

**AIRWORTHINESS DIRECTIVE**  
**APPLICATION FOR ALTERNATE MEANS OF COMPLIANCE**



Note: The CAA Standard Rate hourly charge applies.

<b>For CAA Use Only</b>
AMOC No. _____

**INSTRUCTIONS:** This application is required by Civil Aviation Rule 39.53(a) and (b) but is not required for the application of a 10% latitude on a repetitive inspection under Civil Aviation Rule 39.55(d).  
Forward the completed form to—  
CAA of New Zealand, PO Box 3555, Wellington 6140

<b>SECTION A:</b> To be completed by applicant		
Aircraft Type: _____	Component: _____	
Registration _____	Part No & Serial No: _____	
Airworthiness Directive reference: _____		
Alternate means of compliance: <input type="checkbox"/>	Adjustment of compliance time: <input type="checkbox"/> <i>(Tick appropriate box)</i>	
Period of validity requested: _____		
Proposed means of compliance: (should demonstrate equivalent level of safety)		
Requested by: _____		
Contact Phone: _____	Contact Fax: _____	Date: _____

<b>SECTION B:</b> To be completed by the Civil Aviation Authority		
Recommendations or remarks (as required):		
Signature: _____	Designation: _____	Date: _____
AMOC GRANTED <input type="checkbox"/>	<b>AS REQUESTED</b> <input type="checkbox"/>	<b>SUBJECT TO FOLLOWING CONDITIONS</b> <input type="checkbox"/>
Signature: _____	Designation: _____	Date: _____
<i>Note: AMOC Number to be quoted in aircraft log book</i>		