

### **DEFENCE AVIATION SAFETY AUTHORITY Application for Approval of Major Repair Design**

DASR Form 31B

### Guidance

These guidelines are designed to assist organisations in the completion of a Defence Aviation Safety Regulation (DASR) Form 31B for Approval of Major Repair Design under DASR 21 Subpart M (Repairs).

Acceptable Means of Compliance and further Guidance Material is available within the relevant Subparts of the DASR and on the <u>Defence Aviation Safety Authority</u> (DASA) webpage which may assist with the application process.

#### About this form and application process

This DASR Form 31B is the official DASA application form to obtain Approval of a Major Repair Design under DASR 21.A.437(a). This form is the final step in the application process and should be submitted in an application pack with the appropriate supporting evidence. In accordance with DASR 21.A.33(d) the DASA may request additional information from the applicant to support approval of this application.

Approval of this form (in its entirety) will constitute a DASA Major Repair approval Instrument in accordance with DASR 21 Subpart M, DASR 21.A.437(a).

#### Withdrawal of Application

An application can be withdrawn in writing at any time.

#### Privacy Policy

DASA requires the provision of information as listed in this form. All such information received will be treated as confidential and will not be disclosed to any third parties unless that disclosure is required or authorised by law. DASA will safeguard personal information however, please be aware that DASA policy is to publish approved artefacts, ie MSTCs and Type Certificate Data Sheets, on its website.

#### Form Submission

Applicants are to complete and sign the form electronically and submit to the relevant DAVENG-DASA desk officer by email.

A list of desk officers is available in the <u>DASA Functional Directory</u>. Applicants that do not have DRN access and are unable to access the DASA Functional Directory are to request the relevant DAVENG–DASA Desk Officer's contact details from their point of contact at the relevant Commonwealth SPO / PO.





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## Application

| 1. Applicant Information (the organisation making the Declaration of Compliance to the TCB requirements)                    |                                |                                |       |           |  |  |
|---|--------------------------------|--------------------------------|-------|-----------|--|--|
| 1.1 Your Reference  | ] {[ çãā^ÁœÁ } ã `^Áãa^} cãð\; |                                |       |           |  |  |
| 1.2 Name and Address  | Organisation Name              |                                |       |           |  |  |
|   | DARN-O No. / MDOA No.          |                                |       |           |  |  |
|   | Street No and Name             |                                |       |           |  |  |
|   | Suburb                         |                                | State | Post Code |  |  |
|   | Country                        |                                |       |           |  |  |
| 1.3 Contact Person  | DARN-P No.                     |                                |       |           |  |  |
|   | Title / Rank                   |                                |       |           |  |  |
|   | Full Name                      |                                |       |           |  |  |
|   | Position Title                 |                                |       |           |  |  |
|   | Phone                          |                                |       |           |  |  |
|   | Email                          |                                |       |           |  |  |
| 2. Type Certificate H   | older Information              |                                |       |           |  |  |
| 2.1 Name and Address  | Organisation Name              |                                |       |           |  |  |
|   | DARN-O No.                     |                                |       |           |  |  |
|   | Street No and Name             |                                |       |           |  |  |
|   | Suburb                         |                                | State | Post Code |  |  |
| 2.2 Contact Person  | DARN-P No.                     |                                |       |           |  |  |
|   | Title / Rank                   |                                |       |           |  |  |
|   | Full Name                      |                                |       |           |  |  |
|   | Position Title                 |                                |       |           |  |  |
|   | Phone                          |                                |       |           |  |  |
|   | Email                          |                                |       |           |  |  |
| 3. Identification of Activity   |                                |                                |       |           |  |  |
| Includes amendments / supplements to approved parts of the Aircraft Flight Manual   |                                |                                |       |           |  |  |
| 3.1 Affected System Categories (select all that apply)  |                                |                                |       |           |  |  |
| Structures  |                                | Other (please specify)         |       |           |  |  |
| Propulsion Systems  |                                |                                |       |           |  |  |
| 3.2 Amendments / Supplements to the approved parts of ICA (select all that apply – includes limitations related to Repairs) |                                |                                |       |           |  |  |
| CMR (Certification Maintenance Requirement)   |                                | AwL (Airworthiness Limitation) |       |           |  |  |
| CDCCL (Critical Design and Configuration Control Limitations)   |                                | Other (please secify)<br>Nil   |       |           |  |  |



