## **ATTACHMENT to State letter** AN 3/25.1-16/6

## STATE QUESTIONNAIRE ON HALON RESERVES

## Note to the respondent

The State questionnaire may be completed by the ICAO focal point or forwarded to another individual for completion and submission. The name and e-mail address of the individual completing and submitting the State questionnaire, as well as that of the ICAO focal point, must be provided. If your State has more than one ICAO focal point, please ensure that only one completed State questionnaire is submitted.

Name of the ICAO focal point:		Date:	
		E-mail:	
			1.
	□ Yes □ No		
Co			
2.	Does your State monitor the quality of halo		
	□ Yes □ No		
Co	omments (if any):		
3.	production of halon, and taking into account Aircraft (Part I, 6.2.2.1; Part II, Section 2, 2 and Annex 8 — Airworthiness of Aircraft	on Substances that Deplete the Ozone Layer on the nt the timeframes established in Annex 6 — <i>Operation of</i> 2.4.2.3; Part III, Section II, 4.2.2.1 and Section III, 4.1.3.2 <i>aft</i> (Part II, 1.1 b)) for the replacement of halon as an at there will be enough halon to meet the civil aviation	
	Halon 1211: ☐ Yes ☐ No ☐ Unsure ☐ I	Not applicable	
	Halon 1301: ☐ Yes ☐ No ☐ Unsure ☐ I	Not applicable	
	Halon 2402: ☐ Yes ☐ No ☐ Unsure ☐ 1	Not applicable	

Co	mments (if any):		
4.	Do you know the quantity of halon reserves accessible to the civil aviation industry in your State in order to support its future operations? If "Yes", please provide the quantity in metric tonnes:		
	Halon 1211: ☐ Yes:	□ No □ Not applicable	
	Halon 1301: ☐ Yes:	□ No □ Not applicable	
	Halon 2402: ☐ Yes:	□ No □ Not applicable	
Co	mments (if any):		
5.	Does your State anticipate any chall or after 31 December 2016?  ☐ Yes ☐ No  mments (if any):	lenges in issuing a first individual Certificate of Airworthiness on	
	innents (ii any).		
For	r States of Design		
6.	Has your State issued a new Type Certificate after 31 December 2014?		
	□ Yes □ No		
Co	mments (if any):		
_			