



## Registration Form

### CONTINENTAL DIESEL TMG Maintenance Seminar

### For Engine Type CD-135/CD-155 (TAE 125-Series) and Centurion 1.7

#### PART-147 APPROVED TYPE TRAINING AND EXAMINATION

#### Background

According to the Operation- and Maintenance Manual all inspections and repairs on CONTINENTAL DIESEL TMG engine have to be carried out by an organisation which is authorised by TMG. The purpose of this seminar is to familiarize inspectors and certifying staff to perform regular maintenance and diagnoses on CONTINENTAL DIESEL TMG engines. This is required to become an authorized CONTINENTAL DIESEL TMG maintenance organization according to the Service Bulletin "TM TAE 000-0003".

Please see also: <http://www.continentaldiesel.com/typo3/index.php?id=2>

#### Firm Registration

We hereby register for the CONTINENTAL DIESEL TMG Maintenance Seminar held at

**Technify Motors GmbH**  
**Platanenstrasse 14**  
**09356 St. Egidien, Saxony, Germany**

- |                          |                              |  |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | <b>November 6 - 10, 2017</b> | -> completed   |
| <input type="checkbox"/> | <b>February 5 – 9, 2018</b>  | -> Registration /Bank Transfer deadline: 26 Jan 2018   |
| <input type="checkbox"/> | <b>April 9 – 13, 2018</b>    | -> Registration /Bank Transfer deadline: 30 March 2018 |
| <input type="checkbox"/> | <b>June 18 – 22, 2018</b>    | -> Registration /Bank Transfer deadline: 8 June 2018   |
| <input type="checkbox"/> | <b>August 13 – 17, 2018</b>  | -> Registration /Bank Transfer deadline: 3 Aug 2018    |
| <input type="checkbox"/> | <b>November 5 – 9, 2018</b>  | -> Registration /Bank Transfer deadline: 26 Oct 2018   |

**Beginning of the seminar:** 09:00 a.m. local time    **End of the seminar:** 05:00 p.m. local time

04:00 p.m. local time on last day

<b>A</b>	<b>Company name and address as it registered by the authorities</b>	Company Name and Address:	
		Phone:	Fax:
		E-Mail:	
		Web address:	
	<b>Value Added Tax identification no.:</b>		
<b>Tax no.:</b>			
<b>DUNS no.:</b>			
<b>CEO:</b>			



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<b>B</b>	<b>Participant</b>	First Name:	Last Name:
		Date of Birth:(Day/Month/Year)	Place of Birth (City/ Country):
		Phone :	Mobile Phone:
		Fax:	E-Mail:
<b>C</b>	<b>Kind of participant</b>	<u>Private:</u> <input type="checkbox"/> Aircraft owner <input type="checkbox"/> Flying club <input type="checkbox"/> other _____	<u>Commercial:</u> <input type="checkbox"/> Aircraft Service Centre <input type="checkbox"/> Fleet Operator <input type="checkbox"/> Flying School <input type="checkbox"/> OEM <input type="checkbox"/> other _____ Position in company: _____
		<b>D</b> <b>Type of Aircraft Maintenance License:</b>	

Technify Motors GmbH is an organisation approved to perform this seminar in accordance with the **Part-147.A.45 (c) by the Luftfahrt-Bundesamt:**

**T1 / T2 Type Training Course for Centurion Aircraft Engines  
 CAT B1 / B2**

- Engine Performance
- Engine Construction
- Engine Fuel Systems
- Fuel injection systems
- Engine controls
- FADEC
- Starting and Ignition Systems
- Induction, Exhaust and Cooling Systems
- Supercharging/Turbocharging
- Lubricants and Fuels
- Lubrication Systems
- Engine Indication Systems
- Powerplant Installation
- Engine Monitoring and Ground Operation
- Engine Storage and Preservation





## **Registration Form**

### **CONTINENTAL DIESEL TMG Maintenance Seminar**

### **For Engine Type CD-135/CD-155 (TAE 125-Series) and Centurion 1.7**

- Your registration is ONLY valid when confirmed by TMG in writing and in case of payment by bank transfer the seminar fee is credited to TMG's account until **the due date as in the table above**.
- **Hotel accommodation** (costs not included in seminar price) are available at a TMG corporate rate of 69.00 € (for Meister Bär Hotel, Drei Schwanen) and 57.00 € (for Beierleins) per night

