

CA 91-17

Section/division: Telephone number: Physical address: Postal address:

FLIGHT OPERATIONS/AIRWORTHINESS

011-545-1000 Fax Number:

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Website: www.caa.co.za DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE

Form Number: CA 91-17

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011-545-1461

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Service/transaction			COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)  Over the counter payments  EFT, Internet, Wire, Electronic payments																																	
Fees: See CAR Part 187.00.10					$\top$	T	T	Т																										T	T	
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	APPLICATION FOR THE AMENDMENT OF AN EDTO APPROVAL																																			
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(If more than one registration, attach list of aircraft registrations and serial numbers)												Ai	Aircraft Serial Number																							
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Engine Model											•						Engine Serial Number																			
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Details of EDTO proposed route:																																				
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EDTO Manual revision:			(spec						L revi ecific nd ED	to i	the																									
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STC			Initial Build Modific										dificat	ion	n Factory Modification																					

06 February 2023

Operator experience:										
Number of months/years of operational experience with specific airframe/engine combination.										
Total number of long range and/or domestic operations conducted, with specific airframe/engine combinations.										
Operators total number of airframe/engine hours and cycles with specific airframe engine combination:										
Total airframe fleet hours		Total airframe fleet cycles								
Total engine hours		Hours of operator high time								
		engine								
In-flight shut down (IFSD) rate (all causes), including the 12-month rolling average for both operator and the world fleet (IFDS per 1000 engine flight hours):										
IFDS rate of operator's fleet		IFSD of world fleet								
Unscheduled engine removal rate (URR) for both operator and the world fleet (URR rate per 1000 engine flight hours):										
URR of operator's fleet		URR of world fleet								

E FOLLOWII	IG DOCUMENTS MUST BE ATTACHED Please mark the releva	nt box	
		Yes	N
1. 1.	Continuous Airworthiness Maintenance Program (CAMP). Is there an approved maintenance program for the airplane being considered for EDTO?		
2. 2.	Does the certificate holder have an approved EDTO document(s), which reflect the actual policies and procedures the certificate holder expects their EDTO maintenance personnel to adhere to? (approved MCM procedures)		
3. 3.	EDTO Pre-departure Service Check (PDSC). Is there a developed EDTO PDSC to verify that the airplane and certain significant items are airworthy and EDTO capable?		
4. 4	Centralized Maintenance Control Procedures. Is there a centralized entity responsible for the oversight of the EDTO maintenance operations?		
5. 5	Did the certificate holder develop and clearly define in its EDTO maintenance document specific procedures, duties and responsibilities for involvement of their centralized maintenance control personnel in the EDTO operation section. (approved MCM procedure)		
6. 6	<b>ETOPS Parts Control. EDTO Parts control programme</b> Does the certificate holder in conjunction with the AMO have a parts control program to ensure the proper parts and configurations are maintained for EDTO. Does the program include procedures to verify that parts installed on the ETOPS airplanes during parts borrowing or pooling arrangements, as well as those parts used after repair or overhaul, maintain the required EDTO configuration?		
7. 7	<b>Reliability program.</b> Does the certificate holder have an EDTO reliability program and does the program include reporting procedures for significant events detrimental to EDTO flights?		
8. 8	<b>Propulsion System Monitoring</b> . Does the certificate holder monitor its fleet average IFSD (in-flight shutdowns) rate for the specified airplane-engine combination?		
9. 9	<b>Engine Condition Monitoring.</b> Is there a developed program for its EDTO engines that describes the parameters to be monitored, method of data collection, and corrective action processes?		
10. 10	<b>Oil Consumption Monitoring</b> . Oil Consumption Program: Does the certificate holder have an engine and the APU oil consumption monitoring program to ascertain that there is enough oil to complete the scheduled EDTO flight?		
11. 11	Does the certificate holder have an APU in-flight start and reliability program?		
12. 12	If a CMP document exists for an EDTO certificate holder's airplane, is it at the latest revision and does the following apply:		
a) a)	Configuration features are installed in the airplanes and engines;		
b) b)	The EDTO Maintenance Program (EDTOM) (indicating Instructions for Continued Airworthiness (ICA) for EDTO Significant Systems  Maintenance procedures are incorporated into the maintenance program;		
c) c)	Demonstrated capabilities are incorporated into the flight operations manual and minimum equipment list, as required; and		
d) d)	Operators must coordinate any deviation from the manufacturer's CMP requirements with the Director		

	or Aircraft Certification Office, as required by the CMP document.	
13. 13	Did the holder ensure that all maintenance personnel who perform maintenance on its EDTO airplanes, including repair stations, vendors, and contract maintenance, receive adequate technical training for the specific airplane-engine combination intended to operate in EDTO.	
14.	EDTO Time Limiting System (TLS) and/or significant systems, including cargo fire suppression system specified in AFM or equivalent and applicable time limits for specific AEC.	
15.	The Aeroplane Engine Combination (AEC) Type Certificate Data sheet	
16.	The AFM/AFM EDTO supplement and either Type Certificate data sheet or supplemental Type Certificate as applicable	
17.	EDTO qualified maintenance personnel and EDTO maintenance personnel training programme (as approved on the MCM)	
18. 14	The prescribed fee as in Part 187.	

PART IV (to be completed by all applicants	s)							
I hereby declare that the particulars given by me are to the best of my knowledge and belief, true and correct in every respect.								
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE						
APPLICANT QUALITY ASSURANCE MANAGER	NAME IN BLOCK LETTERS	DATE						