: ***[INSERT APPROPRIATE ADDRESS]***

For: Director General of Sierra Leone Civil Aviation Authority



REQUIREMENTS FOR DE-REGISTRATION OF AIRCRAFT

For an aircraft registered in Sierra Leone to be de-registered, submission of the following items must be made:

1. A formal application letter and the official application form (Form O-AWS003E) of de-registration.
2. Operator's/Owner's copy of the current Certificate of Registration(C of R), duly endorsed on the reversed side.
3. Evidence of payment of statutory charges
4. If the applicant is not the owner or authorized operator, he/she shall produce evidence in the manner of a notarized power of attorney duly executed by the owner.

NB: it is advised that should there be an intention to eventually export the subject aircraft, arrangements should be made for the aircraft and its records to be inspected for determination of its airworthiness status as at the time of de-registration



Ref. No

Date:

NOTICE OF RESERVATION OF REGISTRATION MARK

1. Applicant:
.....
.....

2. Following documents submitted (Tick box as appropriate)

- i. Formal Letter of application
- ii. Aircraft Specification
- iii. Statutory fee payment receipt.

3. The Registration Marks: reserved / * not

Reserved for the aircraft type:

4. This reservation is valid till
(Six (6) months from date of payment)

5. Type Certificate validation required/not required

.....
Name and Signature of Authorizing Officer

***If documents submitted are incomplete or the requested registration
Marks are not available**



APPLICATION FOR AIRCRAFT DEREGISTRATION AND CHANGE OF OWNERSHIP

On any change in the ownership of the aircraft or in the nationality qualification for ownership, the Registration and Certificate becomes null and void from the date of the change. The Certificate must be returned IMMEDIATELY to the Authority with the appropriate section below duly completed. Similar action is required if the aircraft is destroyed or permanently withdrawn from use.

When the Registration becomes null and void the aircraft may not be flown until a new Certificate of Registration has been issued. Application for Re-registration of the aircraft shall be made in accordance with the Civil Aviation (Registration and Markings) Regulations currently in force.

Section 2 or Section 3 should be completed as applicable.

Section 1. Aircraft Details

Registration Mark: Manufacturer:

Model: Serial Number:

Section 2. Reason for deregistration

I HEREBY NOTIFY THAT, the registration of the aircraft described overleaf should be cancelled

a) [] The aircraft was destroyed in an accident:

Date of accident:

Where accident occurred:

b) [] The aircraft has been permanently withdrawn from service:

Reason:

c) [] The aircraft is to be/has been exported:

Country to be Exported:

Date to be Exported:

Notes for use of this form can be found on page 2

This form is used to cancel the certificate of registration for a Sierra Leone registered aircraft. The aircraft will be removed from the Sierra Leone Register of Aircraft and any documents associated with the aircraft will be revoked.

Section 3. Change of ownership

I HEREBY NOTIFY THAT, with effect from the day of 20

The ownership of the aircraft described overleaf has been transferred to

..... (Fill in name and address of new owner)
Section 4. Name on Certificate of Registration
Name: (As on the Aircraft Certificate of Registration) <i>Please return the Certificate of Registration to the CAA.</i>
Section 4. Signature of Certificate of Registration holder
Print Name: Signature: (In cases where the registration holder is an organisation, enter signature and name of person authorised to sign)
Date:

Deregistration of Aircraft

Notes on use of the CAA Form O-AWS003E Aircraft Deregistration and Change of Ownership

What is this form used for?

This form is used to request the CAA within 14 days of becoming aware of the aircraft being destroyed, lost, stolen or withdrawn from use, to remove the aircraft from the Sierra Leonean Register of Aircraft. Also this form should be used to request the change of ownership of the aircraft

Who should complete this form?

The owner/operator of the aircraft.
If the owner/operator is not available (eg, deceased) then please show eligibility as per SLCAR Part 7.

What is the fee for deregistration of an Aircraft?

Where do I send my application form?

Forms should be sent to:

Attention:

Director General
Sierra Leone Civil Aviation Authority
[3rd Floor NDB Building,
21/23 Siaka Steven Street Freetown]

**Who can I contact if I have a problem?
Contact the Aircraft Registrar directly:**

Tel: [insert appropriate telephone number]
Fax: [insert appropriate fax number]

or alternatively go to info@slcaa.gov.sl for additional information on aircraft registration processes

REQUIREMENTS FOR DE-REGISTRATION OF AIRCRAFT

For an aircraft registered in Sierra Leone to be de-registered, submission of the following items must be made:

1. A formal application letter and the official application form (Form O-AWS003E) for de-registration.
2. Operator's/owner's copy of the current Certificate of Registration (C of R), duly endorsed on the reverse side.
3. Evidence of payment of statutory charges.
4. If the applicant is not the owner or authorized operator, he/she shall produce evidence in the manner of a notarized power of attorney duly executed by the owner

NB: It is advised that should there be an intention to eventually export the subject aircraft, arrangements should be made for the aircraft and its records to be inspected for determination of its Airworthiness status as at the time of de-registration.



ACKNOWLEDGEMENT OF APPLICATION FOR CERTIFICATE OF AIRCRAFT REGISTRATION

.....
.....
.....

**ACKNOWLEDGEMENT OF APPLICATION FOR CERTIFICATE OF REGISTRATION FOR
..... AIRCRAFT TYPE WITH SERIAL NUMBER**

1. REVIEW OF DOCUMENTS SUBMITTED:

SATISFACTORY NOT SATISFACTORY

(NOTE: See attached "Requirements for Registration of Aircraft" for the deficient documents)

2. TYPE CERTIFICATION REQUIRED/ NOT REQUIRED

3. REMARKS

NAME: _____

SIGNATURE/DATE: _____



Application for Reservation of Aircraft Registration Marks and ICAO 24-Bit Address

1. PARTICULARS REGARDING THE APPLICANT

- 1.1 Full name:
1.2 Full business/residential address:
1.3 Email:
1.4 Telephone number: 1.5 Fax number:
1.6 Name of organisation or person who can be contacted for further information concerning this application:
Name:
Position:
Postal address:
Email:
Telephone number: Fax number:

2. AIRCRAFT DESCRIPTION

- 2.1 Registration Marks: 2.2 Type and Model designation:
2.3 Manufacturer: 2.4 Country of manufacture/State of Design:
2.5 Date of manufacture: 2.6 Type certificate:
2.7 Manufacturer's serial number: 2.8 New or used:

3. DECLARATION

I hereby declare that the above particulars are true in every respect.

Date: Applicant's Name Signature

4. TO BE COMPLETED BY SLCAA

Aircraft Registration: Date assigned

Aircraft Operator :

24-Bit Aircraft Address: 0000 1001 1010 --- --- ---

Date SLCAA Inspector Name and signature



**SIERRA LEONE CIVIL AVIATION
AUTHORITY**

Form No: **O-AWS003Hrev0**

**Notification of Registration of Aircraft
and Request for Continuing
Airworthiness information**

Ref. No:

Date:

Address of Manufacturer/CAA of State Design

.....
.....
.....

**NOTIFICATION OF REGISTRATION OF AIRCRAFT AND REQUEST FOR CONTINUING
AIRWORTHINESS INFORMATION**

Please, be informed that the aircraft with particulars stated below has just be entered in the Sierra Leone Register of Civil Aircraft

Sierra Leone Civil Aviation Authority (SLCAA) is hereby requesting that you send to it on a regular basis, all mandatory continuing airworthiness information in respect of this aircraft

Particulars of aircraft:

- i. Aircraft type
- ii. Aircraft serial No.....
- iii. Aircraft Reg:
- iv. Engine Type:
- v. Propeller:
- vi. Name and address of registered operator:
.....
.....
.....

All enquires on this matter should please be directed to:

Manager, Airworthiness Division
Directorate of Flight Safety Inspectorate
Freetown National Airport
Lungi
Sign:



GUIDELINES AND REQUIREMENTS FOR REGISTRATION OF AIRCRAFT IN SIERRA LEONE

A person who wishes to register an aircraft in Sierra Leone shall apply to the authority for aircraft registration by submitting a duly completed prescribed application Form: O-AWS003A to the authority.

Registration Acceptance

Application for aircraft registration is accepted only for aircraft of a type that is acceptable to the Authority. On completion of a successful document evaluation, the airworthiness inspector issues the aircraft registration notes.

No aircraft shall be registered without a registration acceptance note issued by the authority

CERTIFICATE OF REGISTRATION ISSUE: INFORMATION AND GUIDANCE

ELIGIBILITY REQUIREMENTS – An applicant for aircraft registration shall meet in full the eligibility requirement stated in Part 7 chapter 11.2 of the Sierra Leone Civil Aviation Regulations (see below).

An aircraft is eligible for registration if it is-

1. Owned by:
 - i. A citizen of Sierra Leone
 - ii. An individual citizen of another state who is lawfully admitted for permanent residence in Sierra Leone
 - iii. A corporation lawfully organized and doing business under the laws of Sierra Leone and the aircraft is based and primarily used in Sierra Leone
 - iv. A government entity of Sierra Leone or political sub division thereof: or
 - v. A foreign person who has leased the aircraft to one of the person described in paragraphs (i) – (iv)above, provided that:
 - 1) The aircraft may remain on the Sierra Leone registry only for as long as the lease remains in effect: and
 - 2) The certificate of registration includes the names and addresses of the lessee and, if different, the operator of the aircraft: and
2. Not registered under the laws of any other State

Registration Requirements – After the aircraft has been evaluated and found acceptable for issue of a certificate of registration it is required that the applicant complies with the following technical and legal requirements:

Technical Requirements - After the aircraft has been evaluated and found acceptable for issue of a certificate of registration it is required to submit the following documents to the Authority:

1. Aircraft Technical Specification;

2. A Certificate or notice of de-registration from the previous state of registry or a letter from the state of manufacture, if the aircraft is new and has never been registered in any other state, confirming non-registration. The de-registration certificate must be received by the Authority directly from the state of registry and should never be presented by the applicant - should be State to State;
3. A certified copy of an aircraft current Insurance Certificate;
4. A copy of Air Transport License (ATL), Air Operating Permit (AOP) or Permit For Non-Commercial Flight (PNCF);
5. Proof of payment of the prescribed fees (see Fees Schedule in the SLCAR);
6. A certified copy of the Certificate of incorporation if owned by a company; or
7. A copy of a government issued Identity Card (ID) or Passport if owned by an individual or any other identification card approved by the Authority; and
8. The Minister in charge of Aviation Permit to import and operate the aircraft.

LEGAL REQUIREMENTS - After the aircraft has been evaluated and found acceptable for issue of a certificate of registration it is required to submit the following documents to the Authority:

1. Document(s) to prove the aircraft ownership, SLCAR Part 7 chapter 11.4 (e.g. Purchase Agreement e.t.c.) with stamp duties paid;
2. Names of the directors of the company owning or leasing the aircraft and their specimen signatures giving authority to register and/or operate the aircraft in Sierra Leone and indicating who among them has the mandate to transact on their behalf on matters relating to the aircraft registration and/or operation;
3. A certified copy of the lease agreement if the aircraft is on lease with stamp duties paid;
4. A certified copy of the power of attorney from the owner/lessor and the lessee, (both of them);
5. An indemnity in accordance with SLCAR Part 7 chapter 11.7 (sample attached).

Allocation of Registration Marks

The applicant will be allocated registration marks which are in sequence with prefix (9L-). Registration marks can be reserved after payment of reservation fee but the reservation is valid for six (6) months.

Allocation of Special Registration Marks

These are registration marks with prefix (9L-) and three (3) alphabets of the applicant's choice. They are allocated on request in writing, when available and they will attract special fee different from the normal Aircraft registration fee.

Allocation of Mode 'S' Codes

The aircraft will be allocated Mode 'S' Code upon confirmation that ATC Transponder is installed on the aircraft and a notice of deregistration or letter of non-registration has been received from the previous State of Registry.

Should you require further information do not hesitate to contact:

The Director General
Sierra Leone Civil Aviation Authority Aviation
21/23 Siaka Steven Street, Freetown



Report of Search/Technical information
Conducted on Aircraft with Registration Mark
9L-

**REPORT OF SEARCH/TECHNICAL INFORMATION CONDUCTED IN AIRCRAFT WITH
REGISTRATION MARK 9L**

A.

- i. Certificate of Registration (C of R):
- ii. Date of Issue of C of R:
- iii. Aircraft Type:
- iv. Aircraft Serial No:

B.

- i. Name of Operator:
- ii. Address of Operator:

C.

- i. Name of Owner:
- ii. Address of Owner:

D. Type of Lease/Period:

E. Lien Holder(s):

- i.
-
-

Nature of Lien;

- ii.
-
-

Nature of Lien;

F. Aircraft Registration Status:

Name and Signature: Date:
For Director General



Pursuant to SLCAR Part 7 chapter 11.7

I/We..... do

(State name of owner)

Hereby unconditionally undertake to defend the Sierra Leone Civil Aviation Authority (SLCAA) or any of its Directors or Officers against any suit or action howsoever arising out of the registration or deregistration of the

Aircraft

(State type and description of aircraft)

I/We further covenant and agree to hold the SLCAA, its Directors or Officers harmless against any claim, demands and charges

(State name of owner)

..... or any third persons for damages arising out of the registration or deregistration of this said aircraft.

Given this.....day of20....

