



APPLICATION FOR APPROVED MAINTENANCE ORGANIZATION CERTIFICATE AND/OR RATINGS

1. Approved Maintenance Organization Name, Number, Location and Address		2. Reasons for Submission	
a. Official Name of Approved Maintenance Organization:	Number:	<input type="checkbox"/> Original Application for Certificate and Rating <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (Specify) 	
b. Location where business is conducted:			
c. Official Mailing Address of Approved Maintenance Organization			
d. Doing Business As:			
3. Ratings Applied for:			
<input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 4	<input type="checkbox"/> Powerplant <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"/> Avionics <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3
<input type="checkbox"/> Computer <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<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"/> Accessories <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Propeller <input type="checkbox"/> Instruments	<input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Floats <input type="checkbox"/> Avionics	<input type="checkbox"/> Computer <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test
<input type="checkbox"/> Specialised Service (List Process Specification(s))			
4. List of Maintenance Functions contracted to an outside Maintenance Organization:			
5. Applicants Certification			
Name of Owner (Include name(s) of individual Owner, all partners, or corporation name giving the state, province, or country and date of incorporation)			
I hereby certify that I have been authorised by the approved maintenance organization identified in Item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge.			
Date:	Authorised Signature:	Print Name of Authorised Signature:	Title:

