



Send to  
HKV FLYGI  
107 85 Stockholm  
SWEDEN

**Applicant**

Name of organisation	Contact person
Location(s) requiring approval	Phone
	E-mail

**Aircraft**

SwAF / Type (if applicable)	Manufacturer / Type	Serial number(s)
TCDS* Reference		
Type Certification Basis*		
Design Organisation holder* of Type Certificate	Reference	
Manufacturer	Reference	
Authority Function (Responsible for surveillance of the Design Organisation holder the of Type Certificate)		

**Engine**

SwAF / Type (if applicable)	Manufacturer / Type
TCDS* Reference	
Type Certification Basis*	
Design Organisation holder* of Type Certificate	Reference
Manufacturer	Reference
Authority Function (Responsible for surveillance of the Design Organisation holder the of Type Certificate)	

**Propeller**

SwAF / Type (if applicable)	Manufacturer / Type
TCDS* Reference	
Type Certification Basis*	
Design Organisation holder* of Type Certificate	Reference
Manufacturer	Reference
Authority Function (Responsible for surveillance of the Design Organisation holder of the Type Certificate)	

\* or equivalent

**Signature**

Place and Date	Signature
Position and Name	