## **Application for Approval of Major Repair Design**

| 4. Product Identificati  | on  |  |
|--|---|--|
| 4.1 Applicability  | Type Certificate No.  |  |
|  | Platform Name   |  |
|  | Model(s)  |  |
|  | Tail No(s) (if applicable)  |  |
|  | Part No(s) (if applicable)  |  |
|  | Serial No(s) (if applicable)  |  |
| 5. Design Details  |   |  |
| 5.1 Title (limit 40 characters)  |   |  |
| 5.2 Purpose  |   |  |
| 5.3 Certification Programm   | ne  |  |
| Reference:   |   |  |
| Reference:   | Submitted as part of this Application (For Major Repairs, Certification Programmes can be submitted<br>as part of this application where they are deemed simple and meet the criteria detailed in AMC 21.A.97 and<br>therefore have not received prior approval from the Authority. Refer to AMC 21.A.97 for further guidance.)<br>Previously submitted |  |
| 5.4 Damage description   |   |  |
|  |   |  |
| 5.5 Reporting source   |   |  |
| 5.6 Damaged Part No(s)<br>(include source document/s)  |   |  |
| <b>5.7 Affected areas</b><br>(including manual references<br>and location references – ie BL,<br>FS, WL)         |   |  |
| <b>5.8 Justification</b><br>(cite here any substantiation<br>data that will be provided with<br>this submission) |   |  |
| 5.9 Compatibility of<br>repair design with ADF<br>configuration, role and<br>environment                         |   |  |
| 5.10 Repair description  |   |  |

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## **Application for Approval of Major Repair Design**

| 6. DASR 21 demonstration of eligibility  |                                       |                           |                                      |  |  |
|--|---------------------------------------|---------------------------|--------------------------------------|--|--|
| This application is:   |                                       |                           |                                      |  |  |
| Within the current approved scop   | e of work of the applicant's MD       | OA.                       |                                      |  |  |
| Undertaken by a non-MDOA holder or outside the scope of the applicant's MDOA on behalf of the holder of the Military Type  |                                       | Name                      |                                      |  |  |
| Certificate, Military Restricted Ty<br>Supplemental Type Certificate (a  | MDOA No.                              |                           |                                      |  |  |
| Undertaken by an organisation of holder of, a certificate (as per DA   | Name<br>MDOA No.                      |                           |                                      |  |  |
| Following an application for Desig   | Application Date                      |                           |                                      |  |  |
| Following an application for Design Organisation Approval ( <b>DASR Form 80</b> ) or Alternative Procedures to Design Organisation Approval ( <b>DASR Form 81</b> ). |                                       | Project No.               |                                      |  |  |
| Following an application for a cha   | ange to the scope of work             | Application Date          |                                      |  |  |
| via DASR Form 81 or DASR For   | rm 82.                                | Project No.               |                                      |  |  |
| Without MDOA   |                                       |                           |                                      |  |  |
| 7. Applicant declarations  |                                       |                           |                                      |  |  |
|  |                                       |                           |                                      |  |  |
| The above declaration is made on the b   | asis of:                              |                           |                                      |  |  |
|  |                                       |                           |                                      |  |  |
| Date   | Name / Position                       |                           | Signature                            |  |  |
| <b>7.2 Declaration of Completion</b> (to be co<br>Airworthiness or Head of Design)   | ompleted by the Authorised Representa | tive of the Applicant Org | anisation, eg Chief of the Office of |  |  |
| I declare that the information pro   | ovided on this form is true and c     | correct.                  |                                      |  |  |
| I understand and accept the req<br>supporting documentation to D   |                                       | with this applicatio      | n and I have supplied all            |  |  |
|  |                                       |                           |                                      |  |  |
| Date   | Name / Position                       |                           | Signature                            |  |  |

| Application for Approval of Major Repair Design                           |                               |                          |  |  |  |  |
|---|-------------------------------|--------------------------|--|--|--|--|
| 8. Military Type Certificate holder                                       |                               |                          |  |  |  |  |
| 8.1 MTC holder declaration (to be completed by the identified MTC holder) |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
| Date  | Name / Position               | Signature                |  |  |  |  |
| 9. DASA USE ONLY  |                               |                          |  |  |  |  |
| 9.1 Record Objective ID:  |                               |                          |  |  |  |  |
| 9.2 Major Repair Application:   |                               | Γ                        |  |  |  |  |
| Application Approved  | Application Requires Resubmit | Application NOT Approved |  |  |  |  |
| 9.3 Additional Comments:  |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
|   |                               |                          |  |  |  |  |
| Data  | Nome / Desition               | Simulatura               |  |  |  |  |
| Date  | Name / Position               | Signature                |  |  |  |  |

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