Signed and sealed by:

(Signature & seal)

Name:

(State name of person signing)

Position:

(State position of person signing)

In the Presence of:-

Signature:

Name:



APPLICATION FOR CONTINUING AIRWORTHINESS MANAGEMENT ORGANISATION APPROVAL, VARIATION AND RENEWAL

1. Continuing Airworthiness Organization's Name , Phone Number, Location and Address		2. Reason for Submission		
a. Official Name of Organisation:	Three Letter ID:			
b. Location where business is conducted:				
c. Official Mailing Address of Continuing Airworthiness Organisation:				
3. Management and Key Staff Personnel				
NAME (Surname/First Name/Middle Name)	POSITION/TITLE		TELEPHONE(including mobile) and ADDRESS (if different form company)	
4. Scope of requested Continuing Airworthiness Management Organisation Approval				
Rating	Manufacturer	Model (Quote the aircraft model and the engine type fitted)	Registration Mark (if available)	AMP Reference (if applicable)
A1 Aeroplanes above 5700kg				
A2 Aeroplane/airships 5700kg and below				
A3 Helicopters				
A4 Aircraft other than A1, A2, A3				
a. Additional Privileges of a Continuing Airworthiness Management organization Approval (Optional)				
<input type="checkbox"/> Approval to make a recommendation for the Issuance and Renewal of a Certificate of Airworthiness				
<input type="checkbox"/> Approval to make a recommendation for the Issuance of a Special Airworthiness Certificate				

5. Sub-contracted Maintenance Organisation (if applicable)

6. CAMO ownership and Corporate Affairs Commission (CAC) Incorporation Confirmation (Attach Certificate)

Name of CAMO Owner, {Include name(s) of all owners, partners, or corporation name. State date and number of CAMO Incorporation}

I hereby certify that I have been authorized by the Continuing Airworthiness Management Organisation names in Item 1 above to make this application and that the information given and the statements hereto are true and correct to the best of my knowledge

Date:	Authorized Signature:	Print Name of Authorized Signature:	Title:
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Section 2. to be completed by the Director, Airworthiness Standards

Received by (Name and Office):

Remarks:

Signature:	Date received (day/month/year)
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Sierra Leone Civil Aviation Authority

Certificate No*

CERTIFICATE OF AIRWORTHINESS

1. Nationality and registration marks	2. Manufacturer and manufacturer's designation of aircraft(type and model)**	3. Aircraft serial number
		4. Date of manufacture
5. Categories and/or operation***		
6. This Certificate of Airworthiness is issued pursuant to the Convention on International Civil Aviation dated 7 December 1944 and The Civil Aviation Act, 2019 and the Order and Regulations issued there under in respect of the above-mentioned aircraft which is considered to be airworthy when equipped, maintained and operated in accordance with the foregoing and the pertinent operating limitations. A Flight Manual forms part of this Certificate Designation..... Signature..... Date of First Issue: for the Sierra Leone Civil Aviation Authority		
7. This certificate is valid for the period(s) indicated below****		
From	To	Signature, official Stamp and date

NOTES:

- No entries or endorsement may be made on this certificate except in the manner and by the persons authorised for the purpose
- If this certificate is lost, the issuing authority should be informed at once, the certificated number being coated.
- Any person finding this certificate should forward it immediately to the issuing authority.
- This certificate must be displayed aboard the aircraft.

* For use of the State of Registry.

** Manufacturer's designation of aircraft should contain the aircraft type and model.

*** This space is normally used to indicate the certification basis, i.e. certification code, with which the particular aircraft complies and/or its permitted operational category, e.g. commercial air transportation, aerial work or private.

**** This space shall be used either for periodic endorsement (giving date of expiry) or for a statement that the aircraft is being maintained under a system of continuous inspection.



APPLICATION FOR ISSUE/RENEWAL OF CERTIFICATE OF AIRWORTHINESS

Instruction: Print or type. Submit original to the Authority. If additional space is required use an attachment

I. AIRCRAFT DESCRIPTION	1. NAME OF AIRCRAFT		2. ADDRESS OF OWNER		
	3. NATIONALITY		4. NAME AND ADDRESS OF OPERATOR		
	5. MANUFACTURER		6. YEAR OF MANUFACTURE		
	7. STATE OF DESIGN		8. REGISTRATION MARKS		
	9. DESCRIPTION OF AIRCRAFT	a. New or Used	b. Type	c. Series	
		d. Manufacturer's Serial number	e. Type of Engine	f. Number of Engines Fitted	
		g. Type of Propeller (Where applicable)	h. Seating accommodation(including crew)	i. Avionics installed: (attach equipment form)	
10. MAXIMUM TAKE-OFF MASS OF AIRCRAFT		11. Noise Certification meets appropriate Provision of AIW CARs Yes NO (attach certificate)			
II PARTICULARS OF THE C OF A	12. DETAILS OF CURRENT CERTIFICATE OF AIRWORTHINESS	a. State of Origin of Certificate		b. Number of Certificate	
		c. Type of Certificate(Normal or export)		d. Date of Issue of Certificate	
	13. DETAILS OF CURRENT CERTIFICATE OF AIRWORTHINESS	a. Commercial Air Transport (passengers)		b. Commercial Air Transport (Cargo)	c. Aerial work
		d. General Aviation		e. Date of Issue of Certificate	
14. Renewal Only: Hours flown since C of A issue or last renewal: _____ hours flying					

	<p>15. NAME AND ADDRESS OF APPROVED ORGANISATION/LICENSED AIRCRAFT MAINTENANCE PERSONNEL WITH WHOM AIRCRAFT IS AVAILABLE FOR INSPECTION</p>
<p>III. DECLARATION</p>	<p>I hereby declare that the particulars entered on this application and its appendices are accurate in every respect and the aircraft mentioned above complies with all Regulatory Requirements for ISSUE/RENEWAL a Certificate of airworthiness</p> <p>NAME OF COMPANY REPRESENTATIVE _____ SIGNATURE: _____</p>

Aircraft Equipment and System Installation Form SLCAA O-AWS005C and the Aircraft C of A Issue/Renewal report Form SLCAA O-AWS005B should be Filled and Submitted with this Application Form



SIERRA LEONE CIVIL AVIATION
AUTHORITY

Form No: O-AWS005BRev0

CERTIFICATE OF AIRWORTHINESS ISSUE/ RENEWAL AIRCRAFT STATUS REPORT

To be completed by the operator and submitted with the application for C of A issue and renewal

Aircraft Registration:	Report Date:
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Aircraft Type:	Constructors No:	Date of Manufacture:
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Category Required of Airworthiness Certificate:	Present Expiry Date of Airworthiness Certificate:
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Aircraft Total Time:	Landings:	at Date:
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Hours Flown since last renewal of Airworthiness Certificate:	Aircraft last weighed on date:	Mass/ C.G. Schedule dated:
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Compass Swing carried out on:	Check Swing carried out on:
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Details of Significant Repairs, Defects, and Modifications since Manufacture / last Renewal of Airworthiness Certificate (use additional pages if required):

.....

.....

The aircraft/Engine(s)/Propeller(s) and associated Equipment have been checked for compliance with all Approved Scheduled Maintenance Mandatory Service Bulletins, Airworthiness Directives.

Maintenance work that require / required pre-certification test flight (if applicable):

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Note: Insert N/A wherever any item is not applicable.

The Aircraft has been maintained by _____

Approved Maintenance Schedule _____ Reference Revision No _____

Details of Checks carried out since last C of A Renewal Application:

Check	A/F Hrs	Date

Check	A/F Hrs	Date

Are Scheduled Time Controlled items within Life Yes No

If No give details: _____

Engines, APU and Propeller / Rotor Details:

Engine TBO _____ Propeller/Rotor TBO _____

	No: 1	No: 2	No: 3	No: 4	APU
Engine Type:					
Serial Numbers:					
Total Engine Hours:					
Hours since Overhaul:					
Propeller/Rotor Type:					
Serial Numbers:					
Total Propeller hours:					
Hours since Overhaul:					
Date Fitted:					
Tail Rotor Serial Numbers:					
Hours since Manufacture:					



AIRCRAFT SYSTEMS AND EQUIPMENT, INSTALLATIONS

When applying for the initial issue of an Airworthiness certificate, the applicant shall be required to complete the items listed in this appendix.

All items must be completed as appropriate in cases where items are not relevant. The words "Not Applicable" should be entered. The applicant should attach the manufacturer's list of equipment installed on the aircraft.

1. NAME OF APPLICANT	2. AIRCRAFT TYPE	3. SERIES
4. REGN. MARKS – CURRENT OR ALLOTTED	5. PREVIOUS MARKS (if any)	6. MANUFACTURER'S SERIAL NUMBER

SYSTEM, INSTALLATION OR EQUIPMENT DETAILS

1. Pressurization system	2. Automatic flight control and guidance systems	3. Special Operations (specify) <input type="checkbox"/>
4. Electric power generators	a. Engine driven:	b. Helicopter transmission driven:
	i. DC only (including alternators with built-in rectification)	i. DC only(including alternators with built-in rectification)
	ii. DC and AC	ii. DC and AC
	iii. AC only, frequency range	iii. AC only, frequency range
5. Main Batteries	a. Nickel/Cadmium	b. Lead/acid
6. Oxygen	a. Installed	b. Portable
7. engine fire detection system	8. Portable fire Extinguishers	
9. Stall detection and warning system	10. Fuel quantity indicating system	
11. Ice and rain protection systems	12. Flight data recording systems	
13. Emergency Lighting System		
14. Anti-collision lighting system	a. Rotating beacons	b. Strobe lights
15. Compasses	a. Remote reading	b. Direct reading
16. Communication	a. VHF	b. HF
17. Automatic navigation system	18. Rotor low rpm warning system (helicopters only)	
19. Emergency Locator Transmitter (ELT)		
20. GPWS/EGPWS		
21. TCAS/TCAS II		
22. Systems installed for agricultural purposes		

OTHER INFORMATION

23. Are there provisions for installation of safety harnesses at:	a. Flight crew seat positions?	b. Cabin crew seat positions?	c. passenger seat positions?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Are there provisions for carrying external loads? Yes <input type="checkbox"/> No <input type="checkbox"/>	25. Are there provisions for glider towing? Yes <input type="checkbox"/> No <input type="checkbox"/>	26. State total fuel capacity (in kg)	
27. Give details of equipment, other than that listed in 1 to 18, which has been introduced by modification action (state manufacturer and type)			
28. Give details of changes, if any, introduced the flight manual, as a result of modification action			



AIRLINE:	A/C TYPE/REG.:	FOLIO
TYPE OF INSPECTION: DATE:		
SECTION 1:	COPY OF CORRESPONDENCES	
SECTION 2:	APPLICATION FOR AIRCRAFT CERTIFICATION ISSUE /RENEWAL FORM: O-AWS005A	
SECTION 3:	REPORTS (A) AIRCRAFT INSPECTION REPORT CL: O-AWS005A OR CL: O-AWS005B (b) A/C STATUS REPORT FORM: O-AWS005B	
SECTION 4:	AIRFRAME (a) A/C SYSTEMS & EQUIPMENT INSTALLATIONS FORM: AC-AWS005C (b) STATUS OF LIFE LIMITED (c) STATUS OF COMPLIANCE WITH MAINTENANCE PROGRAMME (d) AD'S & SB'S COMPLIANCE STATUS (e) COMPONENTS RECORDS (f) LIST OF AVIONICS EQUIPMENT (g) A/C MASS & BALANCE SCHEDULE (h) A/C AGEING PROGRAMMES; CORROSION CONTROL PROGRAM COMPLIANCE (i) STANDBY COMPASS SWING (j) TEST FLIGHT REPORT (IF APPLICABLE) (k) LAST MAJOR MAINTENANCE CRS (l) CURRENT CRS (IF DIFFERENT FROM ABOVE) (m) ALLOWABLE DEFERRED DEFECTS CLEARANCE (n) ELECTRICAL LOAD ANALYSIS (IF APPLICABLE) (o) CVR/FDR READOUT & SERVICEABILITY REPORT (p) LAST FDR SENSOR CALIBRATION (IF APPLICABLE)	
SECTION 5:	ENGINES (a) STATEMENT OF ENGINE MAINTENANCE PROGRAMME (b) REPORT OF ENGINE LAST SHOP VISIT (c) ENGINE DISK SHEET OR LIFE LIMITED PARTS (d) AD'S & SB'S COMPLIANCE STATUS (e) ENGINE SHOP VISIT RELEASE E.G. FORM 8130-30, JAR FORM 1	
SECTION 6:	CERTIFICATES & APPROVALS (a) CERTIFICATE OF INSURANCE (b) RADIO STATION LICENCE (c) COPY OF MTCE PROGRAM APPROVAL (d) COPY OF MEL APPROVAL (e) COPY OF ELT REGISTRATION FORM (f) LOGBOOKS ENTRIES UPDATE AND CERTIFICATION (g) FLIGHT MANUAL	
SECTION 7:	LIST OF INCIDENTS/ACCIDENTS & COPIES OF MOR'S/ASR'S	
SECTION 8:	TYPE CERTIFICATE DATA SHEET, STC'S, MODS & REPAIRS	
SECTION 9:	SURVEILLANCE	
SECTION 10:	DOCUMENTS IN POUCH (a) C OF R (b) C OF A (c) CERTIFICATE OF NOISE COMPLIANCE (d) ANY OTHER DOCUMENTS/CERTIFICATES	

NOTES

- (1) Documents in sections 7, 8 & 10 shall remain in the a/c file for the entire life of the a/c on our register**
- (2) Documents in sections 1, 2, 3, 4, 5, 6 & 9 are subject to periodic review and replacement (as applicable) at least every 12 months**

Outdated documents removed from sections 1, 2, 3, 4, 5, 6 & 9 shall be put in a closed file for archiving



STATEMENT OF ENGINE MAINTENANCE PROGRAMME

A/C REG. DATE: ENGINE TYPE:

ESTIMATE OF ENGINE UTILISATION OVER THE NEXT 12 MONTHS:

HOURS..... CYCLES:

State whether the approved engine maintenance programme is based on:

- (A) Conditional monitoring)
(B) Hard time)

If (A)

1. Condition monitoring based on:

2. Evidence of condition monitoring programme:

If (B)

1. Approved engine TBO: Hours / Cycle

Approved engine HSI period:

Table with 7 columns: ENGINE POSITION, SERIAL NUMBER, TSO, CSO, HOURS LEFT TO OVARHAUL OR DISC CHANGE, CYLES LEFT TO OVERHAUL OR DISC CHANGE, EXCEEDS TBO OR CBO IN 12 MONTHS? and 4 rows.

In the last column, state ("Yes" or "No") whether the engine approved TBO or CBO will be exceeded within the next 12 months, based on above stated estimate of utilization.

.....
PLANNING MANAGER

.....
DIRECTOR OF MAINTENANCE

A copy of this statement is to be retained in the aircraft technical log.



Sierra Leone Civil Aviation Authority

Certificate No:*

EXPORT CERTIFICATE OF AIRWORTHINESS

1. This Certifies that the product identified below and more particularly described in Specification(s), has been examined and as of the date of this Certificate, is considered airworthy in accordance with the provisions of [Part 8 of SLCAR] and is in compliance with those special requirements of the importing State filed with Sierra Leone, except as noted below.

Note: This certificate in no way attests to compliance with any agreements or contracts between the vendor and purchaser, nor does it constitute authority to operate an aircraft.

2. Product:

3. Engines (Manufacturer, Model):

4. Manufacturer:

5. Propellers (Manufacturer, Model):

6. Serial No.:

7. New

Newly Overhauled

Used Aircraft

8. Specification (Type Certificate, Type Acceptance Certificate, Certificate of Type Approval or other document)

¹For complete aircraft, list applicable specification or Type Certificate Data Sheet numbers for the aircraft, engine, and propeller. Applicable specifications or Type Certificate Data Sheet, if not attached to this Export Certificate, will have been forwarded to the appropriate governmental office of the importing country.

9. State to which exported:

10. Remarks/ Exceptions:

Date of issue: _____ [Signature] _____

11. Note:**The export C of A is valid for a period of 60 days from the date of this certificate

* For use of the State of Registry.

** Additional information



Application for an Export Airworthiness
Approval

Instructions: This application is to be submitted to the SLCAA (one copy) when the product(s) to be exported is (are) presented for inspection. Use Part I for Class I Products and Part II for Class II. For complete aircraft execute items 1 through 11' as applicable. For engines and propellers, omit items 5a) and 6. Part III is for SLCAA use only.

PART I (FOR CLASS I PRODUCT)

1. Application is made for an Export Certificate of Airworthiness to cover the product(s) described below, which is (are):
 New Used (Aircraft) Newly overhauled

2. Name and address of exporter:

3. Name and address of foreign purchaser:

4. Country of destination:

5. Description of product(s)

Type	Make and model	Identification No.	Serial numbers	Spec. No.	Operating time (hours)	
					Since overhaul	Total
(a) Aircraft						
(b) Engines						
Engine 1						
Engine 2						
Engine 3						
Engine 4						
(c) Propellers						
Propeller 1						
Propeller 2						
Propeller 3						
Propeller 4						

6. The aircraft was given a satisfactory flight test on (date): ____/____/____

7. Does the product comply with all applicable SLCAR, Airworthiness Directives and other requirements?
 Yes No (explain in 'Remarks')

8. Have applicable special requirements of the importing country been complied with?
 Yes No (explain in 'Remarks')

9. Has proper preventive treatment been applied to products susceptible to rapid corrosion when being shipped?
 Yes No (explain in 'Remarks')

10. Remarks :

11. Exporter's certification:

I certify that the above statements are true and that the product(s) described here is (are) airworthy and in condition for safe operation except as may be noted under Item 10 "Remarks", above.

____/____/____
Date

Signature of applicant
(Title)



SIERRA LEONE CIVIL AVIATION AUTHORITY
**Suspected Unapproved Parts (Sup) Status
Report**

Form No: AC-AWS017Arev0

Refer to page 2 for instructions on how to complete this form.

1. Case Start Date:		2. Part Name:	
3. Part Number:		4. Part Serial Number:	
5. Part Model/ Manufacturer:	6. Next Higher Assembly:	7. Next Higher Assembly Pin:	
8 Application:		9. Quantity:	
10. Case Status:		11. Part Critically Category:	
12. Action Office:		13. Law Enforcement Involvement:	
14. Aircraft Group:		15. Aircraft Make/Model/Series	
16. Name & Address of Person/CO under Investigation:			
17. Name & Address of the Physical Location where the Part was Found			
18. SUP Reported by:		19. Date SUP Discovered	
20. SLCAA Hotline Case:		21. Reporter Anonymous:	
22. Reporter confidential:		23. SUP Case Number:	
24. Connecting Cases:		25. Description of SUP event/ Complaint (Narrative):	
26. Status of Investigation:		27. Investigation Result (Narrative):	
28. Case Result:		29. Unapproved Part Issue:	
30. Field Notification:		31. Enforcement Activities:	
32. Investigation Completed by:		33. Directorate/Regional Approval:	
34. Active Office Review:		35. Total Hours for Investigation:	

APPENDIX 2. INSTRUCTION

1.	Case Start Date:	The date the investigation commence
2.	Part Name:	Identify the name of the part. When multiple parts are involved, add them to the second page.
3.	Part Number:	Part number or any other number on part. When multiple parts are involved, and them to second page.
4.	Part serial number:	Serial number on part.
5.	Part mode/Manufacturer:	Manufacturer(s) part i.e. GE, Raytheon, etc
6.	Next Higher Assembly:	The assembly the part is installed on.
7.	Next Higher Ass’y PN:	Part number of the assembly.
8.	Application:	Choose one application for the part.
10.	Case status:	Reflect open/closed investigation
11.	Part Criticality Category:	As defined by Manufacturer
12.	Action Office:	Reflect the investigating office
13.	Law Enforcement Involvement:	Indicate LEA involvement
14.	Aircraft Group:	Choose the one that is most applicable for the part(s)
15.	Aircraft Make/Model/Series:	List all aircraft on which the unapproved part may be installed.
16.	Name & Address of person/Co. Under Investigation:	This reflects the current focus of the investigation. The SUP investigation is to update/change as necessary
17.	Name & Address of the physical Location Where the Part was Found:	Location where the SUP was found
18.	SUP Reported by:	To be completed by Personnel that made the report
19.	Date SUP discovered:	Date that SUP was discovered.

20.	SLCAA Hotline Case#:	Provide hotline number if applicable
21.	Reporter Anonymous:	Reflect reporter is anonymous.
22.	Reporter confidential:	Reflects reporter desired to remain confidential.
23.	SUP Case number:	The case number assigned to the SUP
24.	Connecting Cases:	Reflect common/connected cases.
25.	Description of SUP Event/ Complaint (Narrative)	Describe SUP allegation.
26.	Status of Investigation:	Reflects status of investigation
27.	Investigation Results (Narrative)	Write a short narrative to include results, findings etc, continue on back of form and additional sheets as necessary.
28.	Case Result:	Applies to the case. If an unapproved part is confirmed during investigation the case closure will be reflected as unapproved part case.
29.	Unapproved Part Issue:	If it is unapproved part case choose one that best fits the investigation outcome.
30.	Field Notifications:	Check all that apply to the case.
31.	Enforcement Activities:	Insert the enforcement investigation report number.
32.	Investigation Completed by:	Reflects the investigating Aviation Safety Inspector
33.	Airworthiness Manager Approval:	Signature of Airworthiness Manager
34.	Total Hours for Investigation:	Record the current total number of hours used for the investigation (update as necessary) investigators, support staff, SUP Coordinator, etc.



SIERRA LEONE CIVIL AVIATION AUTHORITY
Contents Of AOC (Airworthiness Aspects)
AOC & Approvals Folder

Form No: **O-AWS019rev0**

S/N	DOCUMENT TITLE	APPLICABILITY (Check X as applicable)	
		APPLICABLE	NOT APPLICABLE
1	AOC/Ops Specs		
A	AOC CERTIFICATE		
B	OPSPECS PART (AIRWORTHINESS ASPECT)		
2	Manual Approval Pages		
A	MCM APPROVAL PAGE and LEPs		
B	MAINTENANCE PROGRAMME (S) AP APPROVAL PAGE(S) and LEPs		
C	QUALITY MANUAL APPROVAL PAGE and LEPs		
D	SMS MANUAL APPROVAL PAGE and LEPs		
E	MEL APPROVAL PAGE		
F	MAINTENANCE TRAINING PROGRAMME APPROVAL PAGE and LEPs		
3	SPECIAL AUTHORIZATION		
A	EDTO APPROVAL PAGE (If applicable)		
B	RVSM APPROVAL PAGE (If applicable)		
C	PBN/CAT III APPROVAL PAGE (If applicable)		

Last Updated by : Signature /Date.....

Note: This file is required to be updated at every AOC variation/renewal and at every update to any manual approvals listed herein. All outdated documents must be removed and replaced with current ones.

The Certification Team Lead from DFSS is responsible for updating this file.

The AOC (Certification/Variation/Renewal) lead is accountable for keeping this file updated at all times and will make sure the file is audited at least twice a year in June and December



TYPE OF ACTIVITY: INITIAL CERTIFICATION/VARIATION/RENEWAL (circle one)

TYPE OF ACTIVITY (Check X as applicable)	INITIAL	RENEWAL	VARIATION
	ACTIVITY REF. NO		

S/N	REPORT/CHECKLIST TITLE	APPLICABILITY (Check X as applicable)	
		APPLICABLE	NOT APPLICABLE
1	Correspondence/ Copy of application forms, AOC Job Aid Form and Schedule of Events		
2	Activity Advice		
3	REPORTS		
	a) AOC MODULAR AUDIT REPORT CL: O-AWS019		
	b) MCM CHECKLIST CL:O-AWS027 & CL:O-AWS022		
	c) QUALITY MANUAL CHECKLIST CL:O-AWS027		
	d) MANAGEMENT PERSONNEL BIOGRAPHICAL DATA-FORM: AC-AWS039E		
	e) MAINTENANCE PROGRAMME CHECKLIST CL: O-AWS021 & CL:O-AWS027		
	f) RELIABILITY PROGRAMME APPROVAL CHECKLIST (if applicable) CL: O-AWS014		
	g) EDTO CHECKLIST (If applicable) CL: O-AWS010		
	h) RVSM CHECKLIST (If applicable) CL: O-AWS011		
	i) MAINTENANCE CONTRACT AGREEMENT CHECKLIST (If applicable) CL: O-AWS036		
	j) LEASE AGREEMENT EVALUATION CHECKLIST (If applicable)		
	k) PBN/CAT III/ CHECKLIST (If applicable)		
	l) MAINTENANCE TRAINING PROGRAMME CHECKLIST (If applicable) CL: O-AWS016 & CL:O-AWS027		
	m) SMS MANUAL CHECKLIST & CL:O-AWS027		
4	COPY OF LEASE AGREEMENT(S)		
5	COPY OF MAINTENANCE CONTRACT AGREEMENT(S)		



Non-Conformance Finding Form

FILE:	COMPANY:
LOCATION/BASE:	AREA OF AUDIT:
INSPECTOR:	DATE:
NON-CONFORMANCE WITH:	
LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
DESCRIPTION OF NON-CONFORMANCE:	

COMPANY CORRECTIVE ACTION/RECTIFICATION

Short Term Correction:

Signature: Title:

Date:

ROOT CAUSE AND PREVENTIVE ACTION

Root Cause:

Long Term Correction:

Signature: Title:

Date:

SLCAA RESPONSE

Action Taken Considered Acceptable/Finding Closed:

Requires Further corrective Action:

Signature: Title:

Date:



Operator: Audit Team:Date:

Item No	SLCAR Part / MCM/MPM/ CAME.	Findings / Recommendations	Level / Compliance Required Within	Root Cause Analysis	Corrective Action Plan (CAP)	CAP Target Date	SLCAA Follow up /Closure Date

Level 1 Finding

Means any significant non-compliance with SLCARs, which would lower the maintenance standards and probably hazard an aircraft. It includes non-compliance with authorizations and limitations or on aircraft components that the AOC/AMO/CAMO may have on their operations specifications.

Action for level 1 finding

In the case of an initial application for approval, no approval shall be issued until all level 1 findings are corrected.

In the case of a re-issue or surveillance, the AOC/AMO/CAMO approval should be provisionally suspended in whole or in part depending upon the extent of the level 1 finding until corrective action has been taken. A follow up visit to the AOC/AMO/CAMO may be necessary to verify corrective action depending on the nature of the level 1 finding.

Level 2 Finding

Means any non-compliance with SLCARs which could lower the maintenance standard and possibly hazard an aircraft. It includes non-compliance with authorizations and limitations or on aircraft components that the AOC/AMO/CAMO may have on their operations specifications

Action for level 2 finding

In the case of an initial application for approval a provisional approval valid for a maximum 3-month period may be given to allow time for the level 2 findings to be corrected.

In the case of a re-issue or surveillance, the AOC/AMO/CAMO should be given a maximum of 3 months extension to their approval to complete the corrective action and written notice to that effect should be given to the AOC/AMO/CAMO. Failure to comply with the 3-month time scale will cause the approval to expire. A follow up visit to the AOC/AMO/CAMO may be necessary depending on the nature of the level 2 finding.

Level 3 finding

An observation intended to give background information. A level 3 must not include any information suggesting non-compliance with SLCARs.

Action for level 3 findings

Inform the company



**SIERRA LEONE CIVIL AVIATION
AUTHORITY**

Form No: **O-AWS025Crev0**

Letter Of Correction (First Stage)

CASE No: _____ **OPERATOR:** _____

ACCOUNTABLE MANAGER: _____

Dear Sir/Madam:

Your _____ was examined for compliance with the applicable Civil Aviation Regulations and/or Operations Specifications during the period: _____ . At the end of that inspection, you were advised of our findings as follows: _____

You were found not to be in compliance with the following regulation(s)/directive(s):

We also provided the following suggested action:

This letter is to inform you that this/these discrepancy(s) must be corrected. Please respond to this office within 10 days of your proposed corrective action, which will include the action necessary to prevent recurrence.

Sincerely,

SLCAA – Director, Flight Safety Standards



CASE No: _____ **OPERATOR:** _____

ACCOUNTABLE MANAGER: _____

Dear Sir/Madam:

We have reviewed your proposed corrective action and find that it is acceptable/unacceptable.

If Acceptable:

Please notify this office as soon as the discrepancy(s) is corrected or by the date specified in your letter so that we can conduct a follow-up inspection.

If Unacceptable:

Your proposed corrective action is unacceptable for the following reason(s):

The affected pilots are still operating without Sierra Leonian validation on their licences.

If the necessary corrective action is not accomplished by: _____, we will pursue further enforcement action.

Sincerely,

SLCAA – Director, Flight Safety Standards



CASE No: _____ **OPERATOR:** _____

ACCOUNTABLE MANAGER: _____

Dear Sir/Madam:

We have given consideration to all of the available facts pertaining to your corrective action, completed our follow-up inspection, and concluded that this matter does/does not warrant further enforcement action.

If Corrective Action is Satisfactory:

In lieu of such action, we are making this letter a matter of record. We will expect your future compliance with the Regulations and/or Operations Specifications.

If Corrective Action is Not Satisfactory:

Therefore, we are forwarding this case to the Director-General for whatever action he deems appropriate. If you wish to add any information in explanation or mitigation, please write to him at the address shown above.

Sincerely,

SLCAA – Director, Flight Safety Standards



OPERATOR / ORGANISATION / AIRLINE'S LOGO
{NAME OF OPERATOR / ORGANISATION / AIRLINE}

APPROVAL PAGE

=====

Title of Manual : {e.g. Maintenance Control Manual}

Manual Reference : {Operator Manual Reference}

Manual Issue
No. & Date : {Issue No.} {Date}

=====

Prepared By : {Name}
{Designation}
{Signature} {Date}

=====

Checked and Recommended for Approval by:

{Name}
{Quality Manager}
{Signature} {Date}

=====

ORGANISATION APPROVAL

Approval By: {Name} {Signature} {Date}
{CEO/MD as applicable}

=====

AUTHORITY'S APPROVAL

Approval by SLCAA: {Name} {Signature & Stamp} {Date}
{Designation}



**SIERRA LEONE CIVIL AVIATION
AUTHORITY
OJT PROGRESS CHART**

Form No: O-AWS032rev0

AVIATION SAFETY INSPECTOR OJT PROGRESS CHART

1. Name of Inspector	2. Check Inspector Specialty: <input type="checkbox"/>	3. Position Description
4. Airworthiness Manager	5. Supervisor	6. OJT Instructor

7. OJT Job Task	8. Order Number	9. Level 1 Discuss-Completion Date	10. OJT Instructor Sign & date	11. Level 2 Observe/Assist - Completion Date	12. OJT Instructor sign & date	13. Level 3 Perform - Completion Date	14. OJT Instructor sign &date	15. Confirmed By: OJT Coordinator: Sign & Date
Ex. Ramp Inspection								



Ref:

TO: See Distribution

Date:

FROM: AIRWORTHINESS MANAGER

OJT Instructor (Name & Designation)		
OJT Trainee(s)	1. 2. 3.	
OJT Job Task(s)	1. 2. 3. 4. 5.	
Deadline for Completion of OJT:		

The OJT Instructor and Trainee (s) in the table above are hereby assigned to undertake training on the specified OJT Job Task(s) effective (Date).....

All training must be accomplished in accordance with SLCARs, TGMs and the requirements and procedures specified in the Inspector Training Programme.

For each task that the trainee is to be qualified, the instructor is required to certify all the three OJT levels. This certification is achieved by conducting and validating the training for each of the three levels and completing the OJT Progress Chart (Form O-AWS 032).

AIRWORTHINESS MANAGER

Distribution

1. DFSS
2. OJT Instructor
3. OJT Trainee (s)



**SIERRA LEONE CIVIL AVIATION
AUTHORITY
DFSS OJT Instructor Memo**

Form No: **O-AWS032Brev0**

Sierra Leone Civil Aviation Authority
21/23 Siaka Steven Street, Freetown

Date: XXXX

DFSS OJT INSTRUCTOR MEMO

Ref:

FROM: DFSS

TO:

Subject: DESIGNATION OF ON-THE-JOB TRAINING (OJT) INSTRUCTOR

The above subject matter refers, please.

You are hereby designated as an **On-the-Job Training (OJT) Instructor** for the **Inspectorate, Flight Safety Standards (DFSS)**, effective date XXXXX.

Your duties and responsibilities are as follows:

- i. All training is to be accomplished in accordance with SLCARs and the requirements and procedures specified in the Inspector Training Programme.
- ii. OJT Instructions authorization is limited to the job tasks within the confines of your approved Scope of Authorization.
- iii. Create an objective, constructive, and patient learning environment to support the training process.
- iv. Provide structured and well-planned OJT training with clearly stated objectives and expected standards of performance.
- v. Make fair and accurate assessments of trainee knowledge and skill on specific tasks.
- vi. Communicate regularly with the Training Coordinator, General Managers, and OJT Program Manager about trainee progress and problems.
- vii. Notify management when a trainee has successfully accomplished all elements of OJT on a particular Job Task and is now ready to accomplish that task without further assistance.
- viii. Offer constructive suggestions and recommendations to improve the OJT process.

I urge you to exercise the privileges of your designation with the highest level of dedication and integrity. Congratulations.

DFSS



Ref:

From: DFSS

To:

Subject: ON-THE-JOB TRAINING (OJT) PROGRAM COORDINATOR

The above subject matter refers, please.

You are hereby designated as an **On-the-Job Training (OJT) Program Coordinator** for the **Inspectorate, Flight Safety Standards (IFSS)**, effective XXXX. Your duties and responsibilities are as follows:

- i. Ensure that OJT program implementation is consistent with national policies and the requirements and procedures specified in the Inspector Training Program.
- ii. Effectively manage the OJT program in the Directorate.
- iii. Facilitate the resolution of problems or issues that may impede the effective delivery of OJT.
- iv. Make fair and accurate assessments of trainee knowledge and skill on specific tasks.
- v. Participate in regular meetings with other OJT coordinators to discuss the status of the OJT program and make recommendations for improvement.
- vi. Coordinate and collaborate with the Training Coordinator to identify additional tasks in the Directorate that should be included in the OJT process.
- vii. Set-up and maintain individual Training Records to certify training status and completion.
- viii. Recommend OJT Instructor candidates to the Director, Flight Safety Standards.
- ix. Monitor OJT instructor performance and provide coaching on effective methods and techniques.

I urge you to exercise the privileges of your designation with the highest level of dedication and integrity. Congratulations.

.....
DFSS

cc: Director General



SIERRA LEONE CIVIL AVIATION AUTHORITY
SCOPE OF AUTHORISATION

Form No: **O-AWS032Drev0**

SCOPE OF AUTHORISATION FOR AIR INSPECTORS

The Inspector named below is issued this on the basis that, he/she has been satisfactorily trained and certified to carry out the functions within the scope of the authorisation area "X" in column 4 which indicates that the inspector is authorised to carry out the function.

NAME OF INSPECTOR: _____

UNIT: _____ **AUTHORISATION: AIR/SoA/** _____

S/N	Function	Authorization	Mark "X"	Remarks
1	Conduct Administrative Activities for an Air Carrier Operator Applicant	Team Member		
		Team Leader		
2	Evaluate a Compliance Statement	Team Member		
		Team Leader		
3	Evaluate a Maintenance Control Manual or Revision	Team Member		
		Team Leader		
4	Evaluate/Approve a Maintenance or Inspection Training Programme	Team Member		
		Team Leader		
5	Add an Aircraft to an Existing Air Operator Certificate	Team Member		
		Team Leader		
6	Conduct an Aircraft Conformity Inspection	Team Member		
		Team Leader		
7	Evaluate Management Personnel Qualifications	Team Member		
		Team Leader		
8	Evaluate Configuration: Minimum Equipment List (MEL) or Deviation List (CDL)	Team Member		
		Team Leader		
9	Evaluate Refueling Procedures and Facilities	Team Member		
		Team Leader		
10	Evaluate a Line Station Facility	Team Member		
		Team Leader		
11	Evaluate a Maintenance Facility	Team Member		
		Team Leader		
12	Conduct an Emergency Evac or Ditching Demonstration	Team Member		
		Team Leader		
13	Conduct an Aircraft Demonstration flights	Team Member		
		Team Leader		
14	Recommend issuance or amendment of Operations Specifications	Team Member		
		Team Leader		
15	Aerial works certification	Team Member		
		Team Leader		
16	Certification and renewal of an AMO	Team Member		
		Team Leader		
17	Inspect a Foreign AMO	Team Member		
		Team Leader		
18	Conduct Aircraft Ramp Inspection	Team Member		
		Team Leader		
19	Conduct a Cabin En Route Inspection	Team Member		
		Team Leader		
20	Conduct a Cockpit En Route Inspection	Team Member		
		Team Leader		

21	Inspect an Operator's Refueling Procedures	Team Member		
		Team Leader		
22	Inspect Aircraft used as an Air Ambulance	Team Member		
		Team Leader		
23	Issue an Aircraft Ramp Inspection Notice	Team Member		
		Team Leader		

24	Issue an Aircraft Ramp Inspection Notice	Team Member		
		Team Leader		
25	Inspect a Maintenance Facility	Team Member		
		Team Leader		
26	Inspection During Bankruptcy, Strike, or Merger	Team Member		
		Team Leader		
27	Inspect a Deicing Program	Team Member		
		Team Leader		
28	Carrying out surveillance and inspection of foreign air operators	Team Member		
		Team Leader		
29	Acceptance of Major Repairs and Major Alterations	Team Member		
		Team Leader		
30	Continued surveillance of AOC Holders	Team Member		
		Team Leader		
31	Conduct Surveillance of a Special Event	Team Member		
		Team Leader		
32	Conduct a Ramp Inspection of Foreign Registered Aircraft	Team Member		
		Team Leader		
33	Conduct Certification or Renewal of a Training Center	Team Member		
		Team Leader		
34	Inspect Training Personnel, Facilities, Equipment, and Records of an Aviation Maintenance Technician School	Team Member		
		Team Leader		
35	Inspect Training Personnel, Facilities, Equipment, and Records of an Aviation Maintenance Technician School	Team Member		
		Team Leader		
36	Conduct an Enforcement Investigation	Team Member		
		Team Leader		
37	Investigate Non-Compliance in Accordance with Self-Disclosure	Team Member		
		Team Leader		
38	Provide Technical Assistance to Legal Counsel	Team Member		
		Team Leader		
39	Investigate a Complaint	Team Member		
		Team Leader		
40	Ground an Operator's Aircraft	Team Member		
		Team Leader		
41	Participate in Aircraft Accident Investigation	Team Member		
		Team Leader		
42	Investigate an Aircraft Incident	Team Member		
		Team Leader		
43	Investigate an Aircraft Occurrence	Team Member		
		Team Leader		
44	Investigate a Foreign Air Operator Incident	Team Member		
		Team Leader		
45	Issue/Renewal of an Airworthiness Certificate for an Aircraft	Team Member		
		Team Leader		
46	Issue a Special Airworthiness Certificate	Team Member		
		Team Leader		
47	Evaluate a Foreign-Registered Aircraft (Maintenance Clearance Certificate/Ops Specs)	Team Member		
		Team Leader		
48		Team Member		

	Process a Mandatory Occurrence Report (MOR)/Service Difficulty Report (SDR)	Team Leader		
49	Evaluate an Avionics Equipment Approval	Team Leader		
50	Evaluate a Maintenance Record-keeping System	Team Leader		
51	Evaluate an Extended Range Operations With Two-Engine Airplanes (ETOPS)	Team Leader		
52	Evaluate Manual AMO Maintenance Procedures	Team Leader		
53	Evaluate /Approve an AMO Training Program	Team Leader		
54	Evaluate AMO Quality Manual	Team Leader		
55	Evaluate a Reduced Vertical Separation Minimums (RVSM) Program	Team Leader		
56	Plan a Surveillance Work Program	Team Leader		
57	Evaluate and/or approve a Reliability Program	Team Leader		
58	Approval of EDTO, RVSM, Cat II and Cat III, RNP etc	Team Leader		
59	Approve a Hazardous Materials Program	Team Leader		
60	Approve a Training Center Training Program Curriculum	Team Leader		
61	Inspect Aircraft Maintenance Records	Team Leader		
62	Evaluate a Training Center Lease or Contract	Team Leader		
63	Recommendation for Withdrawal Suspension, Revocation, Denial, or Amendment of Operations Specifications	Team Leader		
64	Evaluate a Category II and Category III Program	Team Leader		
65	Approve a Foreign Aircraft, Product or Part	Team Leader		
66	Issue an Export Airworthiness Approval	Team Leader		
67	Evaluate an Engineering Change Authorisation	Team Leader		
68	Evaluate Accident or Incident Reports for Trends	Team Leader		
69	Evaluate a Safety Management System	Team Leader		
70	Evaluate Weight and Balance Control Program	Team Leader		
71	Evaluate an Aircraft Lease Agreement	Team Leader		
71	Evaluate and/or approve a Continuing Analysis and Surveillance Program (CASP)	Team Leader		
73	Evaluate an Exemption, Deviation, or Waiver Request	Team Leader		
74	Evaluate/Approve a Deicing Program	Team Leader		
75	Evaluate and/or approve an Airplane Inspection and Maintenance Program	Team Leader		
76	Evaluate and/or approve a Continuous Airworthiness Maintenance Program	Team Leader		
77	Evaluate an Operator's Service Contractual Arrangement	Team Leader		
Authorization Holder's Signature:				
Recommended By:				
Name:				
Signature:				
Designation:				
Date:				
Approved By: Director General				
Signature:				
Date:				



1. Name of Applicant:
2. Address.....
3. AOC No (attach copy)
4. Aircraft type(s) approved on AOC
5. Applicant's current fleet (type(s) & reg. no(s))
 - a) Type and registration no. of aircraft for which approval is sought:
 - b) Type Certification Standards of aircraft in (a)
 - c) Does applicant's ATL / AOP allow utilization of the aircraft
6. Aircraft type(s) (attach copy) previously operated (if not in 5)
7. Proposed commencement date of operation of aircraft for which approval is sought
8. Name of owner / lessor :
9. Address of owner / lessor
10. Type of operation (Wet-Lease, Dry-Lease, Damp-Lease)
11. AOC Held by Lessor (attach copy)
 - a) Certificate No.
 - b) Validity date
 - c) Approved Aircraft type(s)
12. Location of aircraft
13. Particulars of Maintenance personnel (Form AC-AWS039F)
14. Person in charge of maintenance personnel training programme
15. For the training programmes in (17) and (18), state
 - a) Availability

b) approval no and date

c) approval by (state authority, name and designation

16. Person in charge of flight supervision / following

17. State level of maintenance to be provided by:

a) applicant,

b) lessor

c) others

18. State all foreign-registered aircraft in fleet by reg. no. (for each, indicate date since in current service)

19. If there is no foreign –registered aircraft currently in fleet, when last was a foreign – registered aircraft

utilized by applicant (indicate date and registration no. of aircraft

.....

20. State date of submission of application for variation of AOC.

21. State stage of application in (24)

NB. Pertinent AOC requirements must be met prior to commencement of operation with the aircraft.

FOR OFFICIAL USE ONLY

1. Operation of this aircraft is APPROVED / NOT APPROVED

2. Aircraft MAY / MAY NOT be inspected

3. Other comments:

Name: Designation:

Signature: Date:



OCCURRENCE INVESTIGATION REPORT FORM

Please fill in this form in CAPITAL LETTERS only. The information you provide will be electronically scanned and stored. Use the reverse of the form as a continuation sheet if necessary. Please complete as much information as possible.

Part 1

OCCURRENCE DETAILS

Occurrence Description :.....(Indicate Occurrence Type - Incident or Accident)

Date:.....Time:.....Local/UTC (delete as appropriate)

Location:

Lat/Long or OS Grid (if not on airfield):

SLCAA File Reference:

Notes: 1 AIRCRAFT 1.1 AIRCRAFT DETAILS Registration: Manufacturer: Generic Name: Type and Series: Engine Model: Number of Engines: Year of Manufacture: C of A Category: C of A Issue Date: C of A Expiry Date: 1.2 CHECKS/ INSPECTIONS Total Airframe hours: Total Cycles: Last Check/ Inspection carried out: Date: Name and Address/Location of Maintenance Organization: 2 OPERATOR DETAILS Name:

	Address/ Location/ Contacts:	
	3 ORGANISATION FLIGHT SAFETY OFFICER Name: Organization Address: Contacts:	
Tick boxes as appropriate Delete local/UTC as appropriate	4 FLIGHT 4.1 FLIGHT DETAILS Purpose of flight: <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Aerial Work <input type="checkbox"/> Training <input type="checkbox"/> Agricultural <input type="checkbox"/> Non-Revenue Departure airfield: Departure time: Local/ UTC Planned destination: 4.2 WEIGHTS AND LOAD DETAILS (Attach load sheet if available) Basic: (kg) C of G: Max take-off weight: (kg) Max landing weight: (kg) No. of Crew: Weight: (kg) No of Passengers: Weight: (kg) Fuel type: Weight: (kg) Baggage/ Freight: Weight: (kg)	
Tick boxes as appropriate	5 WEATHER Issue time:	

Forecast

Actual

Wind direction/ Speed:

Visibility (km):

Weather:

Cloud:

Temperature/ Dew point:

TEMPO Information:

Light conditions: Day Twilight Night

QNH:

Information obtained from.....

Tick boxes as appropriate stating another if relevant

6 AIRFIELD DETAILS (complete only if relevant)

Airfield name:Runway used:

ICAO Designation:Runway slope:.....

Type of: Departure Approach LVPs in force: Yes No

Navigation aids used:

Runway surface: Grass Asphalt Concrete Other

Surface condition: Wet Damp Dry Contaminated Firm Soft

<p>Enter as applicable</p>	<p>7 FLIGHT CREW DETAILS</p>																																																				
<p>Describe "Other" if appropriate</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Pilot</td> <td style="text-align: center;">Co-Pilot</td> </tr> <tr> <td>Name (including title):</td> <td></td> <td></td> </tr> <tr> <td>Date of birth:</td> <td></td> <td></td> </tr> <tr> <td>Pilot flying (PF)/ Pilot non-flying (PNF):</td> <td></td> <td></td> </tr> <tr> <td>LICENCE: Type:</td> <td></td> <td></td> </tr> <tr> <td> Number:</td> <td></td> <td></td> </tr> <tr> <td> Issuing Authority:</td> <td></td> <td></td> </tr> <tr> <td> Valid until:</td> <td></td> <td></td> </tr> <tr> <td>MEDICAL: Class:</td> <td></td> <td></td> </tr> <tr> <td> Valid until:</td> <td></td> <td></td> </tr> <tr> <td> Limitations:</td> <td></td> <td></td> </tr> <tr> <td>RATINGS: Instrument Rating:.....</td> <td></td> <td></td> </tr> <tr> <td> Valid until.....</td> <td></td> <td></td> </tr> <tr> <td> Type/ Ratings:</td> <td></td> <td></td> </tr> <tr> <td> Valid until.....</td> <td></td> <td></td> </tr> <tr> <td> Other:</td> <td></td> <td></td> </tr> <tr> <td>REGENCY: License Prof. Check:</td> <td></td> <td></td> </tr> </table>		Pilot	Co-Pilot	Name (including title):			Date of birth:			Pilot flying (PF)/ Pilot non-flying (PNF):			LICENCE: Type:			Number:			Issuing Authority:			Valid until:			MEDICAL: Class:			Valid until:			Limitations:			RATINGS: Instrument Rating:.....			Valid until.....			Type/ Ratings:			Valid until.....			Other:			REGENCY: License Prof. Check:			
	Pilot	Co-Pilot																																																			
Name (including title):																																																					
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Number:

Issuing Authority:

Valid until:

RATINGS: Aircraft Type/ Rating:

Other:

TRAINING: Initial training date:

Last refresher date:

8.2 Avionics

Name (including title):

Date of birth:

LICENCE: Type:

Number:

Issuing Authority:

Valid until:

RATINGS: Aircraft Type/ Rating:

Other:

TRAINING: Initial training date:

Last refresher date:

IMPORTANT

9 INJURIES TO PERSONNEL

Please enter numbers of all persons on board (including those not injured	TOTAL PERSONS ON BOARD: <div style="text-align: center;"> None Minor Serious </div> Pilot in Command: Second Pilot: Cabin Crew: Passengers: Others:
Tick damage Type Tick damage type and describe 'Other' if	10 SURVIVABILITY 10.1 Damage to cockpit area: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None Details (if relevant): 10.2 Damage to flight deck area: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None Details (if relevant): 10.3 Evacuation: Exit (s) used by crew: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Other

appropriate	<p>Exits used by passengers: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Other</p> <p>Which emergency services attended: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Air Ambulance</p> <p>Other assistance provided by:</p> <p>10.4 Emergency Equipment:</p> <p>Details of any items which failed:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10.5 Additional Comments:</p> <p>.....</p> <p>.....</p> <p>.....</p>
List all airplane/ engine damage	<p>11 DAMAGE TO AIRCRAFT</p> <p>.....</p> <p>.....</p> <p>.....</p>
	<p>12 DAMAGE TO OTHER PROPERTY</p> <p>.....</p> <p>.....</p>

	<p>.....</p> <p>.....</p>
--	---------------------------

Completed Part 1 of this form, extracts will be entered into the Occurrence Database and copy included in applicable Operators file

In Part 2 please provide a sketch of the site and a narrative description of the occurrence. Attach any accompanying photographs and or documents.

<p>Show North and site elevation (amsl). If occurrence occurred on an airfield for which there is no published information, please provide as much detail as possible. Any photographs of the site and / or aircraft would greatly assist the investigation.</p>	<p>13 SKETCH OCCURRENCE SITES</p>
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14 NARRATIVE DESCRIPTION OF EVENTS

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15 YOUR ASSESSMENT OF THE CAUSE

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16 YOUR SIGNATURE

Name: Signature:
Designation:
Location: Date:

**AVIATION FUEL SUPPLIER CERTIFICATION FOLDER**

S/N	ITEM	FOLIO No.
1	Application / Correspondences	
2	Certificate of Incorporation	
3	PRA Certificate/Licenses / Permit	
4	Payment Receipt	
5	Checklist CL:O-AWS038	
6	Personnel Records / Staff	
7	Copies of Manual Acceptance Page/s	
8	Agreements with Fuel farm (AS APPLICABLE)	
9	Aviation Fuel Supplier License from DATR	



Approved Maintenance Organisation Certificate



Republic of Sierra Leone
Sierra Leone Civil Aviation Authority
23/24 Siaka Stevens Street, 3rd/4th Floor NDB Building, Freetown.

Approved Maintenance Organisation Certificate

Number:

This Certificate is issued to:

Whose Principal place business is:

Upon finding that its organisation complies with in all respect with the requirements of SLCARs Part 8B relating to the establishment of an Approved Maintenance Organisation, and is empowered to operate as an Approved Maintenance Organisation with the following ratings;

This certificate unless cancelled, suspended or revoked, shall continue in effect until

(Enter a Date that is 12months after the first issue or 24 months after the second and further issues)

Date of issue; DDMM/YYYY

Signature
Printed Name
Title

This Certificate is not Transferrable



**SIERRA LEONE CIVIL AVIATION
AUTHORITY
AMO OPERATIONS SPECIFICATIONS
(SOPS)**

Form No: **O-AWS039Arev0**

Name of Organization:				
Certificate No:			Expiry Date:	
The Certificate Holder is approved in the following Ratings and Limitations				
1. RATINGS OF THE AMO (SLCAR Part 8B 2.12)				
Rating			Details	
2. AMO LIMITED RATINGS (SLCAR Part 8B 2.13)				
Ratings	Manufacture	Make/Model	Capability List No & Date	Limitations
3. SPECIALISED SERVICE RATINGS (SLCAR Part 8B 2.13c)				
Rating		Specifications		Limitations
4. LOCATION: (SLCAR Part 8B 2.15)				
5. MANAGEMENT PERSONNEL/POST HOLDER:				
The certificate holder uses the under listed personnel for the following duties and responsibilities from the management position section listed as shown in the organisation and responsibilities section of its AMO Procedures Manual.				
NAME			TITLE	

AMO Authorised Signature Date:	SLCAA Authorised Signature Date:



Application For Approved Maintenance Organisation Certificate And/or Ratings

1. Approved Maintenance Organisation Name, Number, Location and Address a. Official Name of Approved Maintenance Organisation : _____ Number: _____ b. Location where business is conducted: _____ c. Official Mailing Address of Approved Maintenance Organisation (Number, Street, City, State, & Zip) _____ d. Doing Business As: _____	2. Reasons for Submission <input type="checkbox"/> Original Application for Certificate and Rating <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (Specify) _____ _____ _____ _____
---	---

3. Ratings Applied for:						
<input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 4	<input type="checkbox"/> Powerplant <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Propeller <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> Avionics <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Computer <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Instrument <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
<input type="checkbox"/> Accessories <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Propeller <input type="checkbox"/> Instruments <input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Floats <input type="checkbox"/> Avionics <input type="checkbox"/> Computer <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test			<input type="checkbox"/> Specialised Service (List Process Specification(s)) _____ _____ _____		

4. List of Maintenance Functions contracted to an outside Maintenance Organisation:

5. Applicants Certification
 Name of Owner (Include name(s) of individual Owner, all partners, or corporation name given the state, province, or country and date of incorporation)

I hereby certify that I have been authorised by the approved maintenance organisation identified in Item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge.

Date:	Authorised Signature:	Print Name of Authorised Signature:	Title:
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For SLCAA Use Only	Record of Action Approved Maintenance Organisation Inspection	For SLCAA Use Only
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6. Remarks (Identify by item number. Include deficiencies found ratings denied)		

7. Findings – Recommendations	8. Date of Inspection
<input type="checkbox"/> A. Station was found to comply with requirements of Part 6. <input type="checkbox"/> B. Station was found to comply with requirements of Part 6, except for deficiencies listed in Item 6. <input type="checkbox"/> C. Recommend Certificate with rating applied for on application be issued. <input type="checkbox"/> D. Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.	