<b>Meister BÄR HOTEL</b> <b>Drei Schwanen</b> Altmarkt 19 09337 Hohenstein-Ernstthal Phone: +49(0)3723-65 90 Fax: +49(0)3723-65 9 459 E-Mail: <a href="mailto:hot@mb-hotel.de">hot@mb-hotel.de</a>	<b>Beierleins Landgasthaus und Hotel</b>  Straße des Friedens 72 09337 Callenberg OT Reichenbach Phone: +49(0)3723-43 565 Fax: +49(0)3723-47 644 E-Mail: <a href="mailto:buero@beierleins.de">buero@beierleins.de</a>
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- Alternatively we may recommend the hotel below in the next bigger city Zwickau (please note that we do not have a corporate here):

**Hotel Holliday Inn**

Kornmarkt 9  
08056 Zwickau, Germany  
Phone + 49 375 27920  
Web: [www.holidayinn.com/Zwickau](http://www.holidayinn.com/Zwickau)

Please forward the hotel your dates of arrival and departure and inform them how many rooms are needed.

If you need any assistance please let us know.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Signature

**Please fax the form back to us: +49-37204-696-2912**  
**Or return the scanned form to: [sales@continentaldiesel.com](mailto:sales@continentaldiesel.com)**

**Thank you!**



# Registration Form

## CONTINENTAL DIESEL T<sub>MG</sub> Maintenance Seminar

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## SERVICE CENTER

### QUESTIONNAIRE / APPLICATION FORM

To become an authorized service center for Continental Diesel engines by Technify Motors GmbH and maintain this status every maintenance facility has to fulfil the following requirements:

- to be a maintenance facility licensed according to Annex II (Part-145) of the Regulation (EC) No 1321/2014 or equivalent and offer repair and maintenance services for aircraft
- to participate in the Continental Diesel Maintenance Seminar and pass maintenance test successfully
- to buy a special tool set, a basic tool set and a CAN interface
- to fill out the Service Center Questionnaire
- to sign the Continental Diesel service center agreement by Technify Motors GmbH

**BASIC DATA:**

Company name:	
Company address:	
Street:	
City, State, Zip:	
Value Added Tax identification number:	_____
D-U-N-S (dun&bradstreet) number:	_____
Tax no.:	
Owner:	
CEO:	
Phone number:	_____
Fax number:	_____
Web address:	_____
Number of employees:	

**CONTACT INFORMATION**

Email address for technical news/info letters:	
Main contact person (purchase):	
Name:	_____



## Registration Form

### CONTINENTAL DIESEL TME Maintenance Seminar

### For Engine Type CD-135/CD-155 (TAE 125-Series) and Centurion 1.7

Email address:	_____
Phone /fax number:	_____
Email address to be published on TAE website www.centurion-engines.com:	_____

**FORWARDING AGENT CUSTOMER NO:**

Please specify Agent Name (DHL, UPS, FEDEX, TNT) and provide Customer Number.  <b>This will be used for your orders of parts and tools only.</b>	UPS: _____ DHL: _____ FEDEX: _____ TNT: _____
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**TYPE OF MAINTENANCE FACILITY:**

<input type="checkbox"/> Aircraft Service Center
<input type="checkbox"/> Fleet Operator (maintaining only own fleet)

<b>Capabilities:</b> <b>(Please attach listing and certificates)</b>	
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**SERVICE CENTER OF:**

<input type="checkbox"/> Cessna	<input type="checkbox"/> Piper
<input type="checkbox"/> Diamond	<input type="checkbox"/> Others: _____

**MAINTENANCE STATION LOCATIONS:**

(if different from company address)	
ICAO Code (Airport):	



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**END CUSTOMER PRICES ON MAINTENANCE SITE:**

Repair shop labor rate:	EUR
Landing fees, approach fees for test flights: (Cessna 172, DA40D, DA42, DR400, PA28 Cadet/Warrior)	EUR

**PLANNING:**

Current number and types of aircraft with CD-135/155 engines in regular maintenance:	<input type="checkbox"/> Cessna – qty. ____ <input type="checkbox"/> Piper – qty. ____ <input type="checkbox"/> Diamond – qty. ____ <input type="checkbox"/> DR400 – qty. ____ <input type="checkbox"/> Others: _____
Expected in 6/12 months from now:	

**BANK DETAILS:**

Full bank name:	
Remittee:	
Full bank address:	
Bank account number:	
Sort Code:	
IBAN code:	
SWIFT-BIC:	



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**CREDIT REFERENCES:**

Company:	
Address:	
Phone No.:	
Contact person:	

**I authorize release of all company information.**

Applicant / Service Center:

\_\_\_\_\_

city, date
authorized signature
printed name, title
company stamp

**To be filled in by Technify Motors internally only!**

Check Sales & Service Printed name: _____	Check Accounts Dept Printed name: _____
Date and Signature: _____	Date and Signature: _____