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| **USAGE AND CONFIGURATION ASSESSMENT FORM** | | | | | | |
| **CERTIFICATE OF USAGE REFERENCE / DATE** | | | | |  | |
| **ASSESSMENT FORM SERIAL NUMBER** | | | | |  | |
| **APPLICANT** |  | | | | | |
| **AIR SYSTEM TYPE & MARK** | | |  | | | |
| **MANUFACTURER’S BUILD NUMBER** | | | | |  | |
| **ALLOCATED MILITARY REGISTRATION NUMBER(S)** | | | | |  | |
| **BRIEF DESCRIPTION OF INITIAL REQUEST/CHANGE**: (delete as applicable) | | | | | | |
| 1. The intended use/changes from the current use. 2. The configuration and build standard are as described in Reference A. 3. The flight limitations are as described in Reference B. 4. The Air System is maintained in accordance with (iaw) Reference C. 5. The Air System will be operated iaw the procedures described in Reference D. 6. The Aviation Duty Holder or Accountable Manager (Military Flying) has assessed the application/changes, supported where necessary by evidence from Suitably Qualified and Experienced Persons, and has confirmed that the Applicant’s arrangements for the proposed operation of the Air System are satisfactory. | | | | | | |
| **TAA DECISION** | |  | | | | |
| **The initial request/change above**: (delete as applicable) | | | | | | |
| 1. Merits the issue of an Initial Certificate of Usage (CofU). 2. Does not invalidate the current CofU. 3. Requires the current CofU to be up-issued by the Sponsor. 4. Is such that the current CofU will be revoked and, where appropriate, a new CofU will be authorized by the Sponsor. | | | | | | |
| Signed | | | | | | |
| Name | | | | Post | | Date |
|  | | | | | | |
| References (include specific issue number/amendment state etc): | | | | | | |
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