



**Certificate of Airworthiness Checklist 01 Aircraft Details
Aircraft other than Manned Free Balloons and
Amateur-built Aircraft**

1. Aircraft Identification (As noted on the aircraft data plate and the certificate of registration)

Registration Mark	Manufacturer and Manufacturer's Designation of Aircraft	Aircraft Serial Number:
-------------------	---------------------------------------------------------	-------------------------

2. Aircraft Origin

<input type="checkbox"/> First of type	<input type="checkbox"/> First of model	<input type="checkbox"/> New	<input type="checkbox"/> Used	Imported from:
Previous registration mark (if applicable)		TTIS (hours): _____ and/or Cycles/Flights: _____	Export CoA Number	
Details of accepted alternative to Export CoA				

3. Certification Basis

CASR Part	Foreign (recognised country)	Issued by other country (specify)
<input type="checkbox"/> Type Certificate	<input type="checkbox"/> Type Acceptance Certificate	<input type="checkbox"/> Equivalent (<i>specify</i>):
Number:	<input type="checkbox"/> Issued by Australia	<input type="checkbox"/> Other (<i>specify</i>):

4. Certificate of Airworthiness Issued – CASR 21.175

Standard				Special					
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Commuter	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Restricted
<input type="checkbox"/>	Utility	<input type="checkbox"/>	Transport	<input type="checkbox"/>	Limited	<input type="checkbox"/>	Experimental	<input type="checkbox"/>	LSA
<input type="checkbox"/>	Acrobatic	<input type="checkbox"/>	Special Class	<input type="checkbox"/>	Provisional				
Date of Issue ____ / ____ / ____									

5. Maintenance

<input type="checkbox"/> Class "A"	Certificate of Approval Holder/CAMO Number		
<input type="checkbox"/> Class "B"	Name	Location	

6. Intended Operation

Operations		Flight Rules	
<input type="checkbox"/> Private	<input type="checkbox"/> Aerial Work	<input type="checkbox"/> VFR	<input type="checkbox"/> NVFR
<input type="checkbox"/> Charter	<input type="checkbox"/> RPT	<input type="checkbox"/> IFR	

7. CASA Delegate/Authorised Person

Name: _____ Signature: _____ Date: ____ / ____ / ____

Instrument of Appointment No: _____ ARN:

Send, **within 24 hours**, this form plus Form 372, 681 and/or 683 (whichever applies) plus a copy of each certificate issued under the applicable instrument, together with any annex to the certificate, to the Civil Aircraft Register via facsimile 02 6217 1991 or aircraftregistration@casa.gov.au or "Civil Aircraft Register" GPO Box 2005 Canberra ACT 2601.