



Application for Approved Maintenance Organization Certificate

1. Name and Mailing Address of Company:	2. Address of base where Maintenance will be conducted:																					
3. Proposed Start-Up Date:																						
4. Requested Three - Letter Company Identifier in order of Preference: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>																						
5. Management Personnel:																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Title</th> <th style="width: 33%;">Tel. No. and E-Mail</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name	Title	Tel. No. and E-Mail																		
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6. Proposed Rating(s) of Approved Maintenance Organization:																						
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Power plant <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Propeller <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Radio <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Computers <input type="checkbox"/> Instrument <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Accessory <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Specialized Service (Specify) _____ _____ _____ _____ _____ </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Instrument <input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Float <input type="checkbox"/> Radio <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Non - Destructive Test <input type="checkbox"/> Other </td> </tr> </table>		<input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Power plant <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Propeller <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> Radio <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Computers <input type="checkbox"/> Instrument <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Accessory <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Specialized Service (Specify) _____ _____ _____ _____ _____	<input type="checkbox"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Instrument <input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Float <input type="checkbox"/> Radio <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Non - Destructive Test <input type="checkbox"/> Other																	
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7. Additional Information (Attach additional sheets if necessary):

8. Proposed Training:

I hereby certify that the above particulars are correct in every aspect.

Signature:

Name:

Position:

Date: / / 20

* For official use (not to be filled by applicant)

Assigned Certification Number	Date
Remarks:	
Director of Flight Safety Department	
Signature	Stamp
Date: / / 20	