

## 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

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

| 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 |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   | T                    |                         | Lucas                                    |               |  |  |  |  |  |  |  |  |
|   | MAKE                 |                         | MODEL                                    |               |  |  |  |  |  |  |  |  |
| 2. AIRCRAFT   | REGISTRATION         |                         | OFFICE AUMPED                            |               |  |  |  |  |  |  |  |  |
| INFORMATION   | REGISTRATION         |                         | SERIAL NOWIBER                           | SERIAL NUMBER |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   | POINT OF CONTACT     |                         | COMPANY NAME                             |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   | P.O.C TELEPHONE      | P.O.C FAX               | STREET ADDRESS                           |               |  |  |  |  |  |  |  |  |
| 3. APPLICANT  |                      |                         |  |               |  |  |  |  |  |  |  |  |
| INFORMATION   | TYPE OF APPLICANT    |                         | STREET ADDRESS                           |               |  |  |  |  |  |  |  |  |
|   | CERTIFIED REPAIR STA | ATION A&P / IA MECHANIC |  |               |  |  |  |  |  |  |  |  |
|   | CRS#                 | A&P IA Number           | CITY                                     | STATE ZIP     |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   | ODUCT AND CERTIFIC   | EATION BASIS            |  |               |  |  |  |  |  |  |  |  |
| CHECK ITEM:   |                      |                         | TCDS#                                    |               |  |  |  |  |  |  |  |  |
|   | ENGINE APPLIANC      | E                       | List Type Certificate Data Sheet Number: |               |  |  |  |  |  |  |  |  |
| CHECK ITEM:   |                      |                         | 7  |               |  |  |  |  |  |  |  |  |
| PART 23   | PART 25 PART27       | PART 29 PART 31         | PART 33                                  |               |  |  |  |  |  |  |  |  |
| CAR 3   | ☐ CAR 4(b) ☐ CAR 6   | ☐ CAR 7 ☐ CAR 8         | CAR 13                                   |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
| 5. SCHEDULE   | FOR COMPLETION OF    | PROJECT                 |  |               |  |  |  |  |  |  |  |  |
|   | IELD APPROVAL IS NE  |                         |  |               |  |  |  |  |  |  |  |  |
| DATE WITCH  | ILLD AFFROVAL IS NE  |                         |  |               |  |  |  |  |  |  |  |  |
| DATE FOR ASI VISIT (PROPOSED/REQUESTED)   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
| PROJECTED COMPLETION DATE FOR ALTERATION:   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
| 5A. BRIEF DES   | CRIPTION OF PROJEC   | CT                      |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
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| FAR   |                      |                         |  |               |  |  |  |  |  |  |  |  |
| COMPLIANCE  |                      |                         |  |               |  |  |  |  |  |  |  |  |
| REVIEW  |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
| 5B. PREVIOUS  | ALTERATIONS OR RE    | PAIRS THAT MAY BE AFFEC | TED BY THIS ALTERATION                   | DN            |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
|   |                      |                         |  |               |  |  |  |  |  |  |  |  |
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## 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  | ET NESENTATIVES (DEIXS) AND/OK DESIGNATED A | INWORTHINESS NET NESENTATIVES (DAIL) WITO ARE HEEF ING WITH |  |  |  |  |  |  |  |  |  |  |
