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| *MILITARY AIRWORTHINESS AUTHORITY – NORWAY* |
| MAA-NOR Form AWA (EMACC -Edition) |
| **Application for pursuing certification of air system, modification or repair** |

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| **Design organization (DO)** | **DO Name** |  |
|  | **DO Address** |  |
|  | **DO Point of contact (POC)** |  |
|  | **DO POC Phone** | *[+XX YYYYYYYY]* |
|  | **DO POC Email** | *[poc@do.com]* |
|  | **DO approval ref.**  |  |
| **Air system, modification/repair title:** | *[title]* |
| **DO internal reference number:** | *[reference]* |
| **DO Classification of change** *[Attach classification check list]* | **MAJOR** |[ ]
|  | **MINOR** |[ ]
| **Applicability** |
| **Aircraft type:** | Velg et element. |
| **Aircraft model(s):** |  |
| **Type certificate ref.:** |  |
| **Type certificate holder:** |  |
| **Aircraft category:***[NOT IN USE]* | **Aircraft** | **UAV** |
|  | **Large** |[ ]  **Open** |[ ]
|  | **Medium** |[ ]  **Specific** |[ ]
|  | **Small** |[ ]  **Certified** |[ ]
|  | **Very light** |[ ]   |
| **Change description and statement of intent** |
| *[should include overall description of the modification, affected aircraft/aircraft type, novel features, affected systems - attach and references as applicable]* |
| **Does the air system, modification or repair introduce novel features?** | **Yes** [ ]  | **No** [ ]  |
| **Does the air system, modification or repair modification introduce complex features?** | **Yes** [ ]  | **No** [ ]  |

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| **Impacted EMACC subsections** |
| **Section** | **Title** | **Impacted** |
| 4  | Systems engineering |[ ]
| 5 | Structures |[ ]
| 6 | Flight technology |[ ]
| 7 | Propulsion and propulsion installations |[ ]
| 8 | Aircraft systems |[ ]
| 9 | Crew systems |[ ]
| 10 | Diagnostics systems |[ ]
| 11 | Avionics |[ ]
| 12 | Electrical systems |[ ]
| 13 | Electromagnetic environmental effects (E3) |[ ]
| 14 | System safety |[ ]
| 15 | Computer systems and software |[ ]
| 16 | Maintenance |[ ]
| 17 | Armaments/stores integration |[ ]
| 18 | Passenger safety |[ ]
| 19 | Materials |[ ]
| 20 | Other criteria |[ ]

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| **Other certification criteria/Special conditions** |
| **Ref. doc** | **Criteria** |
| *E.g. CS/516* | *X.Y.Z This shall be fulfilled* |
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| **Other comments/information that needs to be known by the authority:** |
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| **EMAR Part 21 demonstration of eligibility** |
| **I declare that this application is:** |
| **Within the current approved scope of work of the applicant’s DOA** |[ ]
| **For applicants without DOA, that the DO is capable of designing the modification in a safe manner with risks mitigated to an acceptable level** |[ ]
| **Chief of the Office of Airworthiness:** | *[Name]* |
| **Signature:** |  | **Date:** | *[dd.mm.yyyy]* |
| **Head of design:** | *[Name]* |
| **Signature:** |  | **Date:** | *[dd.mm.yyyy]* |

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| **MAA-NOR only** |
| **Airworthiness impact:** | **Yes** [ ]  | **No** [ ]  |
| **Novel features?** | **Yes** [ ]  | **No** [ ]  |
| **Complex features?** | **Yes** [ ]  | **No** [ ]  |
| **DO performance:** | Velg et element. |
| **MAA-NOR project number:** | *[approval number/reference]* |
| **Criticality:** | **MAJOR** [ ]  | **MINOR** [ ]  |
| **DO capable of performing mod according to DOE/DOA:** | **Yes** [ ]  | **No** [ ]  |
| **Application approved:** | **Yes** [ ]  | **No** [ ]  |
| **Rationale for approval/rejection** |  |
| **MAA-NOR reviewer name:** | *[Name]* |
| **Signature:** |  | **Date:** | *[dd.mm.yyyy]* |
| **MAA-NOR supervisor name:** | *[Name]* |
| **Signature:** |  | **Date:** | *[dd.mm.yyyy]* |