




<b>Ministry of Tourism, Transportation and Labour</b>    <b>Department of Civil Aviation ARUBA</b>	Applying for: <input type="checkbox"/> AFM Acceptance certificate <input type="checkbox"/> AFM Acceptance Amendment <input type="checkbox"/> Other (specify): .....  Registration marks:
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**AFM ACCEPTANCE APPLICATION FORM**

<b>A</b>	<b>DESCRIPTION OF AIRCRAFT</b>			
	Operator:	Manufacturer:		
	Model:	Serial number:		
	AFM document number:	AFM is generic / customized		
	Revision status (rev. # and date):	Temporary revision status:		
	Original approving authority (OAA):	Date original approval:		
<b>B</b>	<b>LIST OF AFM SUPPLEMENTS</b>			
	Nr.:	AFM Supplement no.:	Title:	STC number (if appl.):
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
<b>C</b>	<b>Certification-</b> I hereby certify that: <ul style="list-style-type: none"> <li>a. I am the registered operator/owner of the aircraft described above.</li> <li>b. The above submitted information is accurate and correct.</li> <li>c. The AFM will be kept on board of the aircraft described above on all flights.</li> <li>d. The operator has a subscription service with the manufacturer to keep the AFM current.</li> <li>e. I have sent a PDF copy of all supplements to the DCA-Aruba.</li> </ul>			
	Date:	Name and title:	Signature:	