DOUBLE CLICK ON YELLOW NOTE PAD

FIELD APPROVAL CHECKLIST

THE MATERIAL LISTED ON THIS FIELD APPROVAL CHECKLIST IS NOT REGULATORY, NOR DOES IT ESTABLISH MINIMUM STANDARDS.

When requesting a Field Approval, you may use this form to provide the requested data, forms, descriptive items and other information. If you do not use this form, an equivalent method for presenting the information and data may be used **(EXAMPLE: Advisory Circular AC 43-210)**. The checklist form (or equivalent), its attachments, Federal Aviation Administration (FAA) Form 337 and the data make up the Standard Data Package.

INSTRUCTIONS: PRINT OR TYPE ALL ENTRIES. THIS INFORMATION SHOULD BE COMPLETE AS POSSIBLE PRIOR TO YOUR INITIAL DISCUSSION WITH THE FAA

1. STC INFORMATION	**IS THERE AN EXISTING SUPPLEMENTAL TYPE CERTIFICATE FOR THIS MODIFICATION: COVERING THE MAKE AND MODEL OF THE PROPOSED ?** ☐ YES: If YES Do Not Complete This Form ☐ NO: This will be a Request for a Field Approval

2. AIRCRAFT INFORMATION	MAKE	MODEL
	REGISTRATION	SERIAL NUMBER

3. APPLICANT INFORMATION	POINT OF CONTACT		COMPANY NAME		
	P.O.C TELEPHONE	P.O.C FAX	STREET ADDRESS		
	TYPE OF APPLICANT ☐ CERTIFIED REPAIR STATION ☐ A&P / IA MECHANIC		STREET ADDRESS		
	CRS #	A&P IA Number	CITY	STATE	ZIP

4. TYPE OF PRODUCT AND CERTIFICATION BASIS

CHECK ITEM:

☐ AIRFRAME ☐ ENGINE ☐ APPLIANCE

TCDS #

List Type Certificate Data Sheet Number: _____

CHECK ITEM:

☐ PART 23 ☐ PART 25 ☐ PART27 ☐ PART 29 ☐ PART 31 ☐ PART 33

☐ CAR 3 ☐ CAR 4(b) ☐ CAR 6 ☐ CAR 7 ☐ CAR 8 ☐ CAR 13 ☐ OTHER: _____

5. SCHEDULE FOR COMPLETION OF PROJECT

DATE WHEN FIELD APPROVAL IS NEEDED: _____

DATE FOR ASI VISIT (PROPOSED/REQUESTED) _____

PROJECTED COMPLETION DATE FOR ALTERATION: _____

5A. BRIEF DESCRIPTION OF PROJECT

FAR COMPLIANCE REVIEW	

5B. PREVIOUS ALTERATIONS OR REPAIRS THAT MAY BE AFFECTED BY THIS ALTERATION

FIELD APPROVAL CHECKLIST

6. DESIGNEES (DAR'S AND DER'S)

NAMES AND TELEPHONE NUMBERS OF THE DESIGNATED ENGINEERING REPRESENTATIVES (DER'S) AND/OR DESIGNATED AIRWORTHINESS REPRESENTATIVES (DAR) WHO ARE HELPING WITH THE PROJECT ☐ NONE

NAME:	TELEPHONE	CERTIFICATE NO.	☐ DER ☐ DAR
NAME:	TELEPHONE	CERTIFICATE NO.	☐ DER ☐ DAR

7. AIRCRAFT OPERATING UNDER ONE OF THE FOLLOWING

☐ AIR CARRIER CERTIFICATE ☐ FAR PART 91 ☐ DO NOT KNOW

☐ 121 ☐ 125 ☐ 135

PRESSURIZED AIRCRAFT

☐ YES ☐ NO ☐ DO NOT KNOW

8. AIRCRAFT FLIGHT MANUAL SUPPLEMENT (AFMS)

WILL THIS ALTERATION REQUIRE AN AFMS ? ☐ YES ☐ NO ☐ DO NOT KNOW IF AFMS IS REQUIRED

IF YES, ATTACH COPY

9. INSTRUCTIONS FOR CONTINUED AIRWORTHINESS

☐ ICA INCLUDED IN BLOCK 8 OF FAA FORM 337 ☐ ICA INCLUDED SEPARATE DOCUMENT

IF CHECKED, ATTACH COPY

10. DATA ATTACHED

CHECK ALL THAT APPLY:

- ☐ FAA FORM 337 FOR THE ALTERATION PROPOSED
- ☐ COPIES OF OTHER PREVIOUSLY APPROVED FAA FORM 337 (SUPPORTING DATA)
- ☐ COPY OF SUPPLEMENTAL TYPE CERTIFICATE (STC) (SUPPORTING DATA)
- ☐ DRAWINGS,SCHEMATICS & DIAGRAMS
  - ☐ ELECTRICAL DRAWINGS
  - ☐ STRUCTURAL DRAWINGS
- ☐ SUPPORTING TEST DATA
  - ☐ EMI/RFI PROCEDURES
  - ☐ GROUND TEST PROCEDURES
- ☐ LOAD ANALYSIS
  - ☐ ELECTRICAL
  - ☐ STRUCTURAL
- ☐ FAA FORM 8110-3
  - ☐ ELECTRICAL
  - ☐ STRUCTURAL
- ☐ PLACARDS (COPY OF EXACT VERBIAGE)
- ☐ OTHER _____

11. DAMAGE TOLERANCE EVALUATION

Does Damage Tolerance and Fatigue Evaluation of Structure (FAR Parts 23.573, 25.571, 27.571 OR 29,571) apply to any portion of the purposed Alteration/Repair ? ☐ YES ☐ NO

IF **"YES"** PROVIDE A COPY OF THE FOLLOWING

☐ Damage Tolerance 8110-3 ☐ Damage Tolerance Report ☐ Damage Tolerance Specific ICA

12. ADDITIONAL INFORMATION

CHECK ALL THAT APPLY:

WILL A FLIGHT TEST BE REQUIRED UNDER FAR PART 91.407 (b) ?

- ☐ YES
- ☐ NO

- ☐ PMA PRODUCT
  - ☐ YES: ON AIRCRAFT ELIGIBILITY LIST
  - ☐ YES: NOT ON AIRCRAFT ELIGIBILITY LIST
  - ☐ NO
- ☐ TSO PRODUCT
  - ☐ YES LIST TSO CERTIFICATION _____
  - ☐ NO

CLEAR ENTIRE FORM | RESET PAGE 1 | RESET PAGE 2

FIELD APPROVAL CHECKLIST

FAA USE ONLY	
Date Received:	**Assigned Inspector:**
Is a Field Approval Appropriate? ☐ YES ☐ NO	
If a Field Approval is not performed, what is the proper method for the alteration? ☐ Record Entry ☐ STC	
☐ Other _____	
Requires ACO Concurrence? ☐ YES ☐ NO	**Requires AEG ICA Review?** ☐ YES ☐ NO
Additional Information Required: ☐ NO ☐ YES	