9. SLCAA Office	Signature(s) of Inspector(s)	Printed Names of Inspectors

10. Supervising or Assigned Inspector			
ACTION TAKEN <input type="checkbox"/> APPROVED As shown on certificate issued on date shown <input type="checkbox"/> DISAPPROVED	CERTIFICATE ISSUED Number	Inspector's Printed Name	
	Date	Inspector's Signature	Title



**SIERRA LEONE CIVIL AVIATION
AUTHORITY**
**Approved Maintenance Organisation
(AMO) Certification Job Aid and Schedule
of Events**

Form No: **O-AWS039Crev0**

Office Name of Company		Location Address:					
Mailing Address (if different from location)		Pre-certification Number:					
		Applicant Proposed Date	Applicant AMO Reference	Date Agreed	Date Received	SLCAA Inspector Initial	SLCAA Date Accomplished/ Reference (ISATS/Letter)

SLCAA Ref.	I. Pre-application Phase						
	A. Initial Orientation: Inspector _____						
	1. Certification Advisory Circular provided to prospective approved maintenance organisation.						
	2. Prospective Operator's Pre-assessment statement (POPS)						
	B. Certification Team Designated PM- _____ Team Members:						
	Name	Speciality					
	C. Conduct Pre-application Meeting						
	1. Verify POPS Information						
	2. Overview of Certification Process						
	3. Provide Certification Package Containing:						
	a. Certification Job Aid and Schedule of events						
	b. Application Form						
	c. Other Applicable Publications and Documents						
	4. Explain Formal Application Submissions						

Remarks:

SLCAA Ref.	II. Formal Application Phase						
		Applicant Proposed Date	Applicant AMO Reference	Date Agreed	Date Received	SLCAA Inspector Initial	SLCAA Date Accomplished/ Reference (ISATS/Letter)
	A. Review Applicant's Submission						
	1. Formal Application Form						
	a. Application Form						
	2. Formal Application Attachments						
	a. Two completed maintenance procedure manuals						
	b. Completed Quality Assurance Program						
	c. Completed initial training program						
	d. Completed compliance statement						
	e. Completed schedule of events						
	f. Roster, records and qualifications of certifying staff						

	g. Qualifications of management personnel						---
	h. Completed capability list						---
	i. Completed training program						---
	j. Purchase, Lease, and/or contract agreement						---
	B. Evaluation of SLCAA Resources Capability Based on Schedule of Events						
Remarks: ■							
	C. Formal Application Meeting Date: Time: 1. Schedule of Events 2. Discuss each Submission 3. Resolve Discrepancies/ open Items 4. Review Certification Process 5. Review impact if Schedule of Events are not met						
	D. Issue letter accepting/rejecting Formal Application						
Remarks:							

SLCAA Ref.	III. Document Evaluation Phase	Applicant Proposed Date	Applicant AMO Reference	Date Agreed	Date Received	SLCAA Inspector Initial	SLCAA Date Accomplished/ Reference (ISATS/Letter)
	A. Evaluate Applicable Training Programs						
	1. Training Maintenance Personnel a) Indoctrination for employees i) Sierra Leone Civil Aviation Regulations ii) Company manuals, policies, procedures and practices, including quality control iii) Dangerous goods iv) Maintenance human factors v) Computer systems and software vi) Facility security						
	b) Initial, appropriate to assigned job activities i) General review; ii) Specific job or task training; iii) Shop safety; iv) Records and recordkeeping; v) Materials and parts; vi) Test equipment, including ground support equipment; vii) Tools; viii) Maintenance human factors, and ix) Any other items as required by the Authority.						
	c) Recurrent training for employees. i) Refresher of subjects covered in initial training ii) New items introduced in the OMA since completion of initial training; iii) Changes to aircraft types iv) Changes to aeronautical product types v) Any other items required by the Authority.						

	d) Specialised training for employees whose duties require a specific skill, including initial and recurrent						
	e) Training Certifying Staff						
	1. Pre-qualification standards identified						
	2. Basic engineering theory relevant to the airframe structure and systems to the class of aircraft						
	3. Specific aircraft type on which the person is intended to become the certifying individual including the impact of repairs and system/ structural defects						
	4. Company procedures relevant to the tasks						
	5. Knowledge and skills related in human performance						
Remarks:							
	B. Evaluate Personnel Qualifications						
	1. Management Personnel						
	a. Base Maintenance Manager						
	b. Line Maintenance Manager						
	c. Workshop manager						
	d. Quality Manager						
	e. Other management personnel as assigned						
	2. Certifying Staff						
	3. Maintenance Personnel						
	4. Instructor(s)						
	C. Evaluate Applicable Manual(s)						
	1. Completed Maintenance Procedure Manual						
	2. Completed Quality Assurance System						
	3. Completed Training Program						
	4. Other						
Remarks:							
	D. Other Document Evaluations						
	1. Completed Application Form						
	2. Schedule of Events						
	3. Completed Compliance Statement						
	4. Completed Capability List						
	5. Purchase, Contract, Lease Agreements						
	6. Test Equipment/Precision Tool Certificate of Calibrations						
	7. Copy of approved specification(s) for Specialised Service Rating						
	8. Revised POPS, if appropriate						
	9. Training Contracts, if appropriate						
	10. Maintenance Contracts/Agreements						
	11. Exemption/Deviation Requests/Justification						
Remarks:							

SLCAA Ref.	IV. Demonstration and Inspection Phase	Applicant Proposed Date	Applicant AMO Reference	Date Agreed	Date Received	SLCAA Inspector Initial	SLCAA Date Accomplished/Reference (ISATS/Letter)
	A. Evaluate Organisation Conducting Training						
	1. Training Facilities						
	2. Training Schedules						
	3. Instructor Qualification/Training						
	4. Management Personnel Training Evaluation						
	5. Certifying Staff Training Evaluation						
	a. Basic engineering relevant to type of aircraft structure and systems AMO intends to maintain						
	b. Aircraft specific to each certifying staff related to impact of repairs and system/structural defects						
	c. AMO procedures related to the task						
	d. Assigned tasks and responsibilities						
	e. Knowledge and skills related to human performance						
	f. Co-ordination with other maintenance personnel and flight crew						
	g. Curriculum and standards for training						
	h. Pre-qualification Evaluation for Certifying Staff						
	i. Initial Training						
	j. Continuation Training						
	k. Other						
	6. Maintenance Personnel Training Evaluation						
	7. Assigned tasks and responsibilities						
	8. Knowledge and skills related to human performance						
Remarks:							
	B. Inspect Maintenance Base						
	1. Works Areas						
	2. Tools						
	3. Equipment						
	4. Technical Data						
	5. Stores (parts, equipment, materials)						
	6. Test Equipment/Precision tools						
	7. Test Stands						
	C. Recordkeeping location/system						
	1. Personnel records						
	2. Test Equipment/Precision Tool Certificate of Calibrations/Data Sheets						
	3. Maintenance Records						
	4. Other						
Remarks:							
SLCAA Ref.	V. Certification Phase	Applicant Proposed Date	Applicant AMO Reference	Date Agreed	Date Received	SLCAA Inspector Initial	SLCAA Date Accomplished/Reference (ISATS/Letter)
	A. Complete Formal Application Form						

	B. Prepare Approved Maintenance Organisation Certificate						
	C. Prepare Approved Maintenance Organisation Operations Specifications						
	D. Present signed Certificate and Operations Specifications to AMO						
Remarks:							
	E. Prepare Certification Report						
	1. Assemble Report/Attachments						
	a. Completed POPS						
	b. Completed Formal Application Form						
	c. Completed Compliance Statement						
	d. Copy lease/contract agreement(s)						
	e. Copy of signed AMO Certificate						
	f. Copy of signed AMO Operations Specifications						
	g. Provisions						
	h. Copy of completed Capability List						
	i. Copy of other Contracting States Certificate(s) and Operations Specification(s)						
	j. Copy of maintenance functions under contract						
	k. Copy of approved specification(s) if issued a Specialised Service Rating						
	l. Certification Job Aid/Schedule of Events						
	m. Certification report (Summary of difficulties)						
	n. All correspondence between the applicant and SLCAA						
	o. Suggestions to improve certification process						
	p. Distribute Report						
Remarks:							
	F. Develop Post Certificate Surveillance Program						
	1. With Geographic Area						
	2. Outside Geographic Area						
Remarks:							



MAINTENANCE ORGANIZATION CERTIFICATION JOB AID AND SCHEDULE OF EVENTS

I. Purpose

The Approved Maintenance Organization Job-Aid (JA-AMO) is inspector guidance intended for use throughout the Approved Maintenance Organization certification process. The JA-AMO is a project management, record-keeping and communications tool used to -

1. Track the certification progress of an AMO applicant,
2. Provide references for the activities, participation, contribution and observations of SLCAA inspectors,
3. Help assure that action required to bestow an AMO upon an applicant is accomplished in a timely manner,
4. Provide a reference to corresponding documentation in the file, thus ensuring complete and appropriate records are maintained, and
5. Inform the AMO Applicant and SLCAA leadership upon the accomplishment of key phases of the certification process.

Instructions in the JA-AMO are not a replacement for requirements described in the Sierra Leone Civil Aviation Regulations (SLCARs). Should there be an apparent conflict between information contained in the JA-AMO and SLCARs, the SLCARs take precedence. SLCARs supersede instructions contained in the JA-AMO and any other guidance material that may apply.

II. Contents

1. Five (5) Phase Completion-Validation and Communication pages.
2. Five (5) AMO Application-Tracking Lists

Phase 1	Pre-Application
Phase 2	Formal Application
Phase 3	Document Evaluation
Phase 4	Demonstration and Inspection
Phase 5	Certification

III. Description

1. The JA-AMO is comprised of five (5) "Completion-Validation and Communication" (CVC) cover pages at the beginning of each phase followed by a series of lists corresponding to each of five phases comprising the Sierra Leone Civil Aviation Authority Approved Maintenance Organization Certification process.
 - A. CVC cover pages provide space for-
 - a. Validating each phase of the AMO process,

- b. Entry of information corresponding to completion of each phase of the certification process, as well as a
 - c. Standard format for communicating the accomplishment of each phase internally- hierarchically, within the SLCAA, as well as externally- with the AMO applicant.
- B. Job-Aid (JA) pages are comprised of tables as described below.
- a. The first row of each JA-AMO page contains a list of headers describing information contained in the columns below; for example -
 - i. SLCARs related to each task
 - ii. A condensed textual description of each activity
 - iii. Date information received and/or date accomplished
 - iv. Rating: "Satisfactory" (S), or "Unsatisfactory" (U).
 - b. The left side of each table contains titles describing the contents of each row. Rows contain information related to the completion of specific tasks required by SLCARs; for example -
 - i. Space for the initials of the AMO team-inspector responsible for particular JA-AMO activity.
 - ii. Dates received, accomplished, and/or returned for changes.
 - iii. Explanatory "Remarks."

IV. Instructions

The Airworthiness Manager assigns CPM and inspectors to AMO tasks in accordance with their specific discipline in the art and practice of aviation, and the corresponding level of skill, experience, knowledge and ability they bring to the project. Depending on the needs of the SLCAA, the complexity of the application, and the qualifications of the personnel involved, there may be more than one inspector assigned to each discipline. When there is more than one inspector assigned to each discipline, then one inspector will be designated as the "Lead" inspector for that discipline and thereby assumes accountability to the CPM for all related tasks in that phase.

The CPM uses the first pages of each phase of the JA-AMO to recount applicant- specific information and to record the names of Inspectors assigned to tasks within the corresponding phase of the AMO certification process.

When assigning the allocation of AMO tasks to specific SLCAA personnel, the following abbreviations apply

- CPM - Certification Project Manager
- PMI - Principal Maintenance Inspector
- PAI - Principal Avionics Inspector
- ASI - Aviation Safety Inspector

As columns and rows comprising the JA-AMO depict specific action steps corresponding to the evaluation of an application for AMO, each must contain information corresponding to the particular operator.

After completing assigned tasks, inspectors shall identify it as Satisfactory (S) or Unsatisfactory (U).

The "Remarks" section should be used to record relevant details. For example, when discrepancies are noted, a "U" is assigned, and the reasons recorded in the remarks section of the JA-AMO.

Thereafter, the CPM must obtain a corrective action plan from the AMO Applicant and revise the schedule of events accordingly. Each discrepancy and corrective action must be fully documented and recorded in the certification file.

Each item in each phase must be addressed satisfactorily for the AMO application to proceed and to culminate in certification.

V. Other Coordination Required

The CPM is responsible for coordination of SLCAA personnel, departments and procedures necessary to confer an AMO; for example, Flight Operations (if applicable), Airworthiness and Licensing. The CPM is responsible to ensure that information pertaining to tasks described in the JA-AMO have been completed by the designated members of the Certification Team.

VI. Renewal or Variation of AMOs

The identical process applies to AMO Renewal or Variation.

PHASE ONE (1)
Approved Maintenance Organization (AMO) Certification Job-Aid

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)	ADDRESS OF THE PRINCIPAL (Main) Base where Maintenance will be conducted
MAILING ADDRESS (If different from the principal (Main) base of Maintenance)	SLCAA Reference Number
TYPE OF INSPECTION <input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Certification <input type="checkbox"/> Variation	CERTIFICATION PROJECT MANAGER
AIRWORTHINESS SAFETY INSPECTOR(s):	(Specify Discipline and name) SAFETY INSPECTOR(s):

*** Assignments:**

CPM - Certification Project Manager
 PMI – Principal Maintenance Inspector
 PAI – Principal Avionics Inspector
 ASI – Aviation Safety Inspector

**** Legend:**

S– Satisfactory
 U – Unsatisfactory
 NA – Not Applicable

As the applicant for Approved Maintenance Organization (AMO) Certification has not provided the required documents and/or conducted the activities necessary to complete this phase of the AMO certification process within the time-frames depicted in the schedule of events, further SLCAA action corresponding to this AMO application will be suspended until all the requirements for the certification are met.

I have reviewed the completion of tasks corresponding to this phase of the AMO certification process, confirmed conformity to the appropriate SLCARs as well as associated guidance material, and, by my signature below, declare Phase 1 of the AMO certification process complete.

