



AFM ACCEPTANCE APPLICATION FORM

A. DESCRIPTION OF AIRCRAFT

Operator: _____ Manufacturer: _____
 Model: _____ Serial No.: _____
 AFM document number: _____ AFM is generic/customized: _____
 Revision status (rev. # and date): _____ Temporary revision status: _____
 Original approving authority (OAA): _____ Date original approval: _____

B. LIST OF AFM SUPPLEMENTS

Nr:	AFM Supplement nr:	Title:	STC number (if appl.):
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

C. CERTIFICATION

I hereby certify that:

- a. I represent the nominated operator of the aircraft described above.
- b. The above submitted information is accurate and correct.
- c. The AFM will be kept on board of the aircraft described above on all flights.
- d. The operator has a subscription service with the manufacturer to keep the AFM current.

Date (day/month/year)

Name and title

Signature