| NAME:   | TELEPHONE                                   | CERTIFICATE NO. DER   |  |  |  |  |  |  |  |  |  |  |
|   |   | │ │ │ │ DAR   |  |  |  |  |  |  |  |  |  |  |
| NAME:   | TELEPHONE                                   | CERTIFICATE NO. DER   |  |  |  |  |  |  |  |  |  |  |
|   |   | ☐ DAR   |  |  |  |  |  |  |  |  |  |  |
| 7. AIRCRAFT OPERATING UNDER ONE OF THE FOLLOWING  |   |   |  |  |  |  |  |  |  |  |  |  |
| AIR CARRIER CERTIFICATE   |   | PRESSURIZED AIRCRAFT  |  |  |  |  |  |  |  |  |  |  |
|   | DO NOT KNOW                                 |   |  |  |  |  |  |  |  |  |  |  |
| ☐ 121 ☐ 125 ☐ 135   |   | ☐ YES ☐ NO ☐ DO NOT KNOW                                    |  |  |  |  |  |  |  |  |  |  |
| 8. AIRCRAFT FLIGHT MANUAL SUPPLEMENT (AFMS)   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |  |  |  |
| WILL THIS ALTERATION REQUIRE AN AFMS?   | ☐ YES ☐ NO IF YES, ATTACH COPY              | ☐ DO NOT KNOW IF AFMS IS REQUIRED                           |  |  |  |  |  |  |  |  |  |  |
| 9. INSTRUCTIONS FOR CONTINUED AIRWORTHINESS   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | _   |   |  |  |  |  |  |  |  |  |  |  |
| ☐ ICA INCLUDED IN BLOCK 8 OF FAA FORM 337   | ☐ ICA INCLUDED SEPAR                        |   |  |  |  |  |  |  |  |  |  |  |
|   | IF CHECKE                                   | ED, ATTACH COPY   |  |  |  |  |  |  |  |  |  |  |
| 10. DATA ATTACHED   |   |   |  |  |  |  |  |  |  |  |  |  |
| CHECK ALL THAT APPLY:   |   |   |  |  |  |  |  |  |  |  |  |  |
| FAA FORM 337 FOR THE ALTERATION PROPOSED  |   |   |  |  |  |  |  |  |  |  |  |  |
| COPIES OF OTHER PREVIOUSLY APPROVED FAA FORM 337  |   |   |  |  |  |  |  |  |  |  |  |  |
| COPY OF SUPPLEMENTAL TYPE CERTIFICATE (STC) (SUPPLEMENTAL TYPE (STC) | ORTING 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 portion of the purposed Alteration/Repair?   | n of Structure (FAR Parts 23.573            | 3, 25.571, 27.571 OR 29,571) apply to any                   |  |  |  |  |  |  |  |  |  |  |
| 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) ?  |   |   |  |  |  |  |  |  |  |  |  |  |
| L YES   |   |   |  |  |  |  |  |  |  |  |  |  |
| □ NO  |   |   |  |  |  |  |  |  |  |  |  |  |
| ☐ PMA PRODUCT ☐ YES: ON AIRCRAFT ELIGIBILITY LIST   |   |   |  |  |  |  |  |  |  |  |  |  |
| YES: NOT ON AIRCRAFT ELIGIBILITY LIST   |   |   |  |  |  |  |  |  |  |  |  |  |
| NO  |   |   |  |  |  |  |  |  |  |  |  |  |
| □ TSO PRODUCT   |   |   |  |  |  |  |  |  |  |  |  |  |
| YES LIST TSO CERTIFICATION  |   |   |  |  |  |  |  |  |  |  |  |  |
| □ NO  |   |   |  |  |  |  |  |  |  |  |  |  |

## FIELD APPROVAL CHECKLIST

| FAA USE ONLY                                |           |         |                          |     |     |  |  |  |  |
|---|-----------|---------|--------------------------|-----|-----|--|--|--|--|
| Date Received:                              |           |         | Assigned Inspector:      |     |     |  |  |  |  |
| La a Field Americal Americansists 2         |           |         |                          |     |     |  |  |  |  |
| Is a Field Approval Appropriate? ☐ YES ☐ NO |           |         |                          |     |     |  |  |  |  |
| If a Field Approval is not performed        | Record En | try STC |                          |     |     |  |  |  |  |
| Other                                       |           |         |                          |     |     |  |  |  |  |
|   |           |         |                          |     |     |  |  |  |  |
| Requires ACO Concurrence?                   | YES       | □ NO    | Requires AEG ICA Review? | YES | □NO |  |  |  |  |
| Additional Information Required:            | □ NO      | YES     |                          |     |     |  |  |  |  |