CPM's Name: _____

Signature: _____

Date: _____

AMO Number: _____

Document Distribution: Airworthiness Manager, AMO Team, AMO Rep

PHASE ONE

Ref #	RESP	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
1	Airworthiness Manager Airworthiness	1. Applicant Initial enquiry (verbal or written) 2. Provide applicant with PASI form (AC-AWS 039H), procedures and other guidance materials for application of AMO.					

	Manager						
2	Airworthiness Manager	Applicant submits Pre-Application Statement of Intent (PASI) and required attachments to Airworthiness Manager					
3	Airworthiness Manager	Appoint CPM 1. CPM collaborates with AMO Team: 2. Review PASI form					
4	CPM	Conduct Pre-application Meeting with the AMO					
5	CPM	1. Clarify PASI (Form AC-AWS 039H)					
6	CPM	2) Discuss Certification process with AMO applicant.					
7	CPM	3) Provide the applicant with AMO Certification Package:					
8	CPM	a) Provide Model Operations Specifications. Form: AC-AWS039A					
9	CPM	b) Provide Schedule of Events Form describing all elements of the Certification process: Form AC-AWS039E,					
10	CPM	c) Discuss other applicable publications and documents.					
11	CPM	d) Discuss Form, contents and documents required for formal application					

		(Formal Application Package). Form: AC-AWS039B					
END							

PHASE TWO (2)
Approved Maintenance Organization (AMO) Certification Job-Aid

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)	ADDRESS OF THE PRINCIPAL (Main) Base where Maintenance will be conducted
MAILING ADDRESS (If different from the principal (Main) base of Maintenance)	SLCAA Reference Number
TYPE OF INSPECTION <input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Certification <input type="checkbox"/> Variation	CERTIFICATION PROJECT MANAGER
AIRWORTHINESS SAFETY INSPECTOR(s)	(Specify Discipline and name) SAFETY INSPECTOR(s)

*** Assignments:**

CPM - Certification Project Manager
 PMI – Principal Maintenance Inspector
 PAI – Principal Avionics Inspector
 ASI – Aviation Safety Inspector

**** Legend:**

S– Satisfactory
 U – Unsatisfactory
 NA – Not Applicable

As the applicant for Approved Maintenance Organization (AMO) Certification has not provided the required documents and/or conducted the activities necessary to complete this phase of the AMO certification process within the time-frames depicted in the schedule of events, further SLCAA action corresponding to this AMO application will be suspended until all the requirements for the certification are met.

I have reviewed the completion of tasks corresponding to this phase of the AMO certification process, confirmed conformity to the appropriate SLCARs as well as associated guidance material, and, by my signature below, declare Phase 2 of the AMO certification process complete.

CPM's Name: _____

Signature: _____

Date: _____

AMO Number: _____

Document Distribution: Airworthiness Manager, AMO Team, AMO Rep

Phase Two

Approved Maintenance Organization (AMO) Certification Job-Aid

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)	ADDRESS OF THE PRINCIPAL (Main) Base where Maintenance will be conducted
MAILING ADDRESS (If different from the principal (Main) base of Maintenance)	SLCAA Reference Number
TYPE OF INSPECTION <input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Certification <input type="checkbox"/> Variation	CERTIFICATION PROJECT MANAGER
AIRWORTHINESS SAFETY INSPECTOR(s)	(Specify Discipline and name) SAFETY INSPECTOR(s)

*** Assignments:**

CPM - Certification Project Manager
 PMI – Principal Maintenance Inspector
 PAI – Principal Avionics Inspector
 ASI – Aviation Safety Inspector

**** Legend:**

S– Satisfactory
 U – Unsatisfactory
 NA – Not Applicable

Ref #	RESP	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
12	CPM	Receive Formal application package Form: AWS039B and Attachments					
13	CPM, A & M	Evaluate the application package					
14	CPM, A & M	Conduct formal application meeting					
END							

PHASE THREE (3)

Approved Maintenance Organization (AMO) Certification Job-Aid

NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)	ADDRESS OF THE PRINCIPAL (Main) Base where Maintenance will be conducted
MAILING ADDRESS (If different from the principal (Main) base of Maintenance)	SLCAA Reference Number
TYPE OF INSPECTION <input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Certification <input type="checkbox"/> Variation	CERTIFICATION PROJECT MANAGER
AIRWORTHINESS SAFETY INSPECTOR(S)	(Specify Discipline and name) SAFETY INSPECTOR(S)

*** Assignments:**

CPM - Certification Project Manager
 PMI – Principal Maintenance Inspector
 PAI – Principal Avionics Inspector
 ASI – Aviation Safety Inspector

**** Legend:**

S– Satisfactory
 U – Unsatisfactory
 NA – Not Applicable

As the applicant for Approved Maintenance Organization (AMO) Certification has not provided the required documents and/or conducted the activities necessary to complete this phase of the AMO certification process within

the time-frames depicted in the schedule of events, further SLCAA action corresponding to this AMO application will be suspended until all the requirements for the certification are met.

I have reviewed the completion of tasks corresponding to this phase of the AMO certification process, confirmed conformity to the appropriate SLCARs as well as associated guidance material, and, by my signature below, declare Phase 3 of the AMO certification process complete.

CPM's Name: _____

Signature: _____

Date: _____

AMO Number: _____

Document Distribution: Airworthiness Manager, AMO Team, AMO Rep

Ref #	RESP	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
15	CPM, A & M	Review and accept/ approve/reject manuals and other documents. A) Evaluate Management Qualifications					
16	CPM	1) Accountable Manager					
17	A & M	2) Base Maintenance Manager.					
18	A & M	3) Line Maintenance Manager.					
19	A & M	4) Workshop Manager.					
20	A & M	5) Quality Manager.					

21	A & M	6) Other Management positions as applicable					
22	A & M	7) Deviation letter (if a deviation from required management position is anticipated)					
23	CPM, A & M	B) Statement of Compliance with the SLCARs					
24	CPM	C) Capability List					
25	A & M	D) AMO Procedures Manual CL: O-AWS028,					
26	A & M	E) Evaluate Training Programme Manual Training Curricula to include: CL:O-AWS 16					
27	A & M	1) Company procedures indoctrination CL:O-AWS 016					
28	A & M	2) SLCARs Part 8B CL:O-AWS 016					
29	A & M	3) Maintenance Human Factors. CL:O-AWS 016					
30	A & M	4) Initial/Type Training CL:O-AWS 016					
31	A & M	5) Recurrent training CL:O-AWS 016					
32	A & M	6) Computer System and Software as applicable to AMO CL:O-AWS 016					
33	A & M	7) Specialized training CL:O-AWS 016					
34	A & M	8) Records of progress CL:O-AWS 016					
35	A & M	9) Difference Training CL:O-AWS 016					

36	A & M	10) Dangerous Goods CL:O-AWS 016,					
37	A & M	F) Evaluate Safety Management System Manual					
END							

PHASE FOUR (4)

Approved Maintenance Organization (AMO) Certification Job-Aid

<p>NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)</p>	<p>ADDRESS OF THE PRINCIPAL (Main) Base where Maintenance will be conducted</p>
<p>MAILING ADDRESS (If different from the principal (Main) base of Maintenance)</p>	<p>SLCAA Reference Number</p>
<p>TYPE OF INSPECTION</p> <p><input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Re-Certification</p> <p><input type="checkbox"/> Variation</p>	<p>CERTIFICATION PROJECT MANAGER</p>
<p>AIRWORTHINESS SAFETY INSPECTOR(S)</p>	<p>(Specify Discipline and name) SAFETY INSPECTOR(S)</p>

*** Assignments:**

CPM - Certification Project Manager
 PMI – Principal Maintenance Inspector
 PAI – Principal Avionics Inspector
 ASI – Aviation Safety Inspector

**** Legend:**

S– Satisfactory
 U – Unsatisfactory
 NA – Not Applicable

As the applicant for Approved Maintenance Organization (AMO) Certification has not provided the required documents and/or conducted the activities necessary to complete this phase of the AMO certification process within the time-frames depicted in the schedule of events, further SLCAA action corresponding to this AMO application will be suspended until all the requirements for the certification are met.

I have reviewed the completion of tasks corresponding to this phase of the AMO certification process, confirmed conformity to the appropriate SLCARs as well as associated guidance material, and, by my signature below, declare Phase 4 of the AMO certification process complete.

CPM's Name: _____

Signature: _____

Date: _____

AMO Number: _____

Document Distribution: Airworthiness Manager, AMO Team, AMO Rep

Ref #	RESP	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
38	A & M	A) Evaluate Organization, Base Facilities, Equipment, Materials and Data CL: O-AWS 039,039A,039B					
39	A & M	B) Evaluate Organization Conducting Training					
40	A & M	1. Training Facilities					
41	A & M	2. Training Schedules					
42	A & M	3. Instructor Qualification/Training					
43	A & M	4. Management Personnel					
44	A & M	5. Training Evaluation					
45	A & M	6. Certifying Staff Training Evaluation					
46	A & M	a. Basic engineering relevant to type of aircraft structure and systems Approved Maintenance Organization intends to maintain					
47	A & M	b. Aircraft specific to each certifying staff related to impact of repairs and system/structural defects					
48	A & M	c. Approved Maintenance Organization procedures related to the task (MPM)					

49	A & M	d. Assigned tasks and responsibilities					
50	A & M	e. Knowledge and skills related to human performance					
51	A & M	f. Co-ordination with other maintenance personnel and flight crew					
52	A & M	g. Curriculum and standards for training					
53	A & M	h. Pre-qualification Evaluation for Certifying Staff					
54	A & M	i. Initial Training					
55	A & M	j. Continuation Training					
56	A & M	k. Other					
57	A & M	C) Maintenance Personnel Training Evaluation					
58	A & M	a. Assigned tasks and responsibilities					
59	A & M	b. Knowledge and skills related to human performance					
END							

PHASE FIVE (5)

Approved Maintenance Organization (AMO) Certification Job-Aid

<p>NAME AND MAILING ADDRESS OF COMPANY (including business name if different from company name)</p>	<p>ADDRESS OF THE PRINCIPAL (Main) Base where Maintenance will be conducted</p>
<p>MAILING ADDRESS (If different from the principal (Main) base of Maintenance)</p>	<p>SLCAA Reference Number</p>
<p>TYPE OF INSPECTION</p> <p><input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Re-Certification</p> <p><input type="checkbox"/> Variation</p>	<p>CERTIFICATION PROJECT MANAGER</p>
<p>AIRWORTHINESS SAFETY INSPECTOR(s)</p>	<p>(Specify Discipline and name) SAFETY INSPECTOR(s)</p>

*** Assignments:**

CPM - Certification Project Manager
 PMI – Principal Maintenance Inspector
 PAI – Principal Avionics Inspector
 ASI – Aviation Safety Inspector

**** Legend:**

S– Satisfactory
 U – Unsatisfactory
 NA – Not Applicable

As the applicant for Approved Maintenance Organization (AMO) Certification has not provided the required documents and/or conducted the activities necessary to complete this phase of the AMO certification process within the time-frames depicted in the schedule of events, further SLCAA action corresponding to this AMO application will be suspended until all the requirements for the certification are met.

I have reviewed the completion of tasks corresponding to this phase of the AMO certification process, confirmed conformity to the appropriate SLCARs as well as associated guidance material, and, by my signature below, declare Phase 5 of the AMO certification process complete.

CPM's Name: _____

Signature: _____

Date: _____

AMO Number: _____

Document Distribution: Airworthiness Manager, AMO Team, AMO Rep

Ref #	RESP	Pre-Application Phase	Insp. Initials	Date Received/ Accomplished	S/U/NA (if U, action must be taken)	Date Returned for Changes	Remarks
60	CPM	A) Prepare Certification Report					
61	CPM	a) PASI Form, Formal application Form and attachments					
62	CPM	b) Final compliance statement					
63	CPM	c) Copy of operations specifications Form: AC-AWS039A					
64	CPM	d) Copy of Certificates Form: AC-AWS039					
65	CPM	B) Submit Report to Airworthiness Manager					
66	CPM	C) Present Certificate & Operations Specifications to applicant					
67	CPM	D) Develop Post Certification Surveillance Programme					
68		1) Within Sierra Leone					
69		2) Outside Sierra Leone					
END							



SIERRA LEONE CIVIL AVIATION AUTHORITY
Management Personnel Biographical Data

Form No: **O-AWS039Erev0**

(To be completed by the Nominee)		
1. Company name:	2. Company address:	
3. Name of nominee:	4. Position:	
5. Address of Nominee:		
6. Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contracted <input type="checkbox"/> Full Time <input type="checkbox"/> Contracted - Part Time		
7. Qualifications relevant to item (4) position (Tick here if information is continued on reverse side of this form)	Date From	Date to Present
1.		
2.		
3.		
4.		
5.		
6.		
8. Work experience relevant to item (4) position:		
1.		
2.		
3.		
4.		
5.		
6.		
9. I,..... hereby confirm that (Print Name in full) (a) I have not (i) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor (ii) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority		

(b) The information provided on this form is true and correct to the best of my knowledge.

Signature:..... Date:.....

10. For SLCAA Official Use Only

Received by:

Name: Position:.....

Signature:..... Date:.....

Attach copies of certificates/proof of experience to this form in support of information supplied.



PARTICULARS OF AIRCRAFT MAINTENANCE PERSONNEL

NAME OF ORGANISATION:

NO	NAME	QUALIFICATION (TYPE OF LICENCE, A/C RATING, ETC)	AUTHORISATIONS AND EXPIRY DATES	EXPERIENCE (TYPE & YEARS, ETC)	DATE OF 1ST ISSUE OF LICENCE)	EXPIRY DATE OF LICENCE	REMARKS

NAME:

SIGNATURE:

DATE:



**Pre-Application Statement Of Intent
(PASI)/Application Form**

To be completed by an applicant for an Approved Maintenance Organisation /
Continuing Airworthiness Management Organisation

Section 1: To be completed by applicant.

