Application for a Noise Certificate (New, Revised or Duplicate)

Please complete this form then print, sign and submit as instructed.
Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique No. (to be completed by SCAA)

This application is not required when you are also applying for a Certificate of Airworthiness.

1. APPLICANT DETAILS

a) Individual (including sole traders and partnerships)

Title: Forename: Surname:

Address:

Postcode: Telephone:

E-mail: Fax:

Trading Name (if applicable):

Website Address:

In the case of a partnership, please complete details of all partners. Continued on a separate sheet ☐ (Please tick)

Or b) A Company

Registered Company Name (in full):

Registered Company Number:

Registered Office Address:

Postcode: Telephone:

E-mail: Fax:

Trading Name (if applicable):

Website Address:

2. APPLICATION DETAILS

New Noise Certificate ☐ Duplicate Noise Certificate ☐ Revised Noise Certificate ☐

For duplicate or revised Noise Certificate, existing Noise Certificate No:

Please detail the changes required (where applicable):

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form

3. AIRCRAFT DETAILS

Current Registration Marks:

All Previous Registration Marks (where known):

Manufacture of Aircraft: Year of Manufacture:

Type Designation and Series: Maximum Take-off Weight (kg):

Serial No: Maximum Landing Weight (kg):

Type of Engines:

Modifications affecting noise level *(if any)*:

For propeller driven aeroplanes please complete the following additional information:

Type of propeller(s) (State Hub and Blade designation):

Propeller(s) diameter: Flight Manual Reference:

Exhaust Silencer modification *(if any)*:

DECLARATION

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

I agree to pay any additional charges which may become payable in respect of this application. In the event that this application is subsequently cancelled, a cancellation charge may be applied [See Guidance Note 10]

Name of Applicant:
(as shown in 1 a) or 1 b)

Signature of Applicant
(named in 1 a) or 1 b))

Position in Company (if applicable): Date:

This forms submitted accurately and accompanied by the appropriate fee will be processed within 15 working days of receipt. Please allow adequate time for the processing of your application.

6. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it together with the appropriate fee to:

State Civil Aviation Agency of the Republic of Azerbaijan Baku,
AZ1095,
Azadliq avenue, 11,
Republic of Azerbaijan