



APPLICATION FOR ISSUE OF NOISE CERTIFICATE

I. Applicant Information:

Operator Name: _____

Full Address: _____

Tel. No: _____ Fax No: _____

E-mail : _____ SITA: _____

II. Aircraft Information:

Aircraft Constructor and Constructor's Type: _____

Aircraft Model & Designation: _____

Aircraft Serial No.: _____

Engine Type/Model: _____

Maximum Take-off Weight Approved: _____

Maximum Landing Weight Approved: _____

Additional modifications incorporated for the purpose of compliance: _____

Copies of all applicable certification from the manufacturer are to be submitted with this Application.

Noise Levels in EPN edB	
Flight Condition	Certificated
Flyover ¹	
Approach	
Lateral ²	

1 Sometimes referred to as the take-off noise measurement point.

2 Sometimes referred to as sideline measurement point(s).

Signature: _____ Date: _____

Name & Title: _____