1. Name and mailing address of company (include business name if different from company name).

2. Address of the principal (main) base where operations will be conducted.

3. Proposed Start-up Date:

4. Management and Key Staff Personnel.

Name (Surname/First/Middle).	Title.	Telephone (include mobile) & address (if different from company) include country code.

5. Proposed type of Approved Maintenance Organisation Class Rating(s). SLCAR 8B Chapter 2.12 (Tick as many as applicable)

Airframe	Power-plant	Components				Specialized Services
<input type="checkbox"/> (a) (i)	<input type="checkbox"/> (b) (i)	<input type="checkbox"/> (c) (i)	<input type="checkbox"/> (e) (i)	<input type="checkbox"/> (f) (ii)	<input type="checkbox"/> (g) (iv)	<input type="checkbox"/> (3) (a)
<input type="checkbox"/> (a) (ii)	<input type="checkbox"/> (b) (ii)	<input type="checkbox"/> (c) (ii)	<input type="checkbox"/> (e) (ii)	<input type="checkbox"/> (f) (iii)		<input type="checkbox"/> (3) (b)
<input type="checkbox"/> (a) (iii)	<input type="checkbox"/> (b) (iii)	<input type="checkbox"/> (d) (i)	<input type="checkbox"/> (e) (iii)	<input type="checkbox"/> (g) (i)		
<input type="checkbox"/> (a) (iv)		<input type="checkbox"/> (d) (ii)	<input type="checkbox"/> (e) (iv)	<input type="checkbox"/> (g) (ii)		
		<input type="checkbox"/> (d) (iii)	<input type="checkbox"/> (f) (i)	<input type="checkbox"/> (c) (iii)		

6. Proposed type of Limited Rating(s). SLCAR Part 8B Chapter 2.13 (CAMO applicants should tick 'Airframe' and give manufacturer and model details below) (Tick as many as applicable)

<input type="checkbox"/> Airframe	<input type="checkbox"/> Accessories	<input type="checkbox"/> Rotor	<input type="checkbox"/> Other
<input type="checkbox"/> Power Plant	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Fabric	<input type="checkbox"/> Specialized Services
<input type="checkbox"/> Propeller	<input type="checkbox"/> Floats	<input type="checkbox"/> Emergency Equipment	(List Process Specification)
<input type="checkbox"/> Instruments	<input type="checkbox"/> Avionics/ radio	<input type="checkbox"/> Non- Destructive Test	

Scope and Limitation of Ratings applied for:

.....

.....

.....

.....

Scope and Limitation of Specialised Services applied for:

.....

.....

7. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

8. The statement and information contained on this form denotes an intention to apply for an AMO / CAMO Approval Certificate.

Signature.	Date (day/month/year).	Name and Title (Block Letters).
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Section 2. To be completed by the Director, Airworthiness Standards.

Received by (Name and Office):	Date received (day/month/year).
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Remarks:

Section 3. To be completed by the Assigned Certification, Project Manager (CPM).

Received by:	Date (day/month/year):
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Assigned Certification Number:

Assigned ASI(s):	Date:
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Remarks:



Special Conditions Supplement (SCS) To A
Foreign AMO Maintenance Procedure Manual
(MPM)

**SPECIAL CONDITIONS SUPPLEMENT (SCS) TO A FOREIGN AMO MAINTENANCE PROCEDURE
MANUAL (MPM)**

Approved SCS Ref. No.

Foreign AMO MCM Ref. No.

Company Name and Facility Address:

.....
.....
.....

Foreign AMO Local Authority Approval No.....

The Authority AMO Approval No.

This approved Special Conditions Supplement (SCS) forms part of the foreign AMO Maintenance Organization Exposition. This SCS together with the foreign AMO local Authority approved MPM form the basis of approval of a foreign AMO to carry out maintenance on aircraft and or components in accordance with The Civil Aviation (Approved Maintenance Organization) Regulation’s part 8B.

CONTENTS

1. LIST OF EFFECTIVE PAGES

2. STATEMENT OF COMPLIANCE

3. AMENDMENT PROCEDURE

Identify the position within the AMO that is responsible for amendment action and coordinating the approval process of the SCS.

4. INTRODUCTION

4.1 This paragraph should address why the supplement is necessary.

4.2 The Civil Aviation (Air Operator Certification and Administration) Regulations part 26 provides for Authority approval of a foreign based maintenance organization or repair station to carry out maintenance on Authority approved AOC holder’s aircraft

The SCS is meant to cater for the specific Authority requirements and differences that might be there between Civil Aviation (Approved Maintenance Organization) Regulation part 8B and the foreign Authority Regulations. The foreign AMO shall be approved when the Authority is satisfied that the AMO complies with maintenance Special Conditions specified in this SCS.

5. ACCOUNTABLE MANAGER'S COMMITMENT STATEMENT

This paragraph represents the statement by the Accountable Manager that the organization will comply with the conditions specified in the SCS and operate in accordance with the Civil Aviation (Approved Maintenance Organization) Regulations part 8B.

An acceptable statement for this paragraph would be:

"This Supplement in conjunction with the foreign AMO approved MPM Ref. defines the origination and procedures upon which the Authority approval has been granted.

These procedures are approved by the undersigned, and must be adhered to, as applicable, when maintenance work orders are being progressed under the conditions of the Civil Aviation (Approved Maintenance Organization) Regulations part 8B.

It is accepted that the AMO's procedures do not override the necessity of complying with any additional requirements formally published by the Authority and notified to this organization from time to time.

It is understood that the Authority Approval Certificate will be valid whilst the Authority is satisfied that the procedures are being followed and work standards maintained. It is further understood that the Authority reserves the right to revoke the Approval Certificate if it considers that procedures are not followed or standards not upheld.

.....
Signed by the Accountable Manager
For and on behalf of the AMO."

Note: Whenever the accountable manager is replaced, the new Accountable Manager must sign the statement to ensure continuous Authority Acceptance.

6. APPROVAL BASIS AND LIMITATION

The Authority approval is based upon the AMO compliance with local Authority Regulations and Requirements except where varied by then conditions specified in this SCS.

The Authority approval is limited the work scope listed below, and as indicated in the approval document Specific Operating Provisions (SOP). In any case whatsoever it must not exceed the scope of work permitted by the foreign local Authority or another recognized Authority as indicted on the approval documents.

7. ACCESS BY THE AUTHORITY

It should be stated that the Authority inspectors will be allowed access to the AMO for the purpose of ascertaining compliance with procedures and standards and to investigate specific problems as required by Civil Aviation (Air Operator Certification And Administration) Regulations part 26, Regulations 8B, 2.9 and Regulations part 26, 2.1.10 of The Civil Aviation (Approved Maintenance Organisation) Regulations part 8B.

8. WORK ORDERS

It is the responsibility of the operator to raise the maintenance work orders and scheduled maintenance inspection check list or work package task cards specifying the inspections, repairs, modifications, overhaul, airworthiness directives and parts replacements that should be carried out and to make sure that the AMO receives them in time for the work to be accomplished within the required time frame.

The operator remains responsible for correctly informing the AMO by work order of all required mandatory maintenance inspections and modifications.

9. APPROPRIATE MAINTENANCE AND ENGINEERING REFERENCE MANUALS.

It is the responsibility of the Operator to ensure that the AMO is furnished with all relevant, current maintenance and engineering technical documents (e.g. Manuals, ADs, SBs) appropriate for the type aircraft, ref: the Civil Aviation (Operation of Aircraft) Regulations part 6A, Regulation part 8B, the Civil Aviation (Airworthiness) Regulations 8A, 4.2,

10. MAJOR REPAIRS / MODIFICATIONS

The procedure for the AMO to ensure that of the Authority approves major repairs and major modifications when necessary, or has confirmed that the AMO local Authority approved data is acceptable.

The AMO should request the operator to provide such written proof from the Authority.

Note: The Authority accepts repairs and modifications issued by the Manufacturer and approved by the Authority of the state of manufacture through the Type Certificate holder.

11. RELEASE OF COMPONENTS AFTER MAINTENANCE

Release to service of components up to and including complete power plants should be carried out in accordance with the AMO local Authority Regulations. At the completion of maintenance appropriate release to service documents and certificates should be issued by the AMO. The AMO release to service certificates must indicate the Authority approval number in addition to the local Authority approval. Ref: SLCARs Part 8B, 5.7 of The Civil Aviation Approved Maintenance Organization) Regulations part 8A.

The release to service certifying statement shall specify any overhaul, repairs, modifications, Airworthiness Directives, replacement parts and quote the reference and issue/revision of the approved data used, (EASA Form One and FAA Form 8130 are typical acceptable component release to service document after maintenance).

12. VALIDITY OF AIRWORTHINESS CERTIFICATE

The Operator or owner is responsible for ensuring that the Airworthiness Certificate remains valid. The AOM however, should ensure that the Airworthiness Certificate is valid before it issues the aircraft release to service certificate after maintenance.

13. RELEASE OF AIRCRAFT AFTER MAINTENANCE

Release to service of aircraft shall be performed as approved in the Special Conditions Supplement unless stated otherwise, in any case however, it must satisfy the requirements of the Civil Aviation (Approved Maintenance Organization) Regulation part 8B, 5.7.

The release to service document shall specify the aircraft maintenance check carried out, plus any repairs, modification, Airworthiness Directives, replacement parts together with the issue of approved data used.

Any work not carried out shall be clearly indicated and the operator informed. This should be work within the permitted deviations of the approved maintenance program and it could be when:

- a) Some of the maintenance work requested by the operator has not been carried out.
- b) Or a case where the particular maintenance work requirement is not approved by the AMO local Authority.

Otherwise the AMO must issue the certification when all required maintenance has been carried and appropriately certified. The AMO Authority approval Certificate Number and the local Authority approval Certificate Number must be quoted on the release to service documents.

14. REPORTING OF UN AIRWORTHY CONDITIONS

The procedure that will be followed to report found un-airworthy conditions be stated indicating the time frame within which the report must be made and to who.

Regulations 8B, 5.10 of The Civil Aviation (Approved Maintenance Organization) Regulations part 8B requires the report to be made to the Authority as soon as possible but in any case not later than three days (72 hours).

15. QUALITY SYSTEM (QS)

Regulations 8B, 2.14 of The Civil Aviation (Approved Maintenance Organization) Regulations part 8B requires an independent AMO quality system.

The QS system procedures shall explain the independent audit system, the management / control and follow up system, and the annual audit schedule program.

A report should be raised for each audit carried out describing what was checked and any resulting findings/discrepancies.

16. PROVISION OF HANGAR SPACE FOR AIRCRAFT MAINTENANCE

A statement that appropriate housing, facilities and equipment are available and shall be provided for aircraft who's maintenance is being contracted. Ref: Regulations 8B, 3.2 of The Civil Aviation (Approved Maintenance Organization) Regulations part 8B.

17. COMPONENTS AUTHORISED FOR USE DURING MAINTENANCE & MODIFICATION

1. Component means any component part of an aircraft up to and including a complete power plant any operational or emergency equipment. They should be traceable to the Type Certificate (TC) holders Parts Catalogue and MUST be in a satisfactory condition for fitment.
2. New components should be accompanied by appropriate release document issued by the approved Production Certificate holder
3. Used components should be traceable to an approved maintenance organizations or repair stations which certified the previous maintenance and in case of life limited parts certified the cycles and life used.

18. SUB-CONTRACTED MAINTENANCE

A statement on how sub-contracted maintenance work shall be managed.

Regulations 8B, 5.4 provides for AMO sub-contracting maintenance work to another AMO, (approved or not approved by the authority). In any case, it is required that there exist a maintenance contract agreement between the two AMOs stating what specific work activity has been contracted.

The contracting AMO must have proof that the sub-contracted AMO holds the required local Authority approval and capability for the contracted maintenance work.

Whatever the case, the sub-contracting AMO remains responsible for the quality and safety of maintenance released to service by the subcontracted AMO.

Notes:

- i. The AMO shall not be contracted to perform any work which is not within its scope of approval unless it has an acceptable maintenance sub contract agreement with another AMO that is appropriately rated and approved to perform such maintenance work.
- ii. In such a case the sub-contracted AMO may not need to be approved by the Authority however, the maintenance sub-contract agreement must clearly indicate that the approved AMO still remains responsible for the quality of the released to service of the sub-contracted maintenance work.



SIERRA LEONE CIVIL AVIATION AUTHORITY
Foreign AMO Certification/Renewal File
Contents

Form No: **O-AWS039Jrev0**

FOREIGN AMO CERTIFICATION/RENEWAL FILE CONTENTS	FOLIO
ORGANIZATION: _____ DATE: _____	
SECTION 1: Application form for the certification (Form AC-AWS039B), and Management personnel Biographical data form (AC-AWS 039E)	
SECTION 2: Soft copy of Maintenance Organisation Exposition (MOE)/Repair Station Manual (RSM)	
SECTION 3: Special Conditions Supplement (SCS) to a Foreign Maintenance Procedures Manual (MPM) (Form AC-AWS039H) and SOC with SLCARs Part 8B and Part 19	
SECTION 4: All Correspondences between the Applicant and the Authority and internal memos	
SECTION 5: Proof of Payment of the approval fee (as applicable)	
SECTION 6: A summary of all findings encountered during the inspection and corrective actions taken by the applicant.	
SECTION 7: Copy of the Maintenance Support Agreements (as applicable)	
SECTION 8: Copy of the Local AMO Certificate and Certificates of other CAAs.	
SECTION 9: Completed CL: O-AWS039A ;Completed CL: O-AWS039B and CL: O-AWS039 (as applicable)	
SECTION 10: Copy of SLCAA AMO Certificate and Operations Specifications	